Parents, please keep the last 8 pages of this packet at home and return all other signed documents to your child’s homeroom teacher.

A complete KSE HANDBOOK can be found online at:

krotzspringselem.slpsb.org
PARENT ACKNOWLEDGEMENT AND RECEIPT
OF THE PARENT-STUDENT HANDBOOK
2020-2021

I acknowledge that I have access to the online version of the Krotz Springs Elementary School Student – Parent Handbook. I understand that it contains important information on policies and procedures. I realize this handbook is not intended to cover every situation which may arise, but is simply a general guide to refer to.

I understand that it is my responsibility to familiarize myself with the information and that I agree with the policies and rules of the school.

I further understand and acknowledge that KSE may change, add, or delete any policies or provisions in this handbook as it sees fit in its sole judgment and discretion.

I acknowledge and understand that this Student-Parent Handbook supersedes and replaces any and all prior handbooks or materials previously distributed.

I also acknowledge that I have read and understand the policies in the St. Landry Parish Student Rights and Responsibilities Handbook and Discipline Policy. St. Landry Parish Rights and Responsibilities Handbook and Discipline Policy is located on the following web addresses: slpsb.org or krotzspringselem.slpsb.org

I also recognized that the following polices are located online:
   a. HIPAA Policy
   b. Immunization Schedule for All Students
   c. St. Landry Parish Immunization Requirements for Pre-K
   d. St. Landry Parish Schools Nurse Department Letter
   e. KSE Parental Involvement Policy and One Year Action Plan

I further understand that the online version of the student handbook can be accessed on the following web address: krotzspringselem.slpsb.org. In addition, I understand that I may request a copy of the handbook from school or check one out at the Krotz Springs Town Library.

Student’s Name ________________________________ Class ________________

Parent’s Printed Name __________________________ Date ________________

Parent’s Signature ______________________________ Date ________________

List all students in your household enrolled in the St. Landry parish School System:

__________________________________________

__________________________________________

__________________________________________
Dear Parent/Guardian and Student:

The 1999 Louisiana Legislature passed HB 1990 (Act 1004) that requires each student in grades 4-12 and their parents to annually sign a statement of compliance. After signing, please return this form to your child’s school. This will verify that you received and read the 2020-2021 Student Handbook from your child’s school and that your child and you agree to comply with the rules and regulations contained therein.

**STUDENT**

My signature below indicates that I have received and reviewed the rules (code of conduct) and information contained in the 2020-2021 Student Handbook for my school, and that **I will adhere to all of the following:**

- Attend school regularly (except when absent for reasons due to illness or other excused absence)
- Arrive at school on time each day (before 7:50 a.m.)
- Make significant effort toward completion of homework assignments (see weekly agenda)
- Follow all state discipline policies contained in LA. RS 17:416
- Adhere to all school and classroom rules
- Follow the school district’s uniform dress code
- Participate in AR program (grades 1-3)
- ARRIVE on campus no earlier than 7:30 AM, but before 7:50

Furthermore, I acknowledge that I have been instructed to **bring all of this information to my parent(s) or guardian(s)** so that they are aware of the rules, policies, and general information concerning my education in the St. Landry Parish School system.

_________________________________________  _____________
STUDENT'S SIGNATURE                          DATE

**PARENT/GUARDIAN**

My signature below indicates that I have received and reviewed all policies, rules and general information contained in the 2020-2021 student handbook for my child’s school and that I will adhere to all of the following:

- Assure my child’s attendance at school (except when absent for reasons due to illness or other excused absence) (Students can not miss more than 10 days of school)
- Ensure my child’s arrival at school on time each day by 7:50 AM
- Ensure my child completes all assigned homework
- Encourage my child to follow all state policies regarding discipline
- Encourage my child to obey all school and classroom rules
- Ensure that my child adheres to the parish uniform dress code
- Attend all required parent/teacher/principal conferences
- View PowerSchool to monitor student progress
- Ensure that my child does not bring electronic devices such as cellular devices to school
- Students are not allowed on campus before 7:30 AM.
- Parents should use 8th Street drop-off until 7:45 AM.

HOMEROOM TEACHER: ________________________  GRADE: __________

STUDENT’S NAME: _________________________  SOCIAL SECURITY #: __________

SCHOOL ATTENDING: ______________________  HOME PHONE: ______________________

PHYSICAL/MAILING ADDRESS: ______________________

PARENT/GUARDIAN SIGNATURE: ______________________  DATE: ______________________

PLEASE SIGN AND RETURN TO YOUR SCHOOL
St. Landry Parish Schools  
School Registration

<table>
<thead>
<tr>
<th>School</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SID</th>
<th>(filled out by school)</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Method of Transportation</th>
<th>Bus #</th>
<th>(filled out by school)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

### Student Information

Social Security or ID assigned by Previous LA District

Last Name ___________________________  
First Name ___________________________
Middle Name _________________________

Sex _______  Grade _______

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

(choose one)

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

(if applicable)

Language spoken at home ____________________________

Language first acquired by student ____________________________

Language most often spoken by student ____________________________

Birth Date ____________________________  
Month  Day  Year

Place of Birth ____________________________

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
Title __________  Last Name __________  First Name __________
Relationship to Student _________________________________________
Street ________________________________________________________
City __________________________ Apt. # __________ Zip Code __________
Phone:
Home # __________________ Work # __________________ Cell # __________
Email ________________________________________________________

Mother or Legal Guardian 2
Title __________  Last Name __________  First Name __________
Relationship to Student _________________________________________
Street: ________________________________________________________
City: __________________________ Apt. # __________ Zip Code __________
Phone:
Home # __________________ Work # __________________ Cell # __________
Email ________________________________________________________

Medical Information

Emergency Contact 1
Last Name __________________________ First Name __________
Relationship to Student _________________________________________
Address ______________________________________________________
Phone ________________________________________________________

Emergency Contact 2
Last Name __________________________ First Name __________
Relationship to Student _________________________________________
Address ______________________________________________________
Phone ________________________________________________________
Preferred Hospital __________________________ Physician __________
Allergies ______________________________________________________ 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.)
Parent Waiver

I, _______________________________ understand that my child has been given an email account by the St. Landry Parish School District. This account is provided and supports the Children’s Online Privacy Protection Act (COPPA) and the Children’s Internet Protection Act (CIPA). I understand that the district has determined what features my child has access to, which may include email, homework drop boxes, message boards, chat room, blogs, and digital storage lockers. I understand that all email messages and postings will be automatically filtered for inappropriate words and images, and that any messages determined to be questionable will be diverted to my student’s email administrator for review. Consequences for misuse of email will be determined by the district, and may include restrictions, loss of privileged, or other disciplinary action. I further understand that my student’s administrator can view my student’s email account and digital locker at any time. While the district uses a variety of measures to protect its users, no systems will stop 100% of inappropriate content. The district accepts no responsibility for harm caused directly or indirectly by its use.

By signing this agreement, I and my son/daughter agree to use the provided email account in an appropriate manner and abide by the district’s policies for use.

________________________________________  Date: __________________________

Student’s Name (Print)

________________________________________  Date: __________________________

Student’s Signature

________________________________________  Date: __________________________

Parent/Guardian’s Signature
RELEASE FORM FOR PUBLICATIONS, VIDEO, AND ELECTRONIC DISPLAY OF STUDENT WORK
2020 - 2021

St. Landry Parish School System
Publications, Video, Internet Consent and Release Agreement

Students who attend school in the St. Landry Parish School System are occasionally asked to be a part of school and/or District publicity, publications and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your student to participate, the District asks that you sign this form and return it to the school for each of your students.

The form referenced below indicates approval for the student's name, picture, work, voice, verbal statements or portraits (video or still) to appear in school publicity or District publications, videos, or on the District's website. For example, pictures and articles about school activities may appear in local newspapers or District publications. These pictures and articles may or may not personally identify the student. The pictures and/or videos may be used by the District in subsequent years.

AGREEMENT

Student and Parent/Guardian release to St. Landry Parish School Board the student's name, picture, work, voice, verbal statements, and portraits (video or still) and consent to their use by St. Landry Parish School System.

St. Landry Parish School District agrees that the student's name, work, voice, verbal statements, portraits or picture (video or still) shall only be used for public relations, public information, school or District promotion, publicity, and instruction.

Student and Parent/Guardian understand and agree that:

• No monetary consideration shall be paid
• Consent and release have been given without coercion or duress
• This agreement is binding upon heirs and/or future legal representatives
• The photo, video, or student statements may be used in subsequent years

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Effective Date of Agreement ____________________________________________

Student's Name (please print) __________________________________________

Student's Signature __________________________________________________

Parent/Guardian Name (please print) ______________________________________

Parent/Guardian Signature ____________________________________________

St. Landry Parish School Board has no control of media use of pictures/statements which are taken without permission.

D. Disotell
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Homeroom Teacher</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

**A copy of the HIPAA policy is located in parent section**
Yearbook Photo Permission Form

Krotz Springs Elementary would like permission to use your child’s photo in the 2020-2021 yearbook.

Their photo will be used on the class/grade page. It may also appear on various activity pages, (Veterans Day Program, Christmas Program, PBIS Party pages, etc.).

Please check one option, sign and return this form to Krotz Springs Elementary.

_____ I give permission for my child’s photo to be used in the 2020-2021 Yearbook. **Class/Grade page only.**

_____ I give permission for my child’s photo to be used in the 2020-2021 Yearbook. **Any yearbook page.**

_____ I do **not** give permission for my child’s photo to be used in the 2020-2021 Yearbook.

_________________________________________  _________________
Students Name  Grade

_________________________________________
Parent/Guardian Signature  _________________
Date

D. Disotell
This compact is a voluntary agreement and a promise of commitment to help ____________ progress in school, promoting his/her achievement. We believe that this agreement can be fulfilled through our team effort.

<table>
<thead>
<tr>
<th>School/Teacher</th>
<th>Parent/Guardian</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Provide an environment conducive to learning.</td>
<td>➢ See that my child attends school regularly and is punctual.</td>
<td>➢ Report to school each day on time with my homework completed and have the supplies that I need.</td>
</tr>
<tr>
<td>➢ Have high expectations for myself, my student, and the school.</td>
<td>➢ Establish a time and place for homework and check it regularly.</td>
<td>➢ Know and obey all school rules and regulations and maintain appropriate behavior at school, on the bus, at home, and at play.</td>
</tr>
<tr>
<td>➢ Help each student grow to his/her fullest potential.</td>
<td>➢ Support school staff and respect the cultural differences of others.</td>
<td>➢ Complete all class, home learning, and project assignments.</td>
</tr>
<tr>
<td>➢ Actively and consistently work toward the goal of achieving excellence in our school.</td>
<td>➢ Have ongoing communication with my child’s school and teacher.</td>
<td>➢ Respect and cooperate with other students and adults.</td>
</tr>
<tr>
<td>➢ Maintain open lines of effective communication with my students and their parents in order to support student learning.</td>
<td>➢ Use television wisely. Limit the time and help my child select programs.</td>
<td>➢ Show respect for myself, my school, other students, and have consideration for cultural differences.</td>
</tr>
<tr>
<td>➢ Seek ways to involve parents in the classroom for observation or participation in classroom activities.</td>
<td>➢ Have high expectations for my child as an individual.</td>
<td>➢ Stay attentive and actively participate in classroom activities.</td>
</tr>
<tr>
<td>➢ Respect the students, their parents, and the diverse cultures of the school.</td>
<td>➢ Reinforce all school rules and regulations and require appropriate behavior of my child while at school, home, and play.</td>
<td>➢ Be a positive role model for other students.</td>
</tr>
<tr>
<td>➢ Encourage my child’s efforts and be available for questions, meetings, conferences, PTO and volunteer clubs.</td>
<td>➢</td>
<td>➢ Ask for help when I need it.</td>
</tr>
</tbody>
</table>

As a team we can work together to carry out this agreement and have a successful school year.

Signature of Principal

Date

Signature of Parent/Guardian

Signature of Student

*April Guidry
# Krotz Springs Elementary Parent Action Team

## 2020 - 2021 - Annual Responsibilities

### COMPONENTS

1. **Parent and Family Engagement Policy - Development and Public Input**
2. **One Year Action Plan 2020 -2021**

### Location of Documents

- [https://krotzspringselem.slpse.org/](https://krotzspringselem.slpse.org/)

### Your Opinion is Valuable...

**Please Respond**

I would like more information about...

Circle all that apply

1. educational and parental involvement programs occurring at school;
2. a description and explanation of the curriculum in use at the school, the forms of academic assessment used to measure student progress, and the proficiency level students are expected to meet;
3. opportunities for regular parent/school meetings to formulate suggestions and to participate in decisions relating to the education of my child(ren);
4. understanding of the state's academic content standards, state and local academic assessments, the components of the parental involvement program, and how to monitor a child’s progress and work with educators to improve the achievement of children.
5. how to work with my child(ren) to improve their achievement, such as literacy training, numeracy training, LEAP information meetings, and technology use

### 3. Funding - How Parent and Family Engagement Funds will be Utilized

Amounts are approximations based on past allocations:

- **$1700.00 Total**
- **60% - refreshments**

Should we continue to utilize funds in the following manner?

( circle one )

a. Accelerated Reader $1100 _______________________ yes or no
| 4. School / Parent Compacts - Development and Review | Student Handbook Signature Page Packet | I have read the Parent - Student- and Teacher Compact that is included in the Student Handbook signature page packet and would like to see the following: Circle one or write comments  
  a. No changes  
  b. Remove the following statement -  
  c. Add the following statement - |

My signature indicates receipt / access to the following:

a. Parent and Family Engagement Policy  
b. One Year Action Plan  
c. School – Parent- Teacher Compact  
d. Survey for input relative to Parent and Family Engagement Policy, use for Parent and Family Engagement, and Development and review of School – Parent Compacts

Parent Signature _____________________________ Date ______________________

*April Guidry
Louisiana Student Residency Questionnaire Form

(Date Must Be Included In School Enrollment Packet)

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 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 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?

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 ____________

(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

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

Unaccompanied Youth: □ YES □ NO

Date ____________

03/2019

12
# 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.

<table>
<thead>
<tr>
<th>Student Name: Last</th>
<th>First</th>
<th>M.I.</th>
<th>Sex: M □ F □</th>
<th>DOB:</th>
<th>Grade:</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Mailing Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student’s Physical Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Mother/Legal Guardian</td>
<td>Home Phone</td>
<td>Work Phone</td>
<td>Cell Phone</td>
<td>Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Father/Legal Guardian</td>
<td>Home Phone</td>
<td>Work Phone</td>
<td>Cell Phone</td>
<td>Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of pediatrician/primary care provider</td>
<td>Phone No</td>
<td>Name of medical specialists/clinics</td>
<td>Phone No.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Cell Phone Number</th>
</tr>
</thead>
</table>

My child has a medical, mental, or behavioral condition that may affect his/her school day: □ No □ 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)) __________
  - Insect sting (list insect(s)) __________
  - Other (list) __________

- Medication (list medication(s)) __________

Reactions – Date of last occurrence:

- Coughing Date: __________
- Swelling Date: __________
- Rash Date: __________
- Difficulty breathing: __________
- Nausea Date: __________
- Other __ __ __
- Hives Date: __________
- 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:
ENVIROMENTAL 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

*Office
Page 3 of 3
ST. LANDRY PARISH SCHOOLS

Complete One Per Student

2020 – 2021 School Year

St. Landry Parish School Bus Service Request Form
Please NEATLY PRINT or Type All Information

Student’s Name: _____________________________________________

I, (parent/guardian’s name) ____________________________________, DO ( ) ** DO NOT ( ) want bus service for my child for the 2019-20 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 carpooling or other arrangements, please indicate so by writing “no ride” in the morning or evening box below.

__________________________________________________________
Parent/Guardian Signature* Sign Here

__________________________________________________________
Today’s Date

Student’s School for 2019-20: ________________________________

Student’s Grade for 2019-20: ________________________________

Parent/Guardian’s Name: ____________________________________

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

Town/City, Zip Code: _______________________________________  

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

Thanks in Advance for Your Assistance Please Allow 2-3 Business Days

*D. Dumes
CHILD FIND
CONFERENCE/REFERRAL FORM

DO YOU HAVE A CONCERN FOR YOUR CHILD?

Every child is unique – every child is different.
Differences are wonderful, but some differences can cause concerns in school.
Louisiana schools are ready to help all children learn!

WE SEARCH FOR CHILDREN WHO MAY
⇒ Have academic problems
⇒ Not hear or see well
⇒ Have trouble following directions
⇒ Have discipline problems
⇒ Have any other problem that makes school a difficult experience
⇒ Experience delayed development

WE ALSO SEARCH FOR CHILDREN WHO MAY
⇒ Be academically superior
⇒ Display exceptional creativity or talent
⇒ Have good problem solving skills
⇒ Demonstrate Leadership

WE ALSO SEARCH FOR BABIES OR PRESCHOOLERS WHO MAY
⇒ Have chronic illnesses
⇒ Not walk or talk on time
⇒ Have other developmental problems

WE SEARCH BECAUSE WE HAVE PROGRAMS THAT MAY BENEFIT YOUR CHILD.

Please complete this form if you feel your child may be in need of one of these programs. Once these forms are returned to school, your child's teacher will contact you to schedule a conference. At this conference the teacher will discuss your concerns and the option to refer your child to the School Building Level Committee (SBLC). The SBLC is a team of teachers, administrators, and other school personnel who find ways to help your child.

*********************************************************************************************************************************************
Child's Name: _______________________________ Date of Birth: ________________ Age: _______

School: Krotz Springs Elementary  Grade: _______ Teacher: ____________________________

My concerns are:

________________________________________________________________________________________

________________________________________________________________________________________

Parent Name: ___________________________ Home Phone: _____________________________

Address: ________________________________ Cell Phone: _____________________________

***Please return within three (3) days to your child's teacher.

*D. Dumes
Louisiana Migrant Education Program
Migrant Family Search Form

School District: St. Landry Parish  School Name:

School Year:____________________________________

Dear Parents,
In order to better serve your children’s academic needs, our program wants to identify students who may qualify to receive supplemental educational services. **The information you provide will be kept confidential.** Please answer the following questions and return this form to your child’s school.

**Have you moved/traveled in the past three years in order to do agricultural/fishing work?**

□ NO  □ YES (Please check all that apply below & complete contact information)

- Picking vegetables, pecans, fruit, hay, soybeans, sugarcane, sweet potatoes, etc.
- Working in a commercial fishing, shrimping, crabbing or crawfish ponds
- Working in a dairy farm
- Working with timber
- Working with livestock such as cattle, hogs, alligator, crickets or turtle farming

- Working in a plant nursery, orchard, tree growing or harvesting
- Working in a poultry farm

Other similar work? Please explain:

________________________________________________________________________

________________________________________________________________________

Parent (Guardian) Name:___________________________________________________ Best time to contact you:____________________

Telephone No.__________________________________________________________

For School Use Only: Please return completed surveys to: St. Landry Parish School Board,

Attn: Ericka Weeks,

Migrant Recruiter,

1013 Creswell Lane, Opelousas, LA 70570

Form Updated 03/2018
LOUISIANA STATE PARENTAL SURVEY OF HOME LANGUAGES

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 Padrí­o:]
   [Last - Ultimónombre] [First - primer nombre] [Middle - medionombre]

2. Mother's full name [Nombre completo de la Madre:]
   [Last - Ultimónombre] [First - primer nombre] [Middle - medionombre]

3. Legal Guardian's Full Name [Tutor Legal Nombre Completo]:
   [Last - Ultimónombre] [First - primer nombre] [Middle - medionombre]

4. Address [Dirección]:

   Telephone Number [Numeros de teléfono J:]
   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 [Mes/Año]

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

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

8. Does the child speak frequently, using his home language, with a grandparent or other relative living in the home or nearby? [¿Habla con frecuencia con un abuelo u otro pariente que vive en casa o en las cercanías?]:

   YES: ________ NO: ________

9. Does he/she use the home language? [¿Habla 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 es hablado, ¿lo entiende el niño/a?]:

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

11. What language does your child speak most often with other students? [¿Cuál es el idioma que habla con más frecuencia 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 que su hijo/hija participen 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]:

   (Padre, madre o tutor legal firma)

   Today's date [La fecha de hoy]:

   (Side 2 of 2)
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 v. 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 puedan 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, 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]:

____ Americano/Latino (Latin American)
____ Mexicano Americano (Mexican American)
____ Americano (American)

____ Prefiero no indicar [I prefer not to indicate]

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

____ Argentino/a (Argentinian)
____ Boliviano/a (Bolivian)
____ Chileno/a (Chilean)
____ Colombiano/a (Colombian)
____ Costarricense (Costa Rican)
____ Cubano/a (Cuban)
____ Dominicano/a (Dominican)
____ Guatemalteco/a (Guatemalan)
____ Hondureño/a (Honduran)
____ de ascendencia india (Indian descent)
____ de ascendencia latinoamericana (Latin American)
____ Latino/a (Latino)
____ Mexicano/a (Mexican)
____ Nicaragüense (Nicaraguan)
____ Panameño/a (Panamanian)
____ Paraguayo/a (Paraguayan)
____ Peruano/a (Peruvian)
____ Puertorriqueño/a (Puerto Rican)
____ Salvadorano/a (Salvadoran)
____ de ascendencia hispana (Spanish descent)
____ Uruguayo/a (Uruguayan)
____ Venezolano/a (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 (del 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]
Please keep the following documents at home. If there are any questions or concerns, please refer to the attached documents or call the office at (337-566-3585)

*Return all documents before this page.
ST. LANDRY PARISH SCHOOLS
Information Needed for Registration

Prospective Kindergarten students must be five years old by September 30, 2020.
Prospective Pre-Kindergarten students must be four years old by September 30, 2020. 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:

- Original, current Medical/Medicare or social security insurance card
- Original Homestead Exemption
- 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:

- Two consecutive check stubs for EACH PARENT or CAREGIVER in the household for current year.
- 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.

- SNAP/Food Stamps: must include the child’s name and valid effective dates.
- 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.
- Current foster care placement agreement from DCFS.
- 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
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
DTaP - DTaP vaccine is recommended and can be administered any time after 6 weeks through 6 years of age. The 4th dose of DTaP vaccine should be given at least 6 months after the 3rd dose. Pediatric DT (Diphtheria-Tetanus) should be substituted for DTaP when Pertussis vaccine is contraindicated. Persons aged 7 and older who are fully immunized with DTaP should receive a Tdap at 11-12 years in place of Td booster.

Td/Tdap - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose. Adolescents 13-18 years who missed the 11-12 year Td/Tdap boost should also receive a single dose of Tdap if they completed the recommended childhood DTaP series. No minimum interval required between giving doses of Td and Tdap. Subsequent routine Td boosters are recommended every 10 years.

Flu - Routine annual influenza vaccination is recommended for all children 6 months - 18 years. Two doses administered at least 1 month apart are recommended for children aged months - 8 years who are receiving the influenza vaccine for the 1st time. Children 6 months through 8 years getting vaccinated for the first time, and those who have only previously gotten one dose of vaccine, should get two doses of vaccine. All children who have previously gotten two doses of vaccine (at any time) only need one dose of vaccine each season.

HepA - Routine Hepatitis A vaccination is recommended for doses of Hepatitis A vaccine extends beyond 18 months, it is not necessary to repeat a dose.

HepB - Unimmunized infants should be given a first dose of Thimerosal-free HBV when first encountered, a second dose a minimum of 1 month later, and a third dose a minimum of 4 months after the first. Children aged 11-18 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose. The minimum age for dose #3 is months. Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.

HBv - Hib vaccine can be administered any time DTaP vaccine is given. If PRP-OMP (PedvaxHIB [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Children who are 7 months of age or older at the time they receive the 1st Hib vaccination should be immunized as follows: 1) Unimmunized infants 7-11 months of age should receive a 3-dose regimen. A first dose should be given now, a second dose 1 month later, and a 3rd dose after 12 months of age, at least 2 months after the previous dose. 2) Unimmunized children 12-15 months of age should receive a primary series of one dose at age 11-12 months. 3) Unimmunized children 15 months of age or older who have not yet reached their 5th birthday should receive 1 dose.

HPV - HPV vaccine is a 2 dose series for ages 9-14 years and a 3 dose series for ages 15-26 years. Administer the first dose of HPV vaccine between 11-12 years. Administer the second dose 6-12 months after the first dose. If the series was started at 15-26 years, then a three dose series is required: Four week minimum interval between dose 1 and dose 2. A minimum interval of 12 weeks required between dose 2 and dose 3. The 3rd dose should be given at least 24 weeks after the 1st dose. Adolescents aged 9-14 years who have already received two doses of HPV vaccine less than 5 months apart, require a third dose.

IPV - For infants, children and adolescents up to 18 years of age, the primary sequential series of IPV consists of four doses. The primary series is administered at 2 months, 4 months 6-15 months and 4 years of age, or as appropriate. A minimum of 6 months is required between the last two doses of IPV.

MMR - Two doses of MMR vaccine after 12 months of age are required with a minimum of 28 days separating the doses. If a child has received 2 doses of MMR vaccine after 12 months of age, another dose after the 4th birthday is not necessary. Children 11-18 years of age not previously immunized with MMR should receive two doses. Individuals with one dose of MMR must receive an additional MMR vaccination. Students in schools of higher learning must receive 2 doses of MMR prior to entry.

MenACWY - Meningococcal conjugate vaccine should be administered to all children at age 11-12 years, a booster dose on/after 16 years. The minimum interval between doses of MenACWY vaccine is 6 weeks. Only one (1) dose is needed if first dose given on or after age 16. This vaccine provides protection against meningococcal serogroups A, C, W, and Y but not against serogroup B.

MenB - Teens age 16 through 18 years may be vaccinated routinely as an Advisory Committee on Immunization Practices Category B recommendation for provider-patient discussion. The 2 dose series protects against serogroup B meningococcal disease, but not serogroups A, C, W and Y. The two MenB vaccines are not interchangeable. The same vaccine product must be used for all doses in a series. Give 2 doses of either MenB vaccine: Bexsero, 1 month apart; Trumenba, 6 months apart.

PCV - All children should receive a 3 dose primary series and a booster if vaccination begun at ≤ 6 months of age; a 2 dose primary series and a booster if vaccination is begun between 7 and 11 months of age; a 2 dose series and no booster if vaccination is begun between 12 and 23 months of age. If vaccination is initiated at ≥ 24 months of age, the child should receive 1 dose of PCV. Children 24 through 35 months of age should receive a single dose of PCV13. Children with underlying medical conditions, a single supplemental PCV13 is recommended following primary series. High risk or presumed high risk for pneumococcal disease should be immunized with PPSV depending on the number of doses of PCV that they have received. PCV vaccination is required as part of the Daycare/Head Start Immunization Requirement for children less than 24 months of age.

RV - The first dose should be given between 6 and 14 weeks with the maximum age of first dose being 14 weeks 6 days of age. Maximum age for any dose is 8 months of age. Minimum interval between doses is 4 weeks. Monovalent RV1 is administered at 2 months and 4 months of age, a dose at 6 months is not required. Pentavalent RV5 is administered at 2 months, 4 months and 6-8 months. If RV brand is unknown a total of three (3) doses are needed.

VAR - All susceptible children who are at least 12 months old through 18 years of age should be vaccinated. Administer the second dose of varicella vaccine at age 4-6 years. Varicella vaccine may be administered prior to 4-6 years, provided that ≥ 3 months have elapsed since the first dose and both doses are administered at ≥ 12 months of age. Susceptible persons aged ≥ 12 years should receive two doses at least 1 month apart. Children with a history of typical chickenpox can be assumed to be immune to varicella. Serologic testing of such children is not warranted. Prior history of chickenpox is not a contraindication to varicella vaccination.

§ DTaP, IPV, HBV, PCV, RV and Hib can be administered as early as 6 weeks of age and simultaneously.

‡ Depending on the child’s age, choose the appropriate initial set of immunizations. Sometimes a scheduled dose of vaccine may not be given on time. If this occurs, the due should be given at the next visit. It is not necessary to restart the series of any vaccine due to extended intervals between doses.

† LOUISIANA STATE LAW requires prior to school entry: 2 doses of MMR, 3 HepB, 2 VAR and booster doses of DTaP and Polio vaccines on or after the 4th birthday and prior to school entry. A preschool dose is not necessary if the 4th dose of DTaP and the 3rd dose of IPV (provided it is administered at least 6 months after dose 2) are administered after the 4th birthday. Sixth graders (11-12 years of age) are required: 1 Tdap, 2 VAR, 2 MMR, 3 HepB, 1 MenACWY. Effective 07/01/19, eleventh graders or 16 years of age will require 2 MncACWY. Entry for institutions of higher learning requires 2 doses of MMR, 1 Td/Tdap and 2 doses of MncACWY OR 1 dose, if first dose was given on or after age 16.

Four Day Grace Period: All vaccine doses administered less than or equal to four days before the required minimum interval or age shall be considered valid doses when evaluating a student record for compliance with immunization requirements for schools and child care entry. The Advisory Committee on Immunization Practices (ACIP) continues to recommend that vaccine doses not be given at intervals less than the minimum intervals or earlier than the minimum age.
<table>
<thead>
<tr>
<th>Dress Code</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tops:</strong> Plain collared white or navy polo shirts (long or short sleeved – No logo)</td>
<td><strong>Options:</strong></td>
</tr>
<tr>
<td><strong>Bottoms:</strong> Traditional, straight leg, dark khaki or navy cotton twill pants or walking shorts with finished hem. Girls may also wear uniform jumpers and skirts (shall not be more than 4 inches above the back crease of the knee)</td>
<td>1. After school detention (Wednesday &amp; Thursday 3:00 – 4:00 p.m.)</td>
</tr>
<tr>
<td><strong>Socks:</strong> Must be worn at all times – Solid white, navy, black or brown – no emblem or logo.</td>
<td>2. In-School Suspension/ISS Clinic – 8:00 a.m.-3:00 PM at PBHS.</td>
</tr>
<tr>
<td></td>
<td>3. Mandated Parent conference</td>
</tr>
<tr>
<td><strong>Outerwear:</strong> Sweatshirts/Lightweight</td>
<td>4. Corporal Punishment</td>
</tr>
<tr>
<td>Jacket/Windbreaker (with/without hood)/Coat. All outerwear must be school appropriate: free of any drug, alcohol, sexual, racial content.</td>
<td>5. Privileges Taken Away</td>
</tr>
<tr>
<td><strong>Belts:</strong> Solid black, brown, khaki or navy blue with buckle no larger than 2” x 3”</td>
<td>6. Expulsion/Long Term Suspension</td>
</tr>
<tr>
<td><strong>Shoes:</strong> Tennis shoes are preferred and required for P.E. No high heels or other types of dress shoes. No boots (exception rubber boots on rainy days). No makeup, caps/hoods</td>
<td>7. Time Out</td>
</tr>
<tr>
<td>Boys are not allowed to wear earrings or rings</td>
<td>8. Not allowed to attend reward field trips</td>
</tr>
<tr>
<td>Girls can wear no more than 2 earrings in each ear. Only conventional hairstyles are acceptable. No colored dyes in hair. Male haircuts should not exceed the eyebrow, earlobe, and uniform collar. No tongue stud, other visible body piercing or visible tattoos. No heavy chains or bracelets or wristbands with studs.</td>
<td></td>
</tr>
<tr>
<td>No colognes/perfumes, or aerosol sprays. Males in 7-8th grades may have a neatly trimmed mustache. Only blue denim with no holes allowed on Jean Day. No purses in grades K-3.</td>
<td></td>
</tr>
<tr>
<td>Frequent/random classroom/school-wide uniform checks will be done and minor referrals will be written for violations.</td>
<td></td>
</tr>
<tr>
<td>The principal or designee shall be the final interpreter of the dress code.</td>
<td><strong>PROGRESSION PLAN:</strong></td>
</tr>
<tr>
<td>Personal monograms on outerwear allowed. No more than 3 inches in length in black, white, navy, gray, or brown thread.</td>
<td><strong>Bullying</strong> – See parish policy</td>
</tr>
<tr>
<td><strong>Cellphone</strong> May be left in the office when students disembark from the school bus and may be picked up at the end of the day. KSE, nor SLPSB is responsible for broken phones</td>
<td><strong>Biting:</strong> Detention or 1 day @ ISS Clinic</td>
</tr>
<tr>
<td></td>
<td><strong>Fighting / Instigating:</strong></td>
</tr>
<tr>
<td></td>
<td>Lower Grades:</td>
</tr>
<tr>
<td></td>
<td>1st offense – 3 days suspension/ISS Clinic</td>
</tr>
<tr>
<td></td>
<td>2nd offense – 5 days suspension/ISS Clinic</td>
</tr>
<tr>
<td></td>
<td>3rd offense – Recommend for long-term removal/30 day removal</td>
</tr>
<tr>
<td></td>
<td><strong>Grades 4-8:</strong></td>
</tr>
<tr>
<td></td>
<td>1st offense – 5 days suspension/ISS Clinic</td>
</tr>
<tr>
<td></td>
<td>2nd offense – Recommend for long-term removal/30-day removal</td>
</tr>
<tr>
<td></td>
<td>3rd offense – Recommend for year long attendance at Alt. School</td>
</tr>
<tr>
<td></td>
<td><strong>Destruction of School Property:</strong></td>
</tr>
<tr>
<td></td>
<td>- Financial restitution &amp; repair/detention or suspension/possible expulsion</td>
</tr>
<tr>
<td></td>
<td><strong>Illegal Drugs (prescription):</strong></td>
</tr>
<tr>
<td></td>
<td>- Lower grades 3 or more days suspension/parent conference</td>
</tr>
<tr>
<td></td>
<td>- 4th – 8th Grades 7 day minimum suspension/ISS clinic</td>
</tr>
<tr>
<td></td>
<td><strong>Illegal Drugs (scheduled):</strong></td>
</tr>
<tr>
<td></td>
<td>Non-prescription (ex. Skoal &amp; cigarettes) – May warrant immediate expulsion</td>
</tr>
<tr>
<td></td>
<td>Extreme Physical Aggression: 2 days ISS Clinic</td>
</tr>
<tr>
<td></td>
<td>Technology Misuse (Pornography) – 2 days ISS Clinic</td>
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<tr>
<td></td>
<td>Verbal or Written Threat – Recommend expulsion</td>
</tr>
<tr>
<td></td>
<td>WEAPONS – Recommendation for 1-2 year(s) long expulsion</td>
</tr>
</tbody>
</table>
**Breakfast / Lunch**

**BREAKFAST:** Begins at 7:30 a.m. and ends at 7:50 a.m. Door will be locked at 7:50 a.m. No book sacks in lunchroom.

**LUNCH:** Teachers will escort their class to lunch.

**Students must:**
Enter building quietly and in an orderly manner. Pass through the serving line picking up at least 3 items that will count as a balanced meal. Students are not allowed to order food to be delivered or use microwave. Carbonated drinks, glass containers, seafood, and tree nut products are not allowed.

**Transportation/Bus & Walkers**

**Afternoon Dismissal:**
- 3:08 PM – Walkers and Bus riders (8th Street only) dismissed.
- 3:10 PM – Bus riders on Division Street will board buses and car riders will be called into the gym.
- 3:15 PM – Car rider dismissal begins once Division Street buses have exited the campus. Lower grades (Prek & K) will be dismissed on the 8th Street side of campus. Upper grades will be dismissed in the front of school (as in the past).

A Parent should:
- Not enter the campus on 8th Street until buses have been boarded and have left the campus.
- Not park in the front of the school until buses have been boarded and have left the campus.

A student must:
- Have a parent note and school approval to ride another bus.
- Be a designated walker on Student Information Card in order to leave at walker bell.

**Health**

Temperatures over 100 degrees / Vomiting
Parents must check out students and allow students to remain at home for 24 hours.

**Parent/School Communication**

After 2 failed attempts to contact parents via telephone, the school secretary, Principal, or designee shall enlist the assistance of the Krotz Springs Police Department. Parents shall be removed from Teacher Initiated Remind apps if comments are unproductive or venture from content deemed instructional in nature. Visit the school or contact the teacher to resolve issues.

**Cell Phones**

**First Offense:** Warning, major referral, confiscate device, and 2-day ISS. Parent must come in and sign contract. Device released to parent or legal guardian only.

**Second Offense:** Major referral, confiscate device and 2-day ISS. Device held for 10 school days. Device released to parent or legal guardian only.

**Third and Each Subsequent Offense within the same school year:** Major referral, confiscate device and ISS for 5 days. Device is held for a nine week period. Device released to parent or legal guardian only after a nine-week period.

*Cellphones can be held in the office from beginning of school to the end of the day. KSE is not responsible for lost, stolen, broken phones.

**Discipline Progression Plan**
(These may include, but are not limited to, biting, chewing gum, talking in the cafeteria, refusing to do in class assignments/homework, pushing in line, talking at inappropriate times, sleeping in class, misbehaving in class, bullying, vulgar language, racial slurs, skipping class [4 minutes after tardy bell rings], uniform violations, making unfounded charges against authorities, verbal threats, etc.)

<table>
<thead>
<tr>
<th>Offense</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st offense</td>
<td>Warning</td>
</tr>
<tr>
<td>2nd offense</td>
<td>Conference with pupil</td>
</tr>
<tr>
<td>3rd offense</td>
<td>Parent contact</td>
</tr>
<tr>
<td>4th offense</td>
<td>1st referral/2 days detention or ISS (4 minors for the same infraction, turns into a major referral)</td>
</tr>
<tr>
<td>5th offense</td>
<td>2nd referral/2 days detention or ISS</td>
</tr>
<tr>
<td>6th offense</td>
<td>3rd referral/suspended for 2 days at ISS</td>
</tr>
<tr>
<td>7th offense</td>
<td>4th referral/ISS Clinic (5 days)</td>
</tr>
<tr>
<td>8th offense</td>
<td>5th referral/recommendation for expulsion/long term suspension at Alternative School</td>
</tr>
<tr>
<td>9th offense</td>
<td>6th referral/recommendation for Alternative School for remainder of year</td>
</tr>
</tbody>
</table>

**ISS (In-School Suspension)**
Students who fail to attend ISS after being assigned will be marked “absent” and will not have an opportunity to complete make-up work.

- 3rd – 8th Grade Students may be assigned ISS at PBHS.

For complete version of Student Handbook log on to [https://krotzspringselem.slpsb.org/](https://krotzspringselem.slpsb.org/)

**KEEP THESE 2 REFERENCE PAGES AT HOME.**
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 healthcare 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.