



Student Name:

Grade:

## Registration Requirements Checklist

### Required Forms

- Student Registration Form
- Louisiana Residency Questionnaire
- State of Louisiana Health Form
- Bus Stop Request Form
- Compulsory Attendance Form
- Home Language Form

### Required Documentation

- Two (2) Proofs of Address
- Copy of Social Security Card (Optional)
- Copy of Birth Certificate
- Copy of Immunization Record
- Drop Slip\*
  - This is only for students who have completed Kindergarten. Please ask his/her current school for the drop slip after the school year is complete.

### Recommended Documentation

- Copy of last student assessment or report card
- Copy of student's IEP
- Copy of student's 504 Plan



## Student Registration Form

School Office Use Only

Student ID	Grade	Entry date	Bus #
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Parents/Guardians: Please fill out all sections for your student. Please print neatly.

### STUDENT INFORMATION

#### Student's Legal Name:

Last  First  Middle   
 Date of birth  /  /  Sex  (M/F) Social Security Number

#### Ethnicity:

- Am. Ind./Alaskan Native
- Asian/Pacific Islander
- Black (not Hispanic)
- Hispanic
- White (not Hispanic)
- Other

#### History:

Has the student ever attended school in Louisiana?  (Y/N)

Last school attended:

School Name:  District:

City:  State:  Zip:

Is this student the subject of a court or custody order? (Y/N)  
 If yes, please provide a copy of the order to the school.

#### Language:

Spoken at home:   
 First spoken by student:   
 Most often spoken by student:

#### Exceptional Student Services:

Has the student ever received services as an Exceptional Student?  Y/N  
 If yes, please indicate the student's exceptionality:  Gifted  Talented  
 Other:

### PARENT/GUARDIAN INFORMATION

Last Name  First Name  Relation   
 Address  Apt.  Zip Code   
 Does the student reside at this address?   
 (Y/N) Phone numbers:  
 Home  Cell  Work

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_ Zip Code \_\_\_\_\_  
Does the student reside at this address? \_\_\_\_\_  
(Y/N) Phone numbers:  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### TRANSPORTATION

Does your child need bus services? \_\_\_\_\_ (Y/N) If yes, you MUST fill out a bus stop request form (included in packet). People authorized to pick up student:

Name _____	Home/Cell Phone _____	Work Phone _____
Name _____	Home/Cell Phone _____	Work Phone _____
Name _____	Home/Cell Phone _____	Work Phone _____

### EMERGENCY CONTACTS

Name _____	Home/Cell Phone _____	Work Phone _____
Name _____	Home/Cell Phone _____	Work Phone _____
Name _____	Home/Cell Phone _____	Work Phone _____

### HEALTH SERVICES

Student's Doctor/Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Does the student have any special medical conditions/allergies/procedures of which we should be aware? \_\_\_\_\_

(Y/N) If YES, please list:

\_\_\_\_\_  
\_\_\_\_\_

Medicines taken regularly at home: \_\_\_\_\_

Medicines taken regularly at school: \_\_\_\_\_

Does the student have:

Private Insurance \_\_\_\_\_ (Y/N)

Medicaid \_\_\_\_\_ (Y/N)

LACHIP \_\_\_\_\_ (Y/N)

Does the parent/guardian request insurance information? \_\_\_\_\_ (Y/N)

STUDENT'S NAME \_\_\_\_\_

I understand that a registered nurse will provide school health services in cooperation with Ecole Pointe-au-Chien staff and give permission for the Health Team, or any Ecole Pointe-au-Chien employee or any other staff under the guidance of the Health Team, to provide the described services to my child as he/she may require while present in school. I understand that, if my child has a serious injury or illness, I will be contacted, and the physician/clinic shown on this form and/or Emergency Medical Services (EMS) may be contacted if necessary. I understand and agree that neither registered nurse nor Ecole Pointe-au-Chien nor their staff will be responsible for any cost involved if the student needs emergency medical care. I understand and agree that, in order to provide a coordinated system of care, the health team or an Ecole Pointe-au-Chien employee may exchange health care information about my child with his/her physician or other health care providers, upon approval by me. I understand and agree that the Health Team may share the student's health care information with Ecole Pointe-au-Chien personnel, in accordance with protocol, in order to provide appropriate attention to my child's health needs. I further understand that my signature approves an Ecole Pointe-au-Chien employee to give permission for my child to be treated in the event that I am not able to be

reached for approval.

**PARENT/GUARDIAN INITIALS** \_\_\_\_\_

### ELECTRONIC COMMUNICATION SYSTEM

I hereby understand that students of Ecole Pointe-au-Chien will be granted access to the system's electronic communications system which includes access to the Internet and World Wide Web. This access is a privilege, not a right. The system may suspend or revoke a system user's access upon violation of system policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus School Director.

**STUDENT'S NAME** \_\_\_\_\_ **PARENT/GUARDIAN INITIALS** \_\_\_\_\_

### PARENT EMAIL ADDRESS (OPTIONAL)

Ecole Pointe-au-Chien would like to communicate with you via email, should you wish. Provision of an e-mail address is not required. If you do not provide an address, the system will continue to communicate with you in its regular manner to assure continued provision of vital and important information.

**PARENT EMAIL ADDRESS** \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_ **PARENT/GUARDIAN INITIALS** \_\_\_\_\_

### DIRECTORY INFORMATION

Ecole Pointe-au-Chien regularly receives requests for directory information on students enrolled in the System. Directory information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

- I GIVE permission to release student directory information.
- I DO NOT GIVE permission to release student directory information.

**STUDENT'S NAME** \_\_\_\_\_ **PARENT/GUARDIAN INITIALS** \_\_\_\_\_

### RECORDS RELEASE

I give Ecole Pointe-au-Chien permission to access my child's academic records from the school in which he/she was previously enrolled. My initials and signature below gives my child's previous school permission to provide the required information to Ecole Pointe-au-Chien.

- I GIVE permission to release my child's academic records to Ecole Pointe-au-Chien .
- I DO NOT GIVE permission to release my child's academic records to Ecole Pointe-au-Chien .

**STUDENT'S NAME** \_\_\_\_\_ **PARENT/GUARDIAN INITIALS** \_\_\_\_\_

### MEDIA CONSENT

I hereby consent to the use of any photographs/videotape taken of my child by the Ecole Pointe-au-Chien or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the Ecole Pointe-au-Chien in newspapers, newsletters, website, other publications, television, radio and other

communications and advertising media. By law, Ecole Pointe-au-Chien protects the privacy of the students and is prohibited from releasing students' personal information. From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story. Please mark one of the choices below.

- I GIVE permission for my child/children to be identified in any good news Ecole Pointe-au-Chien publication.
- I DO NOT GIVE permission for my child/children to be identified in any good news Ecole Pointe-au-Chien publication.

**STUDENT'S NAME** \_\_\_\_\_ **PARENT/GUARDIAN INITIALS** \_\_\_\_\_

**All of the information given on this form is correct.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: \_\_\_\_\_ LEA: \_\_\_\_\_ 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.

- 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.)
- YES  NO Is the temporary living arrangement due to loss of housing or economic hardship?
- YES  NO Does the student have a disability or receive any special education-related services? (Check one)
- Where is the student currently living? (Check all that apply.)

<input type="checkbox"/> In an emergency/transitional shelter. <input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing. <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult. <input type="checkbox"/> In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing. <input type="checkbox"/> Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance) <input type="checkbox"/> In a hotel/motel. <input type="checkbox"/> Other specific information:
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- YES  NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with uniforms, student records, school supplies, transportation, other?  
(Describe): \_\_\_\_\_
- 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?
- 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 _____
- The undersigned certifies that the information provided above is accurate.

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Print Parent/Guardian/Adult Caring for Student’s Name	Signature	Date
(Area Code) Phone Number	Street Address	City
Print School Contact Name	Title	Signature
	State	Date
	Zip Code	

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



## STATE OF LOUISIANA

## HEALTH INFORMATION

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TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

**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.

Name of School:		Grade:		
Student's Name: Last		First		M.I.
Student's Date of Birth:		Sex: M F	State or Country of Birth:	
Student's Mailing Address:		City:	State:	Zip Code:
Student's Physical Address:		City:	State:	Zip Code:
Name of Mother or Legal Guardian:	Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	Employer:
Name of Father or Legal Guardian:	Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	Employer:
Name of child's pediatrician or primary care provider:		Names of medical specialists or special clinics caring for your child:		

Parent or 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	Yes
In case of emergency—if parent or legal guardian cannot be reached—contact the following:				
Name		Complete Phone Number ( )		
My child has a medical, mental, or behavioral condition that may affect his/her school day: (please complete Part 2.)		No	Yes (If yes,	

**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.

**ALLERGIES**

Allergy Type:  
 Food (list food(s)) \_\_\_\_\_  
 Insect sting (list insect(s)) \_\_\_\_\_  
 Medication (list medication(s)) \_\_\_\_\_  
 Other (list) \_\_\_\_\_

Reactions: (Date of last occurrence if yes.)  
 Coughing (Date: \_\_\_\_\_)      Hives (Date: \_\_\_\_\_)      Rash (Date: \_\_\_\_\_)  
 Difficulty breathing (Date: \_\_\_\_\_)      Local swelling (Date: \_\_\_\_\_)      Wheezing (Date: \_\_\_\_\_)  
 Generalized swelling (Date: \_\_\_\_\_)      Nausea (Date: \_\_\_\_\_)      Other (Date: \_\_\_\_\_)

**Currently prescribed medications and treatments:**  
 Oral antihistamine (Benadryl, etc.)      Epi-pen      Other

**ASTHMA**

Triggers: Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) \_\_\_\_\_ Other (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 emergency room 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) Complex Partial Generalized Tonic-Clonic (Grand Mal/Convulsive)  
 Other (explain) \_\_\_\_\_

Physical Education Restrictions: No Yes

**Medication(s):** No Yes List medication(s) \_\_\_\_\_

Date of last seizure Length of seizure

**OTHER HEALTH CONDITIONS**

Anemia ADD/ADHD Cancer Cerebral Palsy Chicken Pox  
 Cystic Fibrosis Depression Digestive disorders  
 Emotional/Psychological Juvenile Rheumatoid Arthritis Hemophilia Heart  
 condition Physical disability Sickle Cell Disease Skin disorders Speech problems  
 Other (explain) \_\_\_\_\_

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): \_\_\_\_\_

**Special diet required** (i.e., blended, soft, low salt, low fat, liquid supplement): No Yes (explain): \_\_\_\_\_

**Are there anticipated frequent absences or hospitalizations?** No Yes  
 (explain): \_\_\_\_\_

**VISION CONDITIONS**

Contacts/glasses  
 Other

**HEARING CONDITIONS**

Hearing aid(s)  
 Other

**ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION**

**Special school environmental adjustments of the school environment or schedule:** No Yes (explain): \_\_\_\_\_

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

**Special school environmental adjustments to classroom or school facilities:** No Yes (explain): \_\_\_\_\_

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

**Special safety considerations:** No Yes (explain): \_\_\_\_\_

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

**Special assistance with activities of daily living:** No Yes (explain): \_\_\_\_\_

(i.e., eating, toileting, walking)

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

School Nurse Signature

\_\_\_\_\_ Date

Notes:



# Bus Stop Request Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

District/Parish:

Parents/Guardians: Please explain to us your needs in terms of bus transportation and ideal locations for pick up.

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

Principal's Signature: \_\_\_\_\_

**Use this form to request a change in your child's bus stop. Request must be signed by school administration before a bus route can be assigned. Please note any changes will take at least three school days to implement. Children must have someone visible in order to be released from the bus.**



## **Compulsory School Attendance Law LA R.S. 17:221 Subpart C. School Attendance**

§221. School attendance; compulsory ages; duty of parents; excessive absences; consent to withdraw

A. (1) Every parent, tutor, or other person residing within the state of Louisiana, having control or charge of any child from that child's seventh birthday until his eighteenth birthday, shall send such child to a public or private day school, unless the child graduates from high school prior to his eighteenth birthday.

Any child below the age of seven who legally enrolls in school shall also be subject to the provisions of this Subpart. Every parent, tutor, or other person responsible for sending a child to a public or private day school under provisions of this Subpart shall also assure the attendance of such child in regularly assigned classes during regular school hours established by the school board.

(2) Whoever violates the provisions of this Subsection or R.S. 17:234 shall be fined not more than two hundred and fifty dollars or imprisoned not more than thirty days, or both.

(3) Whoever violates any other provision of this subpart or any other provision of law which provides for the penalty provided for in R.S. 17:221 shall be fined not more than fifteen dollars, and, for such violations, each day the violation continues shall constitute a separate offense.

(4) Visiting teachers or supervisors of child welfare and attendance, with the approval of the parish or city superintendents of schools, shall file proceedings in court to enforce the provisions of this Subpart.

**I have read, been advised and understand the above law.**

Parent/Guardian Name (Print) \_\_\_\_\_

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

Child's Name (Print) \_\_\_\_\_



## Primary/Home Language Survey for All New Incoming Students

Survey should be completed by parents or guardians of **ALL** new incoming students.

<b>Student Information:</b>	
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?	

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