



ST. LANDRY PARISH SCHOOLS Information Needed for Registration

Prospective **Kindergarten** students must be **five** years old by September 30, 2023. Prospective **Pre-Kindergarten** students must be **four** years old by September 30, 2023. All students must have the following documentation to submit a completed registration packet.

- *Birth Certificate/Social Security Card
- *Transcript (high school only)
- *Official withdrawal form from previous school
- *Last report card
- *Up to date immunization record
- *Completed registration form
- *Two current proofs of St. Landry residence in the parent or legal guardian's name/address. Provisional custody or custody is only accepted by court order.

Documents must include:

And at least 2 of the following:

- o Entergy, Cleco, or Slemco bill; Cable TV / Satellite bill; Telephone bill (land line) or Tax Assessor's bill
 - o **Original, current** Medical/Medicare or social security insurance card
 - o **Original** Homestead Exemption
 - o **Original** mortgage or **original** lease agreement/rental contract on company letterhead (if utilities are included in the rental fee, you must provide a bill showing the name and address)
-
- Pre-Kindergarten spaces are limited and applications will be processed on a first come, first served basis.
 - **Families who wish to apply for Pre-Kindergarten must provide proof of family income for an application to be considered.**
 - Proof of income may include one of the following:
 - o Two consecutive check stubs for EACH PARENT or CAREGIVER in the household for current year.
 - o An official letter from your employer stating all of the following
 - Where parent/guardian is employed
 - Hourly rate of pay
 - The average number of hour(s) parent/guardian works per week.
 - o SNAP/Food Stamps: must include the child's name and valid effective dates.
 - o A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current check stubs.
 - o Current foster care placement agreement from DCFS.
 - o Parents who are unemployed must submit a letter of support and income documentation from support source.

Further questions can be answered at (337)948-3657 ext. 10269 for PreK students and K students.

St. Landry Parish Schools

School Registration

| | |
|----------------------------|--------------------------------|
| School | Date |
| SID (filled out by school) | Teacher (filled out by school) |
| Method of Transportation | Bus # (filled out by school) |

Student Information

Social Security or ID assigned by Previous
LA District

Birth Certificate #

Last Name _____ Generation (Jr., III, etc) _____

First Name _____

Middle Name _____

Sex _____ Grade _____

Primary Ethnic: (choose one) ☐ 0 White ☐ 1 Black ☐ 2 Hispanic
☐ 3 Asian ☐ 4 Native American/Alaskan Native ☐ 5 Hawaiian/Pacific Islander

Secondary Ethnic: (if applicable) ☐ 0 White ☐ 1 Black ☐ 2 Hispanic
☐ 3 Asian ☐ 4 Native American/Alaskan Native ☐ 5 Hawaiian/Pacific Islander

Language spoken at home _____

Language first acquired by student _____

Language most often spoken by student _____

Birth Date _____ Place of Birth _____

Month Day Year

Date of Entry to U.S. (if not a natural born citizen) _____

Address Information

Physical Address _____

Apt. # _____ Apt. Complex _____ House # _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Home Telephone _____

Names of Other SLPSB Students living at the
student's primary residence: _____

Guardian Information

Father or Legal Guardian 1

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Street _____ Apt. # _____

City _____ Zip Code _____

Phone:

Home # _____ Work # _____ Cell # _____

Email _____

Mother or Legal Guardian 2

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Street: _____ Apt. # _____

City: _____ Zip Code _____

Phone:

Home # _____ Work # _____ Cell # _____

Email _____

Medical Information

Emergency Contact 1

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Emergency Contact 2

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Preferred Hospital _____ Physician _____

Allergies _____ Physical Handicaps _____ Telephone _____

Additional Information

Please check any special education services your child has ever received

☐ Speech ☐ Special Education ☐ 504 ☐ Gifted Talented ☐ Other, please list

Has this student ever attended school in St. Landry Parish School System? _____

If yes, where? _____

Elementary aged students: Check all programs attended:

☐ Play School ☐ Nursery School ☐ Pre-Kindergarten ☐ Kindergarten ☐ Headstart

Incoming Kindergarteners: Check all programs attended: ☐ Home (no Pre-K) ☐ Tribal Schools

☐ Public School Pre-K ☐ NonPublic Pre-K ☐ Licensed Childcare ☐ Head Start Programs

Please list the schools with the grades the student has attended

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

Signature (My signature attests to the accuracy of the information given on this form under penalty of law.)

ST. LANDRY PARISH SCHOOLS BUS SERVICE REQUEST*Complete One Per Student***2023 – 2024 School Year**

Student's Name: _____.

I, (parent/guardian's name) _____, DO () ** DO NOT() want bus service for my child for the **2023-24** school year. If you **DO NOT** want bus service for your child, please enter your name and your child's name on the lines above, sign on the signature line below*, and return this form to your child's school. If you **DO WANT** bus service for your child, please enter **ALL** requested information on this form and return to your child's school **immediately**. If a child does not need transportation in the morning or evening because of car pooling or other arrangements, please indicate so by writing "no ride" in the morning or evening box.

Parent/Guardian Signature* Sign Here_____
Today's Date

Student's School for 2023 - 2024: _____ Student's Grade for 2023-2024: _____

Parent/Guardian's Name: _____

Physical Home Address (No P.O. Boxes): _____

City: _____ Zip: _____

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE PICKED UP IN THE MORNING (NO P.O. BOXES):**ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE DROPPED OFF IN THE EVENING (NO P.O. BOXES):**

If No Ride in AM or PM please place "No Ride" on appropriate Line. No response means student will be dropped at same location as picked up.

Home Phone Number: _____

Work Phone Number of Mother: _____ Cell #: _____

Work Phone Number of Father: _____ Cell#: _____

Other Emergency Names and Phone Numbers: _____

If your child receives Special Education services, does your child's I.E.P. indicate special transportation services be provided? ☐ Yes ☐ NO

Does your child require a 5-point harness while riding the bus? ☐ Yes ☐ No**Thanks in Advance for your assistance. Please Allow 2-3 Business Days**

***Complete only if your child is currently participating in School Choice or will be participating in School Choice.

Is your child currently participating in School Choice? ☐ Yes ☐ NoDo you plan on utilizing school choice this year? ☐ Yes ☐ No

What school is your child zoned for? _____

Which school of choice is/will your child be attending? _____

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: St. Landry Parish School Name: _____
 Student Name: _____ ID#: _____ Gender: Male / Female
 Address: _____ Telephone Number: _____
 Last School Attended: _____ Current Grade: _____ Date of Birth: _____
 Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. ☐ YES ☐ NO Did the student receive McKinney Vento (Homeless) Services in a previous school district?
2. ☐ YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
3. ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
4. ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
5. Where is the student currently living? (Check all that apply.)

- ☐ In an emergency/transitional shelter.
- ☐ Temporarily with another family because we cannot afford or find affordable housing.
- ☐ With an adult that is not a parent or legal guardian, or alone without an adult.
- ☐ In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- ☐ Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
- ☐ In a hotel/motel. ☐ Other specific information: _____

6. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
7. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
8. ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
9. ☐ YES ☐ NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.
 Name _____ School _____ Grade _____ DOB _____ Name _____
 _____ School _____ Grade _____ DOB _____ Name _____
 _____ School _____ Grade _____ DOB _____
10. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name _____ Signature _____ Date _____

(Area Code) Phone Number _____ Street Address _____ City _____ State _____ Zip Code _____

Print School Contact Name _____ Title _____ Signature _____ Date _____

Homeless Liaison Use Only – Check All that Apply:

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO

School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

LOUISIANA STATE PARENTAL SURVEY OF HOME LANGUAGES

ESTADO DE LOUISIANA ENCUESTA LOS PADRES DE CASA IDIOMAS!

Revised: 09/14

Saint Landry Las Escue/as Parroquiales [Saint Landry Parish Schools]

Registration Date [Fecha de registro]: _____

Student's Name [Nombre del alumno]: _____

Name of School [Nombre de la Escuela]: _____

Student's Homeroom Teacher [Profesor de Aula del Estudiante]: _____

Student's Current Grade [Actual Estudiante de Grado]: _____

1. Father's full name [Nombre completo del Padr J: _____
[Last - Ultimanombre] [First -primer nombre] [Middle - medio nombre]

2. Mothers full name [Nombre complete del Madre: _____
[Last - Ultimanombre] [First -primer nombre] [Middle - medio nombre]

3. Legal Guardian's Full Name [Tutor Legal Nombre Completo]: _____
[if other than parent(s) -Si no sean los padres(s)] [Last - Ultima nombre] [First-primer nombre) [Middle - medio nombre]

4. Address [Dirección]: _____ Telephone Number [Numeros de telefono]:
_____ Home [a la casa]: _____
_____ Mobil: _____

Student's Demographic Information [Información demográfica del Estudiante] :

5. Date of Birth [Fecha de nacimiento] Country of Birth [Pais de nacimiento] U.S. entry date [Month/Year] - U.S. fecha de entrada [Mes/Año]

6. What was the first language learned by this child? [¿Cual fue la primera lengua que aprendió de este niño?]: _____

7. What language(s) does parent(s)/guardians use most at home? [¿Que idioma(s) padre(s) /tutores utilizan mas como en casa?]

8. Does the child speak frequently, using his home language, with a grandparent or other relatives living in the home or nearby his/her current home? [¿El niño habla con frecuencia utilizan su idioma natal con un abuelo u otros parientes que vivan en el hogar o en las cercanías su casa actual?]

YES: _____ NO: _____

9. Does he/she use the home language? [¿El/ella hablar el idioma en el hogar]: _____ Most of the time? [La mayoría del tiempo?]
_____ Some of the time? [Parte del tiempo?]
_____ Not very often. [No muy a menudo.]

10. When the home language is spoken, does the child [Cuando el idioma sea hablado, ¿el niño:]

_____ Understand most of what is said? [Entender la mayoría de lo que se dice?]
_____ Understand some of what is said? [Entender algunos de lo que se dice?]
_____ Understand very little of what is said? [Entiendo muy poco de lo que se dice?]
_____ Understand nothing of what is said? [Comprender nada de lo que se dice?]

11. What language does your child speak most often with other students? [¿Que idioma le su hijo hablar mas a menudo con otros estudiantes?]

12. Are you in favor of your child participating in instruction to increase his/her English language proficiency?
[¿Están a favor de su hijo/hija participar en la instrucción para aumentar su dominio del idioma inglés?]

Please indicate response [Sirvase indicar respuesta]: _____ Yes [SI] _____ No [No]

13. Parent/Legal Guardian's Signature [Padre, madre o tutor legal Firma]: _____

Today's date [La fecha de hoy]: _____

(Padre, madre o tutor legal firma)

Nombre de la Escuela [Name of School]: _____

Encuesta sobre el idioma hablado en el Hogar [Home Language Survey Form]**Tipo de Carta a los padres [Letter to Parents]**Queridos padres/Guardian de [Dear Parents/Guardian of: _____]
Nombre del alumno (Student's name)

En 1974, en el caso de Lau c. Nichols, el Tribunal Supremo de los ESTADOS UNIDOS dictaminó que las escuelas deben informar que idioma(s) hablado por los niños y sus familias en sus hogares. [In 1974, in the case of Lau v. Nichols, the U.S. Supreme Court ruled that schools must report what language(s) is spoken by children and their families in their home.]

Claro, los que son capaces de proporcionar esta información. Por compartir esta importante información con nosotros, que nos ayudaran a proporcionar la mejor educación para sus hijos que asisten a nuestras escuelas. [Clearly, you are most qualified to provide us with this information. By sharing this important information with us, you will help us provide the best education for your children attending our schools]

Su participación en esta investigación es muy importante. Por favor, tómese el tiempo para responder a varias preguntas sobre el (los) idioma(s) hablado en su hogar. Con su ayuda, podemos trabajar juntos para dar a sus hijos la mejor que nuestras escuelas pueden ofrecer. [Your participation in this inquiry is very important. Please take the time to answer several questions about the language(s) spoken in your home. With your help, we can work together to give your children the very best that our schools can offer.]

POR FAVOR LLENE UNA [1] CONJUNTO DE FORMAS POR ESTUDIANTE. [PLEASE FILL OUT ONE [1] SET OF FORMS PER STUDENT!]

Por favor, responda a las preguntas en ambos lados de este formulario. Por favor, devolver el cuestionario al profesor de su hijo. No dude en llamar a la escuela si usted tiene alguna pregunta. Una vez más, agradecemos profundamente su colaboración para que nos ayuden a proporcionar una mejor educación para sus hijos. [Please answer the questions on both sides of this form. Please return the questionnaire to your child's teacher. Do not hesitate to call the school if you have any questions. Once again, we deeply appreciate your cooperation in helping us to provide a better education for your children.]

Si un idioma distinto del inglés se habla en su casa y usted es un ciudadano natural de Estados Unidos y, a continuación, de las siguientes, ¿se sienten mejor identifica el ambiente bicultural en la casa [If a language other than English is spoken in your home and you are a natural born citizen of the United States, then which of the following would you feel best identifies the bicultural environment in your home]:

_____ America Latina [Latin American]
_____ Mexican American [Mexican American]

_____ America Española [Spanish American]
_____ American [American]

_____ Prefiero no indicar [I prefer not to indicate]

Please check only ONE category that best describes your child/children's racial/ethnic background.

_____ Argentinian
_____ Bolivian
_____ Chilean
_____ Colombian
_____ Costa Rican
_____ Cuban
_____ Dominican

_____ Guatemalan
_____ Honduran
_____ Indian descent
_____ Latin American
_____ Latino
_____ Mexican
_____ Nicaraguan
_____ Panamanian
_____ Paraguayan

_____ Peruvian
_____ Puerto Rican
_____ Salvadoran
_____ Spanish descent
_____ Uruguayan
_____ Venezuelan
_____ Otra [Other]

Para permitir que el estudiante ELL personal para proporcionar servicio concisas para el estudiante, si el estudiante asistió a otra escuela, el año escolar anterior, por favor, indique el nombre y ciudad/estado (de la escuela anterior) [To allow the ELL staff to provide concise service to the student, if the student attended another school the previous school year, please provide the name and city/state (of the previous school)].

Nombre de Escuela [Name of Prior Year School]: _____

Ciudad/Estado [City/State]: _____

_____ Prefiero no indicar [I prefer not to indicate]



Louisiana Migrant Education Program

Family Search Form

School District/Parish: _____ School: _____ School Year: _____

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive **FREE** additional educational services. The information you provide will only be used for program purposes. Please answer both questions below and return this form to your child's school.

1. **Have you or another person in your home worked in agriculture or fishing in the past 3 years?**

(Please check all that apply below & complete contact information)

☐ YES

☐ NO



Picking vegetables, fruit, pecans, hay, soybeans, sugarcane, sweet potatoes, etc.

☐

Working in a poultry farm

☐

Working in shrimping / crabbing / oyster fishing

☐

Working in forestry / timber / logging

☐

Working in a plant nursery, orchard, tree growing or harvesting

☐

Working with livestock such as cattle, hogs, alligator, crickets, or turtle farming

☐

Working in rice, crawfish ponds

☐

Other **AGRICULTURAL** or **FISHING** work? Please explain:

2. **Have your children moved or traveled across school district lines in the past 3 years?**

This may include overnight or extended trips, at any time of the year, including the summer, to do shrimping, crabbing, oyster fishing, or agricultural work.

☐ YES

☐ NO

Parent (Guardian) Name: _____ Best time to contact you: _____

Phone Number(s): _____

Address: _____ Email Address: _____

Language/Lenguaje/Ngôn ngữ: ☐ English ☐ Español ☐ Tiếng Việt ☐ Other: _____

The purpose of this form is to help the state determine if the child(ren) in this family are eligible for the Louisiana Migrant Education Program. One of the individuals listed below may contact you to determine eligibility for the Louisiana Migrant Education Program:

Laurie Stewart - 225-369-0560
laurie.stewart@louisiana-mep.org

Lorena Andrea Roberts - 225-372-0419
lorena.roberts@louisiana-mep.org

Clare Ortiz - 870-820-6177
clare.ortiz@louisiana-mep.org

For School Use Only: Please return completed forms to: ldr.team@louisiana-mep.org

For Spanish or Vietnamese search forms, please visit: <https://louisianamigrantidr.com/documents.php>. For any further questions, please reach out to the Louisiana Migrant Education Program Identification & Recruitment Team at: ldr.team@louisiana-mep.org.



ST. LANDRY PARISH SCHOOLS SCHOOL NURSE DEPARTMENT

Welcome to St. Landry Parish Schools. We are excited that you have chosen our school system, which is one of the fastest growing, top-rated districts in the state, to educate your child.

In order to provide the best care possible for your child while at school, it is important for us to be aware of any medical conditions that might affect them during school hours or any condition that requires medication, a health procedure, or possible nursing assistance (e.g. asthma, seizure disorder, diabetes, severe allergies, etc.). If your child does not have any medical issues or does not require any medication at school, we only need your signature on the "HIPAA Policy" form to be returned to school.

If your child has special medical needs, please complete and sign the enclosed forms. In addition, if your child requires medication at school, you may pick up the state mandated medication or procedure packet at your child's school, complete it, and return it to the school. A parent will have to bring the medication to school to be checked and logged in. **Please note that medication of any kind, including over-the-counter medication, may NEVER be sent to school with your child, and MUST be checked in by a parent along with the medication packet completed.**

The School District is notifying parents in order to obtain permission for the St. Landry Parish School Board to file for health services and screenings (vision, hearing, dental, height/weight, and blood pressure) with Medicaid if the child is eligible. This registration packet will serve as the initial notice for consent regarding Medicaid reimbursement. The district also requests parental consent to disclose the child's personal identifiable information (full name, address, date of birth, and Medicaid ID) to the Medicaid Program to bill for services. Allowing the district to bill for these services will not impact the child's Medicaid limits for any other services being billed by a private provider. Parental consent simply provides the school system with important funding needed to enhance services available to students. Parents may withdraw consent in writing at any time. If parents refuse or withdraw consent to allow access to Medicaid benefits, the school system will remain responsible for conducting scheduled services and screening.

Also, please ensure that your child's immunizations are up-to-date and that his/her school has an updated copy. This is required by Louisiana Department of Health and Hospitals and must be on file for your child to attend school.

Thank you in advance for your cooperation. We look forward to caring for your child.

St. Landry Parish School Nurses

HIPAA POLICY

NOTICE OF USE OF PERSONAL HEALTH INFORMATION

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully:

We understand that any information we collect about your child and their health is personal. Keeping your child's health information private is one of our most important responsibilities. We are committed to protecting their health information and following all laws about its use. You have the right to discuss your concerns with the system's Privacy Officer about how their health information is shared. The law says:

1. We must keep student's health information from others who do not need it.
2. You may ask us not to share certain health services information with others. However, occasionally certain situations prohibit us from complying with a request as such.

Your child may receive certain services from nurses, therapists, social workers, doctors, or other health-care related individuals. They may see, use, and share your child's health or medical information to determine any plan of treatment, diagnosis, or outcome of the said information as described in an Individualized Education Program (IEP) or other plan document. This use may cover such health services your child had before now or may have later.

We review such health services information and claims to make sure that you get quality services and that all laws regarding providing and paying for such health services are followed. We may also use the information to remind you about services or to inform you about treatment alternatives. In addition, we may also use the information to obtain payments for such services as a result of the Medicaid program. We must submit information that identifies you and your child, your child's diagnosis, and the type of services provided to your child for reimbursement by Medicaid.

We may share your health care information with teachers through health plans, with insurance companies and/or government programs in order for our school system to be reimbursed for such health care or medical services rendered during the school day.

As a general rule, you may request to see your child's health information. However, the request may not include psychotherapy notes or information being gathered for judicial proceedings. There may be legal reasons or safety concerns that would limit the amount of information that you may see. You may ask in writing to receive a copy of your child's health information. We may ask for payment for copying costs.

If you suspect some of your child's health information is wrong, you may ask in writing that we correct or amend it and you must provide the appropriate documentation, if applicable, from your child's physician in order to verify it.

You may request in the form of a signed 'Authorization of Release of Information' that any health information be sent to others who have received your child's health information previously from us. In addition, you may also request a comprehensive list of any recipients of such information. At any time, you may stop or limit the amount of information being shared by informing us in writing.

Note: A child 18-years old or older can give consent for his or her health information to be shared by signing an 'Authorization of Release of Information'.

In certain situations, we are mandated to abide by laws pertaining to sharing particular health information regarding your child, even if an 'Authorization of Release of Information' is not signed. We always report:

1. Contagious diseases, birth defects, and cancer;
2. Firearm injuries and other trauma events;
3. Reactions to problems with medicines or defective medical equipment;
4. To the police or other governmental agencies when required by law;
5. When a court orders us;
6. To the government to review how our programs are working;
7. To Worker's Compensation for work related injuries;
8. Date of birth and immunization information;
9. Abuse, neglect, and domestic violence, if related to child protection or vulnerable adults; or
10. To parents and other designated by law.

We may also share health care information for permitted research purposes and for matters concerning serious threats to public health or safety. Furthermore, if the health information falls within the FERPA definition of "education record", it will not be considered private health information under HIPAA, and therefore, will not be regulated by HIPAA.

If you have any questions about this notice of privacy rights or feel that such rights have been violated, you may contact:

St. Landry Parish School Board Office
(337) 948-3657 Telephone
1013 E. Creswell Lane
Opelousas, LA 70571

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights. Your health care services will not be affected by any complaint made to the St. Landry Parish School Board, Secretary of Health and Human Services, or Office of Civil Rights.

You may ask for additional copies of our HIPAA policy at any time. The following link provides additional information regarding HIPAA and FERPA relevant to student health records.

<http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

ST. LANDRY PARISH SCHOOL BOARD

Dear Parent,

Attached you will find the St. Landry Parish School Board HIPAA policy Notice of Use of Personal Health Information. Please sign and return this form, so that we may maintain a record of your having received the information. Failure to return the signed form may result in a delay in servicing your child.

Thank you,

St. Landry Parish School Nurses

This is to certify that I have received and read a copy of the "Notice of Use of Personal Health Information".

Parent's Signature

Names of children attending St. Landry Parish Schools and grades/homeroom teachers of each:

| | | |
|---------------|----------------|---------------------------|
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |
| _____ Name | _____ Grade | _____ Homeroom Teacher |

If you have any questions, please feel free to contact your child's school.

STATE OF LOUISIANA HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

| | | | | | | | |
|---|--|-------|------------|--|------------|----------|---------|
| PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed. Use additional sheets, if necessary, for further explanation. | | | | | | | |
| Student Name: Last | | First | M.I. | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | DOB: | Grade: | School: |
| Student's Mailing Address: | | | | City: | | State: | Zip: |
| Student's Physical Address: | | | | City: | | State: | Zip: |
| Name of Mother/Legal Guardian | | | Home Phone | Work Phone | Cell Phone | Employer | |
| Name of Father/Legal Guardian | | | Home Phone | Work Phone | Cell Phone | Employer | |
| Name of pediatrician/primary care provider | | | Phone No | Name of medical specialists/clinics Phone No. | | | |

Parents: Please notify the school nurse of any changes in the student's medical condition.

Parent/Legal Guardian Signature _____ Date _____

Please check the type of health insurance your child has: ☐ Private ☐ Medicaid/LaCHIP ☐ None

If your child does not have health insurance, would you like information on no-cost health insurance? ☐ Yes ☐ No

In case of emergency, if parent or legal guardian cannot be reached, contact the following:

| Name | Phone Number | Cell Phone Number |
|---|--------------|-------------------|
| My child has a medical, mental, or behavioral condition that may affect his/her school day: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete Part 2) | | |

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing the school with any medication and may be responsible for providing the school with any special food or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms. **Parents are responsible to keep the school nurse informed regarding their child's health status.**

☐ **ALLERGIES**

Allergy Type:

- ☐ Food (list food(s) _____) ☐ Medication (list medication(s) _____)
- ☐ Insect sting (list insect(s) _____)
- ☐ Other (list) _____

Reactions- Date of last occurrence:

- | | | |
|--|---|---|
| <input type="checkbox"/> Coughing Date: _____ | <input type="checkbox"/> Swelling Date: _____ | <input type="checkbox"/> Rash Date: _____ |
| <input type="checkbox"/> Difficulty breathing: _____ | <input type="checkbox"/> Nausea Date: _____ | <input type="checkbox"/> Other ____ _ |
| <input type="checkbox"/> Hives Date: _____ | <input type="checkbox"/> Wheezing Date: _____ | |

Currently prescribed medications and treatments:

☐ Oral antihistamine (Benadryl, etc.) ☐ Epi-pen ☐ Other _____

☐ ASTHMA

Triggers (i.e., tobacco, dust, pets, pollen, etc.) (list) _____

Does your child experience asthma symptoms with exercise? ☐ No ☐ Yes

Symptoms: ☐ Chest tightness, discomfort, or pain ☐ Difficulty breathing ☐ Coughing ☐ Wheezing

☐ Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____ Date of last ER visit related to asthma _____

Does your child have a written asthma management plan? ☐ No ☐ Yes - Is peak flow monitoring used? ☐ No ☐ Yes

☐ DIABETES

Currently prescribed medications and treatments: ☐ Insulin ☐ Syringe ☐ Pen ☐ Pump

☐ Blood sugar testing ☐ Glucagon ☐ Oral medication(s) List medication(s) _____

Is special scheduling of lunch or Physical Education required? ☐ No ☐ Yes:

☐ SEIZURE DISORDER

Type of seizure: ☐ Absence (staring, unresponsive) ☐ Generalized Tonic-Clonic (Grand Mal/Convulsive)

☐ Complex Partial ☐ Other (explain) _____

☐ Physical Education Restrictions: ☐ No ☐ Yes

Medication(s): ☐ No ☐ Yes List medication(s) _____

Date of last seizure _____ Length of seizure _____

☐ OTHER HEALTH CONDITIONS

Chicken Pox: **Date of disease:** _____

☐ Anemia ☐ Digestive disorders ☐ Sickle Cell Disease

☐ ADD/ADHD ☐ Psychological ☐ Skin disorders

☐ Cancer ☐ Juvenile Rheumatoid Arthritis ☐ Speech problems

☐ Cerebral Palsy ☐ Hemophilia ☐ Other (explain) _____

☐ Cystic Fibrosis ☐ Heart condition

☐ Depression ☐ Physical disability

Physical Education Restrictions: ☐ No ☐ Yes (explain): _____

Medication(s): ☐ No ☐ Yes List medication(s) _____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning):

☐ No ☐ Yes (explain): _____

☐ VISION CONDITIONS _____ ☐ Contacts/glasses ☐ Other: _____

☐ HEARING CONDITIONS _____ ☐ Hearing aid(s) ☐ Other: _____

☐ **ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION**

Special adjustments of the school environment or schedule needed? ☐ No ☐ Yes (explain):

(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

Special adjustments to classroom or school facilities needed? ☐ No ☐ Yes (explain)

(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations required: ☐ No ☐ Yes (explain):

(i.e., precautions in lifting or positioning, transportation emergency plan, safety equipment, techniques for positioning or feeding)

Special assistance with activities of daily living needed: ☐ No ☐ Yes (explain): *(i.e., eating, toileting, walking)*

Special diet required? ☐ No ☐ Yes (explain)

(i.e., blended, soft, low salt, low fat, liquid supplement): _____

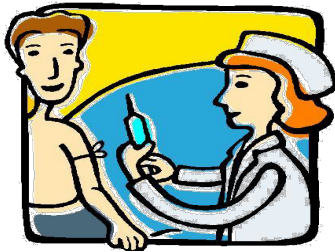
Are there anticipated frequent absences or hospitalizations? ☐ No ☐ Yes (explain):

PART 3: SCHOOL NURSE TO REVIEW if parent/legal guardian indicates medical condition.

Nurse Notes: _____

School Nurse Signature

Date



ST. LANDRY PARISH SCHOOLS IMMUNIZATION REQUIREMENTS

Under State Law (Act no. 771) all students are required to have proof of immunization. We must have an up-to-date copy of your child's immunizations before school starts.

PRE-K (4 years of age or prior to school entry)

DTaP----- 5 Doses

IPV-----4 Doses

MMR----- 2 Doses

VAR----- 2 Doses or history of having chicken pox

HBV----- 3 Doses

HIB----- 4 Doses

6th Graders (11 -12 years of age for school entry)

TDaP Booster-----1Dose

MCV4-----1Dose

11th Graders or 16-years-old any grade for school entry

MCV4-----1 Dose

*****IMPORTANT*****

We are required by the Department of Health and Hospitals to use Louisiana Immunization Network for Kids Statewide (LINKS) web application for recording and reporting all student immunizations. Please note, any immunization given too early or out-of-sequence will be identified as invalid by LINKS and will need to be repeated. If your child's physician chooses not to repeat the said dose, documentation from the physician is required by the Department of Health and Hospitals to be included in our records.

Please contact your child's school to speak with a school nurse if you have any questions regarding immunizations.

Thank You,
St. Landry Parish Schools Nursing
Department

| | | | | | | | |
|------------------|-------------|--|--------|--|-----------|--|--------------|
| For PAC Use Only | Coordinator | | Case # | | State ID# | | SER Initials |
|------------------|-------------|--|--------|--|-----------|--|--------------|

**St. Landry Parish- Pupil Appraisal Center
Child Identification (Child ID)**

| | | | | | | | |
|---|-----|--------|--------|--------|--|-----------|--|
| Student: | | | | | | | |
| | | First | | Middle | | Last | |
| Physical Address: | | | | | | | |
| | | Street | | City | | State Zip | |
| Mailing Address: (if different) | | | | | | | |
| | | Street | | City | | State Zip | |
| | | | | | | | |
| DOB | Age | Years | Months | Race | | Gender | |
| Primary Language: | | | | | | | |

| | | | | | | | | |
|---------------------------|--|-------|--|---------------------------------|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|
| Head of Household: | | | | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Foster | <input type="checkbox"/> Other |
| Father: | | | | | | | | |
| | | First | | Middle | | Last | | |
| Mother: | | | | | | | | |
| | | First | | Middle | | Last | | |
| Guardian: | | | | | | | | |
| | | First | | Middle | | Last | | |
| Home Phone | | | | | Work Phone | | | |
| Emergency Contact | | | | | | | | |
| | | Name | | Cell Phone # | | Relationship | | |

| | | | | | | |
|--------------------|--|-----------------|--|---------------|----------------|--|
| School: | | Teacher: | | Grade: | | |
| Referred By | | Position | | Race: | Gender: | |

Complete for Re-evaluation Only

| | | | |
|-----------------------|---------------------|---------------|--------------------------------|
| | | | |
| Exceptionality | SPED Teacher | Case # | Date of Last Evaluation |

| | | | | |
|----------------------------|---|--|--|--------------------------|
| Reason For Referral | <input type="checkbox"/> Initial Evaluation | <input type="checkbox"/> Mandatory Reevaluation | <input type="checkbox"/> Declassification | SPECIFY CONCERNS: |
| | | <input type="checkbox"/> Results of Manifestation Determination | <input type="checkbox"/> New Concern | |
| | | <input type="checkbox"/> Significant Change of Placement | <input type="checkbox"/> Talented | |
| | | <input type="checkbox"/> Court Decision/Due Process Hearing Decision | <input type="checkbox"/> Preschool Testing | |
| | | | | |

Transferring Student Information (Please complete bottom portion of form when receiving a transfer student)

| | | | | | | |
|----------------------------|--|---------------------|--|--------------|--|----------------|
| Transferring School | | Phone Number | | Grade | | Address |
|----------------------------|--|---------------------|--|--------------|--|----------------|

| | | | | | |
|---|--|--|--|---|--|
| Did the student receive any of the following services at their previous school? <input type="checkbox"/> Special Education Services/Resource <input type="checkbox"/> 504 <input type="checkbox"/> Speech/Language <input type="checkbox"/> Gifted | | <input type="checkbox"/> Talented <input type="checkbox"/> Adapted Physical Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other | | Please email completed form to ChildID@slpsb.org | |
|---|--|--|--|---|--|



St. Landry Parish School Board

1013 East Creswell Lane
P.O. Box 310
Opelousas, LA 70571
Phone: 337-948-3657
www.slp.k12.la.us

Dear Parent(s)/Guardian(s),

In our continuing efforts to support the well-being of all of our students, we will be administering a universal assessment of social, emotional, and behavioral health. The assessment consists of a brief rating scale that is going to be completed by the homeroom or classroom teachers. This information will help us to understand the needs of all of our students and to make effective plans at the whole school, class, and individual level. Screening results will be kept confidential and in a location that is separate from your child's academic records. If the screening results identify any areas of concern for your child, this information will be shared with you as well as any recommendations for addressing these concerns.

We are always working to support the needs of our school community, including school-wide programs such as positive behavioral interventions and supports and social-emotional learning. It is important that your child feel that academic learning is their primary focus at school, and that the adults they work with each day are doing all they can to create a safe and supportive environment. If you have any questions about the screening process, please review the frequently asked questions document attached to this form and/or contact your child's school.

Sincerely,
Mrs. Alvado C. Willis
Director of Special Education
St. Landry Parish School Board
(337) 948-3646

I have read and understand the use of the social, emotional, and behavioral screening offered by the St. Landry Parish School System.

_____ I give permission for my child to participate in the social, emotional, and behavioral screening process.

_____ I do not want my child to participate in the social, emotional, and behavioral screening process. I understand that my child will not be included in the school-wide assessments.

Student's Name (Print)

Parent Signature

Date

All students enrolled in public schools in Louisiana are afforded protection of student's records under the Family Education Rights to Privacy Act (FERPA) and La. R. S. 17:3914. Every public school district is required to implement processes to protect the privacy of personally identifiable student information and restrict sharing of that information. LEAs are only able to share personally identifiable information about students with others as long as the data sharing meets one of the law's limited exceptions as described in the Policy Guidance. In accordance with the legislation, LEAs: (1) are prohibited from requiring the collection of non-academic data about students such as political affiliation and religious practices; (2) are permitted to share personally identifiable information under specific circumstances (e.g. LEA officials with a legitimate educational interest; specified officials for audit or evaluation purposes; to appropriate officials in cases of health and safety emergencies.) (3) are prohibited from allowing anyone to access student information that is stored by schools or LEAs except authorized stakeholders such as parents, teachers, principals, superintendents, or a person authorized by the state to audit student records.

"An Equal Opportunity Employer"

Frequently Asked Questions

What is universal social, emotional, and behavioral (SEB) screening?

How students engage socially and emotionally with their peers, teachers, and their school impacts learning and long-term success in life. Schools are teaching and creating contexts that promote social and emotional skills and wellness for all students. Across all content areas, teachers use assessments to determine the strengths and weaknesses of their students so they can plan how to best teach and support them. Just as students participate in screenings for vision, physical health, reading, and other academic areas, SEB screening provides an indicator of whether a student's SEB health is on track or if there might be a problem. Screening is a proactive approach in that it provides important information to ensure help is provided before little problems become big ones. In our district, teachers will rate students on a short list of items two to three times per year.

What universal SEB screener will be used and what does it measure?

The Student Risk Screening Scale-Internalizing and Externalizing (SRSS-IE) will be utilized by the district. Internalizing behaviors refer to an individual's emotional state (e.g. sad; anxious), while externalizing behaviors refer to the behaviors that we can see (e.g. aggression; stealing). The SRSS-IE is one tool that school staff can use to identify areas of need within a classroom, a school, and the district as a whole.

How will the results of the screening be used?

The SRSS-IE is conducted to better inform instruction. It is not used to exclude students from the instructional environment. Rather, it is used to select appropriate supports for students. The SRSS is not used independently to determine special education eligibility or make other high stakes decisions. The SRSS-IE, like all universal screening tools, is not used to label students. It is only used as one of multiple data sources to indicate student risk. All screening information will be kept private in a safe and secure location.

The screening results allow educators to assess how well school systems and practices are meeting all students' social and behavioral needs. Student scores help school staff to identify students who may need additional support. Schools want the best possible outcomes for all students. To accomplish this, schools provide supports to students early based on each student's need. Collecting information with the SRSS-IE helps schools to allocate resources so students can be successful with social behavior, which improves opportunities for academic success. The screening data will be used in conjunction with other data collected as part of regular school practices to examine the overall risk in a school, inform teacher-level interventions to support increased engagement in instruction (e.g., incorporating the use of simple, effective strategies such as instructional choice and increasing students' opportunities to participate in instruction), as well as to offer students extra assistance as needed (with parent permission).