

VERMILION PARISH SCHOOL BOARD
AFFIDAVIT BY PARENT/GUARDIAN VERIFYING STUDENT RESIDENCE
2022-2023

A parent/guardian who is residing with a friend or relative on a temporary or permanent basis must complete the official Vermilion Parish School Board Affidavit by Parent/Guardian Verifying Student Residence document.

If the school has reason to believe that information in this affidavit is incorrect, and the parent/legal guardian is in fact residing outside of the school district, the student will be required to return to the school in the district where he/she resides. Out of parish students will be withdrawn immediately from the school district.

PARENT/LEGAL GUARDIAN: _____

Physical Address (Street, City, State, Zip): _____

Name of student: _____ **Date of Birth:** _____

School of attendance: _____ **School last attended:** _____

Parent/legal guardian's previous address: (Street, City, State, Zip)

Other children of parent/legal guardian:

Name	Age	School	Name	Age	School

Parent/legal guardian and student residing with: _____

If resident does not own property, list the name of the person that the electricity bill is listed under:

Name on Electric Bill/Landlord/Owner Address Phone Number

As the enrolling parent/legal guardian:

I, _____, attest that my child/student and I are **living and physically residing** with the homeowner/resident at the homeowner/resident's address. I also attest that **I do not reside in any other home or residence outside of this school zone.**

I'm a registered voter: ____yes ____no **If yes, where do you vote:** _____

The parent/legal guardian has been advised and is aware that the making of intentionally false statements on this Affidavit may expose him/her and the residence owner to prosecution for filing false public records under R.S. 14:133 or other laws of the state of Louisiana. (See back of page)

I have carefully read and signed this Affidavit and attest to the truth of all the information provided.

THUS SWORN AND SUBSCRIBED BEFORE ME, the undersigned Notary Public, with such civil and criminal penalties that may attach hereto this _____ day of _____ 20_____.

Parent Signature Resident Signature

NOTARY PUBLIC PRINTED Name of Notary Notary Seal/Number

(OVER)

- §133. Filing or maintaining false public records
 - A. Filing false public records is the filing or depositing for record in any public office or with any public official, or the maintaining as required by law, regulation, or rule, with knowledge of its falsity, of any of the following:
 - (1) Any forged document
 - (2) Any wrongfully altered document
 - (3) Any document containing a false statement or false representation of a material fact
 - B. The good faith inclusion of any item of cost on a Medical Assistance Program cost report which is later determined by audit to be non-reimbursable under state and federal regulations shall be an affirmative defense to a violation of this Section.
 - C. Whoever commits the crime of filing false public records shall be imprisoned for not more than five years with or without hard labor or shall be fined not more than five thousand dollars, or both. Amended by Acts 1980, No. 454, §1; Acts 1982, No. 676, §1; Acts 1992, No. 539, §1; Acts 1995, No. 787, §1.

I HEREBY VERIFY THAT MY CHILD RESIDES WITH ME IN VERMILION PARISH AT THE ABOVE ADDRESS.

I UNDERSTAND THAT UNDER THE LAW, I AM TO NOTIFY THE SCHOOL OFFICIALS WHERE MY CHILD ATTENDS SCHOOL WITHIN 30 DAYS IF THERE IS A CHANGE OF RESIDENT/ ADDRESS, EITHER FROM WITHIN OR OUT THE PARISH.

Signature of Parent/Legal Guardian

Date

**VERMILION PARISH SCHOOL BOARD
DOMICILE FORM
2022-2023**

NAME OF SCHOOL

NAME OF CHILD

Dear Parent or Legal Guardian:

In order for your child to attend school in this parish, your domicile must be established. Your domicile is the place where you actually reside. The address listed for enrolling in school must be the physical location of your home or the address used to receive mail at your home and **NOT** a post office box.

List the address at which you currently reside:

Physical Address (Street, City, State, Zip)

Phone Numbers:

Home

Work

Cell

Name on electric bill: _____

Relation to student: _____

Address of previous domicile (home):

Previous Physical Address (Street, City, State, Zip)

Who does the child live with:

_____ both biological parents

_____ biological mother/step-father

_____ biological mother

_____ biological father/step-mother

_____ biological father

_____ court-appointed guardian

_____ other (explain): _____

Marital status of child's biological parents: _____ married _____ single _____ separated
_____ divorced _____ widowed _____ natural/legal guardians (never married)

If you are SEPARATED, DIVORCED, or NEVER MARRIED:

Was court custody ever established and signed by a judge? ___ Yes ___ No

(IF YES, ATTACH A COPY OF THE COURT ORDER)

If you are NOT THE BIOLOGICAL PARENT of the above child:

Do you have custody of the above named child by virtue of a court order?

_____ Yes **(ATTACH A COPY OF THE COURT ORDER)**

_____ No **(give name and address of the parent or parents of the above named child)**

(Print) Name of Parent(s)

Parent(s) Phone Number(s)

Parent(s) Physical Address (Street, City, State, Zip)

I attest that the information provided by me, in answer to the questions contained in this form, is true and correct. Guardian/Parent Signature: _____

(OVER)

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Signature of Parent/Legal Guardian

Date

The following two or more acceptable documents are submitted to verify the above residence. Please check appropriate documents below. The documents are current and include name and address of the parent/legal guardian.

- _____ Current electric bill is required, regardless of name on bill, and one of the following:
 - _____ Filed Homestead Exemption Application Form
 - _____ Apartment or house lease receipt or documentation providing ownership
 - _____ Water or Gas bill
 - _____ Vermilion Parish School Board Affidavit by parent/legal guardian verifying student residence.
 - _____ Placement by OCS
 - _____ Home visit by school official

For School Officials Only:

- _____ Verification **Accepted** – permit to register is granted
- _____ **Verification not Accepted** – student is provisionally admitted pending completion of the requirements within 2 weeks from child’s first date of attendance.
- _____ **Verification not Accepted**

Signature of Principal Date

VERMILION PARISH SCHOOL BOARD

Student Form for Ethnicity/Race

2022-2023

Student's Name: _____

Birthdate: _____

School: _____

School systems are required to re-survey students and existing staff regarding ethnicity using a two question format. This is necessary in order to give respondents the opportunity to select more than one race, and if Asian or Pacific Islander, to distinguish between these two.

Students are to self-report their ethnicity and race by answering both questions below. If the student/parent declines to select race, observer identification will be the method for collecting this information for reporting to the federal government.

Question 1: Ethnicity: Is this student Hispanic/Latino? (Choose only one)

_____ No, not Hispanic/Latino

_____ Yes Hispanic/Latino

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

Question 2: Race: Select **one or more** of the following racial groups by placing an **X** in the blank next to your choice(s):

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

If you checked more than one race in question 2 above, please indicate what you consider to be your primary race: _____

PARENT'S PRINTED NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

Observer Identification method used:

OBSERVER PRINTED NAME: _____

OBSERVER SIGNATURE: _____

DATE: _____

Primary/Home Language Survey for All New Incoming Students

Parents or guardians of ALL new incoming students K-12 should complete this survey. This form is only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

Student Information:

First Name: _____ Date of Birth: _____

Last Name: _____ Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

The answers to the above questions will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them.

Has your child received ESL/EL services previously? Yes No

In what language would you prefer to receive information from the school? _____

Parent's or Guardian's Signature

Date

Encuesta sobre el idioma nativo/materno para todos los nuevos estudiantes entrantes

Los padres o tutores de TODOS los nuevos estudiantes entrantes K-12 deben completar esta encuesta. Este formulario es solo para determinar si el estudiante necesita servicios para estudiantes de inglés y esta información no se utilizará para asuntos de inmigración ni se informará a las autoridades de inmigración.

Información del estudiante:

Nombre: _____ Fecha de nacimiento: _____

Apellido: _____ Fecha de ingreso a la escuela en EE. UU .: _____

Preguntas para padres o tutores	Respuesta
¿Cuáles son el/los idioma/s más comunes que se hablan en su casa?	
¿Qué idioma aprendió primero su hijo?	
¿Qué idioma usa su hijo con más frecuencia en casa?	
¿En qué idioma le habla más a menudo a su hijo?	
¿Qué idioma usa su hijo con sus amigos?	

Las respuestas a las preguntas anteriores nos dirán si se debe evaluar el dominio del inglés de un estudiante y nos ayudarán a garantizar que se le ofrezcan oportunidades importantes a fin de recibir programas y servicios a los estudiantes que los necesiten.

¿Ha recibido su hijo servicios de ESL/EL anteriormente? Sí. No.

¿En qué idioma preferiría recibir información de la escuela? _____

Firma del padre o tutor

Fecha

Khảo sát ngôn ngữ chính/tại nhà cho Tất cả Học sinh Mới đến

Phụ huynh hoặc người giám hộ của TẤT CẢ học sinh K-12 mới nhập học nên hoàn thành cuộc khảo sát này. Phiếu này chỉ để xác định xem học sinh có cần các dịch vụ cho Người học tiếng Anh hay không và sẽ không được sử dụng cho các vấn đề nhập cư hoặc báo cáo cho cơ quan di trú.

Thông tin Học sinh:

Tên: _____ Ngày tháng năm Sinh: _____

Họ: _____ Ngày nhập học trường US: _____

Câu hỏi dành cho Cha mẹ hoặc Người giám hộ	Phản hồi
Ngôn ngữ phổ biến nhất được nói trong nhà của quý vị là gì?	
Con quý vị đã học ngôn ngữ nào trước?	
Ngôn ngữ nào mà con của quý vị sử dụng thường xuyên nhất ở nhà?	
Ngôn ngữ nào mà quý vị thường nói với con của mình?	
Con quý vị dùng ngôn ngữ nào với các bạn bè?	

Câu trả lời cho các câu hỏi trên sẽ cho chúng tôi biết liệu trình độ tiếng Anh của học sinh có nên được đánh giá và giúp chúng tôi đảm bảo rằng những học sinh có nhu cầu sẽ được cung cấp các cơ hội quan trọng để nhận các chương trình và dịch vụ này.

Con quý vị đã nhận được dịch vụ ESL/EL trước đây chưa? Có Không

Quý vị muốn nhận thông tin từ trường bằng ngôn ngữ nào? _____

Chữ ký Người giám hộ hoặc Cha mẹ

Ngày

LOUISIANA STUDENT RESIDENCY QUESTIONNAIRE
(Form Must Be Included In School Enrollment Packet)

Date _____ District _____ School Name _____

Student Name: _____ SSN/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 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.)
2. YES NO Is the temporary living arrangement due to loss of housing or economic hardship?
3. YES NO Does the student have a disability or receive any special education-related services? (Check one)
4. 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: _____

5. YES NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe: _____)
7. YES NO Migrant – Have you moved at time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
8. 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 _____
9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name	Signature	Date
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(Area Code) Phone Number	Street Address	City	State	Zip Code
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School Use Only: Free or Reduced Price Meals Form submitted/signed Copy Placed in Student's Cumulative Record

Homeless Liaison Use Only – Check All that Apply:

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

Print School Contact Name	Title	Signature	Date
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