

Eunice Junior High School

NEW STUDENT REGISTRATION PACKET



- Provide proof of residence & fill out check out card
 - School Registration Page
 - Louisiana Student Residency Questionnaire
 - Bus Service Request Form
 - School Nurse Department / Health Form Questionnaire
 - Home Language Survey
 - Immunizations Requirements
 - Child Identification – Pupil Appraisal
 - Migrant Education Program
 - Student Information Sheet
 - Student Compliance Form
 - Title I Parent-Student-Teacher Compact
 - Home Language Survey
 - SLPSB Student Rights & Responsibilities Handbook and Discipline Policy
 - Signature Page
-
- SLPSB Display of Student Work Signature Page
 - COPPA Signature Page
 - Truancy Signature Page
 - Taylor Opportunity Program for Students (TOPS) 8th GRADE ONLY



ST. LANDRY PARISH SCHOOLS Information Needed for Registration

Prospective **Kindergarten** students must be **five** years old by September 30, 2019. Prospective **Pre-Kindergarten** students must be **four** years old by September 30, 2019. All students must have the following documentation to submit a completed registration packet.

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

Documents must include:

And at least 2 of the following:

- o Entergy, Cleco, or Slemco bill; Cable TV / Satellite bill; Telephone bill (land line) or Tax Assessor's bill
 - o **Original, current** Medical/Medicare or social security insurance card
 - o **Original** Homestead Exemption
 - o **Original** mortgage or **original** lease agreement/rental contract on company letterhead (if utilities are included in the rental fee, you must provide a bill showing the name and address)
- Pre-Kindergarten spaces are limited and applications will be processed on a first come, first served basis.
 - **Families who wish to apply for Pre-Kindergarten must provide proof of family income for an application to be considered.**

Proof of income may include one of the following:

- o Two consecutive check stubs for EACH PARENT or CAREGIVER in the household for current year.
- o An official letter from your employer stating all of the following
 - Where parent/guardian is employed
 - Hourly rate of pay
 - The average number of hour(s) parent/guardian works per week.
- o SNAP/Food Stamps: must include the child's name and valid effective dates.
- o A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current check stubs.
- o Current foster care placement agreement from DCFS.
- o Parents who are unemployed must submit a letter of support and income documentation from support source.

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

St. Landry Parish Schools
School Registration

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

Student Information

Social Security or ID assigned by Previous
LA District _____

Birth Certificate # _____

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

First Name _____

Middle Name _____

Sex _____ Grade _____

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

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

Language spoken at home _____

Language first acquired by student _____

Language most often spoken by student _____

Birth Date _____ Place of Birth _____

Month Day Year

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

Address Information

Physical Address _____

Apt. # _____ Apt. Complex _____ House # _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Home Telephone _____

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

Guardian Information

Father or Legal Guardian 1 Relationship to Student _____
Title _____ Last Name _____ First Name _____
Street _____ Apt. # _____
City _____ Zip Code _____
Phone:
Home # _____ Work # _____ Cell # _____
Email _____

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

Medical Information

Emergency Contact 1 Relationship to Student _____
Last Name _____ First Name _____
Phone _____ Address _____
Emergency Contact 2 Relationship to Student _____
Last Name _____ First Name _____
Phone _____ Address _____
Preferred Hospital _____ Physician _____
Allergies _____ Physical Handicaps _____ Telephone _____

Additional Information

Please check any special education services your child has ever received
 Speech Special Education 504 Gifted Talented Other, please list _____
Has this student ever attended school in St. Landry Parish School System? _____
If yes, where? _____

Elementary aged students: Check all programs attended:

Play School Nursery School Pre-Kindergarten Kindergarten Headstart

Incoming Kindergarteners: Check all programs attended: Home (no Pre-K) Tribal Schools
 Public School Pre-K NonPublic Pre-K Licensed Childcare Head Start Programs

Please list the schools with the grades the student has attended

School _____ Grade _____ School _____ Grade _____
School _____ Grade _____ School _____ Grade _____
School _____ Grade _____ School _____ Grade _____

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

St. Landry Parish Schools

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 X, 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 _____

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

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 _____

ST. LANDRY PARISH SCHOOLS

Complete One Per Student

2019 – 2020 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 2018-19 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



ST. LANDRY PARISH SCHOOLS SCHOOL NURSE DEPARTMENT

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

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

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

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

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

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

St. Landry Parish School Nurses

HIPAA POLICY

NOTICE OF USE OF PERSONAL HEALTH INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ST. LANDRY PARISH SCHOOL BOARD

Dear Parent,

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

Thank you,

St. Landry Parish School Nurses

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

Parent's Signature

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

Name Grade Homeroom Teacher

Name Grade Homeroom Teacher

Name Grade Homeroom Teacher

Name Grade Homeroom Teacher

Name Grade Homeroom Teacher

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

STATE OF LOUISIANA HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed. Use additional sheets, if necessary, for further explanation.

Student Name: Last	First	M.I.	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	DOB:	Grade:	School:
Student's Mailing Address:			City:	State:	Zip:	
Student's Physical Address:			City:	State:	Zip:	
Name of Mother/Legal Guardian		Home Phone	Work Phone	Cell Phone	Employer	
Name of Father/Legal Guardian		Home Phone	Work Phone	Cell Phone	Employer	
Name of pediatrician/primary care provider		Phone No	Name of medical specialists/clinics Phone No.			

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

Parent/Legal Guardian Signature _____ Date _____

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

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

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

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

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

ALLERGIES

Allergy Type:

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

Reactions- Date of last occurrence:

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

Currently prescribed medications and treatments:

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

ASTHMA

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

Does your child experience asthma symptoms with exercise? No Yes

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

Other _____

Currently prescribed medications and treatments: _____

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

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

DIABETES

Currently prescribed medications and treatments: Insulin Syringe Pen Pump

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

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

SEIZURE DISORDER

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

Complex Partial Other (explain) _____

Physical Education Restrictions: No Yes

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

Date of last seizure _____ Length of seizure _____

OTHER HEALTH CONDITIONS

Chicken Pox: Date of disease: _____

Anemia Digestive disorders Sickle Cell Disease

ADD/ADHD Psychological Skin disorders

Cancer Juvenile-Rheumatoid-Arthritis Speech problems

Cerebral Palsy Hemophilia Other (explain) _____

Cystic Fibrosis Heart condition

Depression Physical disability

Physical Education Restrictions: No Yes (explain): _____

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

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

No Yes (explain): _____

VISION CONDITIONS _____

Contacts/glasses Other: _____

HEARING CONDITIONS _____

Hearing aid(s) Other: _____

ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

Special adjustments of the school environment or schedule needed? No Yes (explain):
(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

Special adjustments to classroom or school facilities needed? No Yes (explain)
(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations required: No Yes (explain):
(i.e., precautions in lifting or positioning, transportation emergency plan, safety equipment, techniques for positioning or feeding)

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

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

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

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

Nurse Notes: _____

School Nurse Signature

Date

LOUISIANA STATE PARENTAL SURVEY OF HOME LANGUAGES

ESTADO DE LOUISIANA ENCUESTA LOS PADRES DE CASA IDIOMAS!

Revised: 09/14

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

Registration Date [Fecha de registro]: _____

Student's Name [Nombre del alumno]: _____

Name of School [Nombre de la Escuela]: _____

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

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

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

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

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

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

Student's Demographic Information [Información demográfica del Estudiante]

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

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

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

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

YES: _____ NO: _____

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

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

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

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

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

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

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

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

(Padre, madre o tutor legal firma)

Nombre de la Escuela [Name of School]: _____

Encuesta sobre el idioma hablado en el Hogar [Home Language Survey Form]

Tipo de Carta a los padres [Letter to Parents]

Queridos padres/Guardian de [Dear Parents/Guardian of: _____] Nombre del alumno (Student's name)

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

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

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

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

Por favor, responda a las preguntas en ambos lados de este formulario. Por favor, devolver el cuestionario al profesor de su hijo. No dude en llamar a la escuela si usted tiene alguna pregunta. Una vez mas, 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 ingles se habla en su casa y usted es un ciudadano natural de Estados Unidos y, a continuación, de las siguientes, ¿se sienten mejor identifica el ambiente bicultural en la casa [If a language other than English is spoken in your home and you are a natural born citizen of the United States, then which of the following would you feel best identifies the bicultural environment in your home]:

- ___ America Latina {Latin American}
___ Mexican American {Mexican American}
___ America Espanola [Spanish American]
___ American [American]

Prefero no indicar [I prefer not to indicate]

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

- ___ Argentinian
___ Bolivian
___ Chilean
___ Colombian
___ Costa Rican
___ Cuban
___ Dominican
___ Guatemalan
___ Honduran
___ Indian descent
___ Latin American
___ Latino
___ Mexican
___ Nicaraguan
___ Panamanian
___ Paraguayan
___ Peruvian
___ Puerto Rican
___ Salvadoran
___ Spanish descent
___ Uruguayan
___ Venezuelan
___ Otra [Other]

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

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

Ciudad/Estado [City/State]: _____

Prefero no indicar [I prefer not to indicate]



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~~

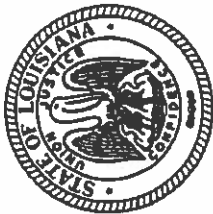
~~MCV4-----1 Dose~~

*****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



LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH
IMMUNIZATION SCHEDULE
2019

Depending on the child's age, choose the appropriate initial set of immunizations. High-risk children may require additional vaccines. Individuals with an altered immune system, due to disease or medication must be evaluated by a physician prior to vaccination. Routine annual influenza vaccination is recommended for all persons aged ≥6 months that do not have contraindications.

RECOMMENDED SCHEDULE FOR IMMUNIZATION OF INFANTS AND CHILDREN

AGE	CHILDREN 4 MONTHS TO 7 YEARS OF AGE	CHILDREN 7 TO 18 YEARS OF AGE
Birth	HepB	1st Visit Tdap, IPV, HepA, HepB, MMR, VAR
2 Months ¹	DTaP, Hib, IPV, HepB, PCV, RV	2nd Visit (4 weeks after the 1st visit) Td, IPV, HepB, MMR
4 Months	DTaP, Hib, IPV, PCV, RV	3rd Visit (6 months after the 2nd visit) Td, IPV, HepA, HepB
6 Months	DTaP, Hib, IPV, HepB, PCV, RV, Flu	11-12 Years Tdap, MenACWY, HPV (IPV, VAR, MMR, HepB if needed)
12-15 Months	DTaP, Hib, MMR, VAR, PCV, HepA	16 Years MenACWY, provider-patient discussion for MenB
18-23 Months	HepA	
4 Years of Age OR at School Entry	DTaP, IPV, MMR, VAR	
11-12 Years	Tdap, MenACWY, HPV (VAR, MMR, HepA, HepB if needed)	
16 Years	MenACWY, provider-patient discussion for MenB (HPV, VAR, MMR, HepA, HepB if needed)	

ACCELERATED SCHEDULE FOR CHILDREN STARTING IMMUNIZATIONS LATE

AGE	CHILDREN 4 MONTHS TO 7 YEARS OF AGE	CHILDREN 7 TO 18 YEARS OF AGE
1st Visit [†]	DTaP, Hib, IPV, HepA, HepB, MMR, VAR, PCV, Flu	1st Visit Tdap, IPV, HepA, HepB, MMR, VAR
2nd Visit (4 weeks after the 1st visit)	DTaP, Hib, IPV, HepB, PCV, Flu	2nd Visit (4 weeks after the 1st visit) Td, IPV, HepB, MMR
3rd Visit (4 weeks after the 2nd visit)	DTaP, Hib, PCV	3rd Visit (6 months after the 2nd visit) Td, IPV, HepA, HepB
4th Visit (6 months after the 3rd visit)	DTaP, Hib, IPV, PCV, HepA, VAR	11-12 Years Tdap, MenACWY, HPV (IPV, VAR, MMR, HepB if needed)
4 Years of Age ¹ OR at School Entry	DTaP, IPV, MMR, VAR	16 Years MenACWY, provider-patient discussion for MenB

VACCINE ABBREVIATIONS

DTaP DIPHTHERIA - TETANUS - ACCELLULAR PERTUSSIS VACCINE, Tdap TETANUS AND DIPHTHERIA TOXOIDS AND ACCELLULAR PERTUSSIS VACCINE, Td ADULT TYPE TETANUS AND DIPHTHERIA VACCINE, Flu INFLUENZA VACCINE, HepA HEPATITIS A VACCINE, HepB HEPATITIS B VACCINE, Hib HAEMOPHILUS INFLUENZA TYPE B VACCINE, HPV HUMAN PAPILLOMAVIRUS VACCINE, IPV INACTIVATED POLIOVIRUS VACCINE, MMR MEASLES - MUMPS - RUBELLA VACCINE, MenACWY MENINGOCOCCAL CONJUGATE VACCINE, MenB MENINGOCOCCAL VACCINE, PCV PNEUMOCOCCAL CONJUGATE VACCINE, RV ROTAVIRUS VACCINE, VAR VARICELLA VACCINE.

THE SCHEDULE ABOVE AND THE FOLLOWING GUIDELINES ARE SUMMARIES. FOR MORE DETAILED INFORMATION ON EACH VACCINE, REFER TO THE MANUFACTURERS' PRODUCT INSERT OR VISIT THE NATIONAL IMMUNIZATION PROGRAM WEB SITE AT WWW.CDC.GOV/VACCINES OR CALL THE NATIONAL IMMUNIZATION HOTLINE AT 800-232-2522 (ENGLISH) OR 800-232-0233 (SPANISH).

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 boosters 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 6 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 all children 12 months through 18 years of age. The two doses in the series should be administered at least 6 months apart. If the interval between the first and second 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 12 months. Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.

Hib - Hib vaccine can be administered any time DTaP vaccine is given. If PRP-OMP (PcdvaxHIB [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 12-13 months of age should receive a primary series of one dose and a booster at age 15 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 age 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 8 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 59 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 Polysaccharide Vaccine (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 dose 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 MenACWY. Entry for institutions of higher learning requires 2 doses of MMR, 1 Td/Tdap and 2 doses of MENACWY 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.

FOR PAC USE ONLY				
	Coordinator	Race	Gender	Case #

**ST. LANDRY PARISH – PUPIL APPRAISAL CENTER
CHILD IDENTIFICATION
Screening Packet - Page 1**

CHILD FIND

STUDENT	_____	_____	_____	_____
	First	Middle	Last	
PHYSICAL ADDRESS	_____		_____	_____
	Street / Highway		City	State Zip Code
MAILING ADDRESS (if different)	_____		_____	_____
	Street / Highway / P. O. Box		City	State Zip Code
DOB	AGE	RACE	GENDER	
_____	_____ Years Months	_____	_____	
SSN	PRIMARY LANGUAGE			
_____	_____			

HEAD OF HOUSEHOLD -	<input type="checkbox"/> FATHER	<input type="checkbox"/> MOTHER	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> FOSTER	<input type="checkbox"/> OTHER _____
FATHER	_____	_____	_____		
	First	Middle	Last		
MOTHER	_____	_____	_____		
	First	Middle / Maiden	Last		
GUARDIAN	_____	_____	_____		
	First	Middle	Last		
Home Phone	_____	Work Phone	_____	Emergency Phone and/or Cell Phone	_____

SCHOOL	_____	TEACHER	_____	GRADE	_____
Referred by	_____	Position	_____	Race	Gender

COMPLETE FOR RE-EVALUATION or WAIVER ONLY:

Exceptionality	Sped. Teacher	Case #	Date of Last Evaluation
_____	_____	_____	_____

REASON FOR REFERRAL:	SPECIFY CONCERNS:
<input type="checkbox"/> Initial Evaluation	_____
<input type="checkbox"/> Mandatory Reevaluation	_____
<input type="checkbox"/> Results of Manifestation Determination	_____
<input type="checkbox"/> Declassification	_____
<input type="checkbox"/> Significant Change of Placement	_____
<input type="checkbox"/> New Concern	_____
<input type="checkbox"/> Gifted	_____
<input type="checkbox"/> Talented	_____
<input type="checkbox"/> Waiver	_____
<input type="checkbox"/> Preschool Screening	_____
<input type="checkbox"/> Court Decision / Due Process Hearing Decision	_____
<input type="checkbox"/> Other:	_____



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



Eunice Junior High School

STUDENT INFORMATION SHEET



Grade: _____ Student ID Number: _____ Homeroom Teacher: _____
 _____ Regular Ed _____ SPED _____ 504

Student Name: _____
Last First MI

Date of Birth: _____ Place of Birth: _____
(Student) (Student)

Ethnicity (Race): _____ Gender: _____ Age: _____
(Student) (Student) (Student)

❖ Mother's Name: _____

❖ Mother's Day Phone: _____ Mother's Cell Phone: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Guardian's Name: _____

(Please Note: Proper paperwork must be on file if you are the guardian of this student)

Guardian's Mailing Address: _____

Guardian's Home Phone: _____ Cell: _____

In case of an emergency, please contact:

Contact Person: _____ Contact Number: _____ Relationship: _____

Contact Person: _____ Contact Number: _____ Relationship: _____

Contact Person: _____ Contact Number: _____ Relationship: _____

****Transportation****

_____ Bus _____ Walker _____ Car Rider

The transportation will be used to indicate the bell in which the student will be released. If there is a need to change transportation method and a new ID is printed the cost is \$10 for a replacement.

Homeroom Teachers* Make one copy for the office and retain one for your records.**

ST. LANDRY PARISH SCHOOLS
STUDENT/PARENT
ANNUAL COMPLIANCE/CODE OF CONDUCT/COMMITMENT FORM
2019-2020

Dear Parent(s)/Guardian(s) 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 will receive and read the 2019-2020 EJHS student handbook and that your child and you agree to comply with the rules and regulations contained therein.

STUDENT

My signature below indicates that I will receive and review the rules (code of conduct) and information contained in the 2019-2020 Student Handbook and school-wide discipline plan for Eunice Jr. High School, and that I will adhere to all of the following:

- attend school regularly;
- arrive at school on time each day and be on time for each class;
- make significant effort toward completion of homework assignments;
- follow all discipline policies (state, parish and school) contained in LA.RS 17:416; adhere to all school and classroom rules;
- follow the school district's uniform dress code.

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(S)/GUARDIAN(S)

My signature below indicates that I will receive and review all policies, rules and general information contained in EJHS' 2019-2020 student handbook and school-wide discipline plan and that I will adhere to all of the following:

- assure my child's attendance at school;
- ensure my child's arrival at school on time each day;
- ensure my child completes all assigned homework;
- encourage my child to follow all state, parish, and school 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.

PARENT SIGNATURE

DATE

Eunice Junior High School

St. Landry Parish School-wide Title I

Parent-Student-Teacher Compact - 2019-2020

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.

School/Teacher	Parent/Guardian	Student
<ul style="list-style-type: none"> ➤ Provide an environment conducive to learning. ➤ Have high expectations for myself, my student, and the school. ➤ Help each student grow to his/her fullest potential. ➤ Actively and consistently work toward the goal of achieving excellence in our school. ➤ Maintain open lines of effective communication with my students and their parents in order to support student learning. ➤ Seek ways to involve parents in the classroom for observation or participation in classroom activities. ➤ Respect the students, their parents, and the diverse cultures of the school. 	<ul style="list-style-type: none"> ➤ See that my child attends school regularly and is punctual. ➤ Establish a time and place for homework and check it regularly. ➤ Support school staff and respect the cultural differences of others. ➤ Have ongoing communication with my child's school and teacher. ➤ Use television wisely. Limit the time and help my child select programs. ➤ Have high expectations for my child as an individual. ➤ Reinforce all school rules and regulations and require appropriate behavior of my child while at school, home, and play. ➤ Encourage my child's efforts and be available for questions, meetings, conferences, PTO and volunteer clubs. 	<ul style="list-style-type: none"> ➤ Report to school each day on time with my homework completed and have the supplies that I need. ➤ Know and obey all school rules and regulations and maintain appropriate behavior at school, on the bus, at home, and at play. ➤ Complete all class, home learning, and project assignments. ➤ <u>Respect the learning environment at all times!</u> ➤ Show respect for myself, my school, other students, and have consideration for cultural differences. ➤ Stay attentive and actively participate in classroom activities. ➤ Be a positive role model for other students. ➤ Ask for help when I need it. ➤ Believe that I can learn and I will learn.

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

Signature of Principal

Date

Signature of Teacher

Signature of Parent/Guardian

Signature of Student

Date: _____

This is to certify that I have read and have access to the "Student Rights and Responsibilities Handbook and Discipline Policy." I understand that it is my responsibility to ensure thorough review of the Policies and Guidelines therein. I know that I can access the Student Rights and Responsibilities Handbook at www.slp.k12.la.us.

Parent's Signature

Student's Signature

Names of children attending St. Landry Parish School Board schools and grades of each:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If internet access is unavailable, a hardcopy of the handbook may be requested from my child's school. If you have any questions, please feel free to contact your child's school.

Dear Parent,

Your child's art, writing, or picture may be considered for publication on the St. Landry Parish School District's website, your school's website, or other media outlets throughout the coming school year. In order for that to occur, we must have this form signed and returned to the school. The websites may be accessed on the Internet at <http://www.slp.k12.la.us>. Please complete and return the following consent form. Forms will be filed at the school location. The following information is considered private and will not be placed in any publication, except where described below.

Today's Date _____ School Year _____

Student's Name _____

Mailing Address _____

City, State, and Zip code _____

Home Phone _____

Age _____ Grade _____

Teacher's Name _____

School _____

I give permission for my child's writing, picture or art, first name and last name, age, grade, and school's name to be published on the St. Landry Parish School Board websites at <http://www.slp.k12.la.us> or in other media outlets.

Parent's Signature

Student's Signature

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 rooms, 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 privileges, 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 system 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

School: _____

Grade: _____

EUNICE JR. HIGH SCHOOL

Website: eunicejr@slp.k12.la.us

751 W. Oak Street ♦ Eunice, LA 70535 ♦ Phone: 337-457-7386 ♦ Fax: 337-457-1764
Dwanetta D. Scott, Principal ♦ Casey Comeaux, Asst. Principal ♦ Fran Lemelle, Counselor ♦ Margo Randall, Secretary

NOTICE OF ACCUMULATED UNEXCUSED ABSENCES

St. Landry Parish School Board's Attendance Policy states the following:

- Excuses from parent, legal guardian or physician must be submitted within five (5) days after the student returns to school.
- The student shall request makeup work for days missed due to temporarily excused absences or extenuating circumstances.
- Unexcused check-ins are considered tardies and absences in the classes missed.
- Pre-K through eighth grade students will not be allowed to exceed ten (10) absences each school year.
- Absences of two or fewer consecutive school days due to personal illness or serious illness in the family may be validated by a parent written excuse note.
- If a student is absent for three (3) or more consecutive days, a student must present a note from a physician, nurse practitioner, or dentist to be excused.
- These new guidelines will not allow students to be excused for vacations or other family trips.

The St. Landry Parish attendance policy is contained in the 2018-2019 Student Handbook which may be viewed by visiting www.slp.k12.la.us; first click on BOARD, then BOARD POLICIES. A hard copy of the SLP Student Handbook is available upon request.

After five (5) days of unexcused absences and every fifth day thereafter, SLP schools are mandated to report truancy cases to the SLP Supervisor of Child Welfare and Attendance. Cases of habitual absences and tardiness are also referred to juvenile and/or family court regarding the following Louisiana statute:

La. R.S. 14:92.2 - Improper Supervision of a Minor

A. Improper supervision of a minor by a parent or legal custodian, who has care and control of the minor, includes any of the following activities.

(2) Through criminal negligence, the permitting of the minor:

(c) To habitually be absent or tardy from school pursuant to the provisions of R.S. 17:233 without valid excuse.

If you have questions or concerns, please call our school's guidance counselor at 337-457-7386.

Student Name: _____ Grade: _____
(PRINT)

Student Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

8th graders only!

**LOUISIANA STUDENT FINANCIAL ASSISTANCE COMMISSION
OFFICE OF STUDENT FINANCIAL ASSISTANCE**

***Taylor Opportunity Program for Students (TOPS)
Bulletin***

TOPS BULLETIN NUMBER:	T2014-6
DATE ISSUED:	October 13, 2014
EFFECTIVE DATE:	Immediately
DISTRIBUTION:	Professional School Counselors, High School Principals, Parish Superintendents, College and University Financial Aid Offices and Registrars, LAICU Financial Aid Offices and Registrars, Louisiana Community and Technical College System Deans and Louisiana Community and Technical College System Personnel
TOPICS:	Consent Form for the TOPS Tracker, Determination of TOPS Eligibility, and College Admissions

Act 837 of the 2014 Regular Session of the Louisiana Legislature requires the governing authority of each school to provide a form to the parent or legal guardian of each student enrolled in grades eight through twelve which explains that the parent has the right to determine whether their child's Personally Identifiable Information (PII) can be released to LOSFA and to the postsecondary education institution(s) to which their child applies. The form must be provided every year, and at least one parent or legal guardian must sign that they either grant consent or deny consent.

PII includes the student's full name, social security number, and transcript data. This information will be used by LOSFA to provide a TOPS Tracker to allow students and parents to track a student's progress toward TOPS eligibility and to determine a student's eligibility for a TOPS Award and other student financial aid. ~~This information will also be used by postsecondary institutions to determine whether a student is eligible for admission.~~

The Consent Form included in this Bulletin is for use by the parents and guardians of students enrolled in the eighth through the twelfth grades. The parent or guardian must give consent or deny consent to the collection of their child's PII and the distribution of the PII through the Louisiana Department of Education to LOSFA and through the Board of Regents to the postsecondary institutions.

We have also attached a cover letter to transmit the Consent Form to the parents and legal guardians.

A Consent Form for every student is required by the law to ensure that PII is disclosed only for those students whose parent or legal guardian has consented and that the parents who deny consent do so with full knowledge of the effect of denial of consent.

The Consent Form must be signed by the student rather than the parent or legal guardian if the student is 18 or is judicially emancipated or is emancipated by marriage.

The Consent Form is being provided at this time to allow schools to begin the process of having each parent or legal guardian consent or deny consent. Schools should immediately start the process of

CONSENT FORM

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

School Name: Eunice Junior High School **LEA:** St. Landry Parish
(If Applicable)

I CONSENT TO THE FOLLOWING:

Data to be shared:

- Full name
- Birthdate
- Social Security Number
- Student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).

Your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR) and LDE to allow:

- You to track your child's progress in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship by having an account on Louisiana Connect (www.LouisianaConnect.org).
- LOSFA to determine whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS).
- You to monitor your child's TOPS eligibility status by having an account on LAS (www.osfa.la.gov/AwardSystem/).
- LOSFA to make TOPS and other aid payments.
- The Institution to process applications for admissions to the Institution.

I understand that:

- LOSFA must have my child's personal information to allow me to track my child's progress toward TOPS eligibility and to make my child eligible for a TOPS Scholarship.
- Institution must have my child's personal information to process my child's application to the Institution
- Neither LOSFA nor the Institution will give my child's personal information to any agency not listed above unless required to do so by law or as necessary to pay my child's TOPS award, other scholarships, grants or aid, or to process an application to the Institution.
- My child's social security number will be electronically encrypted so that it cannot be viewed by anyone.
- LOSFA and the Institution will destroy my child's personal information when it is no longer needed or not later than five years after my child graduates, whichever is earlier, unless otherwise required to be maintained by state or federal law.

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA and to the Institution.

~~I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect for the current school year.~~

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. I understand that by declining consent for the collection and disclosure of my child's personal information to LOSFA and the Institution, my child's eligibility for state and federal student financial aid, including TOPS, cannot be determined by LOSFA and that the Institution will not be able to process my child's application for admission to the Institution.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date