



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

**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

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 pueden ofrecer. [Your participation in this inquiry is very important. Please take the time to answer several questions about the language(s) spoken in your home. With your help, we can work together to give your children the very best that our schools can offer.]

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

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> America Latina [Latin American]     | <input type="checkbox"/> America Española [Spanish American] |
| <input type="checkbox"/> Mexican American [Mexican American] | <input type="checkbox"/> American [American]                 |

\_\_\_\_\_  
Prefiero no indicar [I prefer not to indicate]

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

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Argentinian | <input type="checkbox"/> Guatemalan     | <input type="checkbox"/> Peruvian        |
| <input type="checkbox"/> Bolivian    | <input type="checkbox"/> Honduran       | <input type="checkbox"/> Puerto Rican    |
| <input type="checkbox"/> Chilean     | <input type="checkbox"/> Indian descent | <input type="checkbox"/> Salvadoran      |
| <input type="checkbox"/> Colombian   | <input type="checkbox"/> Latin American | <input type="checkbox"/> Spanish descent |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Latino         | <input type="checkbox"/> Uruguayan       |
| <input type="checkbox"/> Cuban       | <input type="checkbox"/> Mexican        | <input type="checkbox"/> Venezuelan      |
| <input type="checkbox"/> Dominican   | <input type="checkbox"/> Nicaraguan     | <input type="checkbox"/> Otra [Other]    |
|                                      | <input type="checkbox"/> Panamanian     |  |
|                                      | <input type="checkbox"/> Paraguayan     |  |

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

Nombre de Escuela [Name of Prior Year School]: \_\_\_\_\_

Ciudad/Estado [City/State]: \_\_\_\_\_

\_\_\_\_\_  
Prefiero no indicar [I prefer not to indicate]

# LOUISIANA 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 - Ultimo 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 vivan en el hogar o en las cercanías su casa actual?]  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

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

10. When the home language is spoken, does the child [Cuando el idioma sea hablado, ¿el niño?]:  
\_\_\_\_ Understand most of what is said? [Entender la mayoría de lo que se dice?]  
\_\_\_\_ Understand some of what is said? [Entender algunos de lo que se dice?]  
\_\_\_\_ Understand very little of what is said? [Entiendo muy poco de lo que se dice?]  
\_\_\_\_ Understand nothing of what is said? [Comprender nada de lo que se dice?]

11. What language does your child speak most often with other students? [¿Que idioma le habla 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)

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](http://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: \_\_\_\_\_



# 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)*

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

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

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

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**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):

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

**Nurse Notes:** \_\_\_\_\_

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\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

**MEDICAL HISTORY FORM**  
**ST. LANDRY PARISH SCHOOLS**

Medical information is needed for the following student to determine if there are health impairments sufficient to warrant special education services. This information will also be utilized by the school nurse to provide health services. This form is to be completed by the doctor. Please check appropriate behaviors and provide a simple explanation when indicated.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Current Diagnosis, Medical Status, and Current Medication: \_\_\_\_\_

Date Last Seen: \_\_\_\_\_ Return to Clinic Date: \_\_\_\_\_

Severity of Illness: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

**Condition Causes:**

- temporary or chronic lack of strength
- temporary or chronic lack of vitality
- temporary lack of alertness
- reduced efficiency in school work because of \_\_\_\_\_

Student is substantially limited in the following major life activity/activities: \_\_\_ caring for one's self \_\_\_ seeing \_\_\_ working  
\_\_\_ hearing \_\_\_ walking \_\_\_ performing manual tasks \_\_\_ breathing \_\_\_ speaking \_\_\_ learning  
\_\_\_ other major life activity (describe): \_\_\_\_\_

**Recommendations For Student Integration Into The School Setting**

Activity Restrictions/Limitations \_\_\_\_\_

Accommodations \_\_\_\_\_

Nutritional/Dietary \_\_\_\_\_

Special Procedures \_\_\_\_\_

Speech Therapy \_\_\_\_\_

Physical Therapy/ Occupational Therapy/ Adaptive Physical Education \_\_\_\_\_

Please check if you agree to your patient receiving OT/PT (will be considered orders for service for one year from date doctor signed)

Occupational Therapy   
Physical Therapy

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

# 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 Part A, Title Part C-Migrant, individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C. 11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.*

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

In an emergency/transitional shelter.

Temporarily with another family because we cannot afford or find affordable housing.

With an adult that is not a parent or legal guardian, or alone without an adult.

In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.

Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)

In a hotel/motel.       Other specific information: \_\_\_\_\_

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

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

(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 \_\_\_\_\_

# EUNICE JR. HIGH SCHOOL

Website: [eunicejr@slp.k12.la.us](mailto: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

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## 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](http://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***

<b>TOPS BULLETIN NUMBER:</b>	T2014-6
<b>DATE ISSUED:</b>	October 13, 2014
<b>EFFECTIVE DATE:</b>	Immediately
<b>DISTRIBUTION:</b>	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
<b>TOPICS:</b>	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](http://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/](http://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