



**2008-2009**  
**BENJAMIN FRANKLIN HIGH SCHOOL**  
**APPLICATION FOR TESTING**  
**OUT OF PARISH STUDENTS**

2001 Leon C. Simon Dr.  
New Orleans, LA 70122  
**APPLICANTS & THEIR FAMILIES ARE  
REQUIRED TO RESIDE IN ORLEANS PARISH**

Grade Applying: \_\_\_\_\_

Test date: \_\_\_\_\_

Retest: Yes / No

Retest date: \_\_\_\_\_

Please PRINT All Information

**STUDENT INFORMATION**

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**Current Address:**

House/Apt. Number: \_\_\_\_\_ Street : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone:**

Home: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

**Pre Katrina Address:** House/Apt No. \_\_\_\_\_ Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If not at the address above, do you plan to return to this address? Circle One: YES / NO

If YES, when? \_\_\_\_\_

If NO, do you plan to return to Orleans Parish? YES / NO When? \_\_\_\_\_

**CURRENT SCHOOL INFORMATION**

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade Level \_\_\_\_\_

Does the student have an Individualized Accommodation Plan (504)? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the accommodation? \_\_\_\_\_

**This is not an application for admission.** This is an application for testing only. You may submit an application when you move into Orleans Parish and can provide proof of residency.

**TESTING FEE ENCLOSED IN THE AMOUNT OF \$50.00 CIRCLE ONE: CASH / MONEY ORDER**

The last opportunity to test is Saturday, June 14, 2008. This completed form must be returned to Benjamin Franklin High School Admissions Office anytime prior to **2:00 p.m. on June 6, 2008.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_