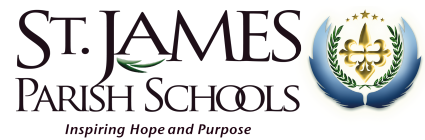


2023-2024**Student Registration Checklist**

Date: _____

**Student Name** (print): _____

School: _____

Student Documents (Please have all documents before registering.)

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Parent Driver's License
<input type="checkbox"/> Withdrawal Form	<input type="checkbox"/> Last Report Card	<input type="checkbox"/> Transcript (high school)	<input type="checkbox"/> IEP or IAP (if applicable)

Proof of Residency

- If the parent is the **homeowner, leases or rents**, submit **2** of the following:
 - ☐ Gas or Water Bill (name, address and service location) (must be within 30 days)
 - ☐ Electricity Bill (name, address and service location) (must be within 30 days)
 - ☐ Mortgage or Lease/Rental Agreement (current, on letterhead w landlord's name and phone number)
 - ☐ Driver's License (address must match residence address)
 - ☐ Voter's Registration Card (name and residence address)
 - ☐ Tax Assessor's Bill
 - ☐ Act of Sale or Mortgage
- If the parent **resides with a relative in St. James Parish** on a temporary basis, submit attached affidavit and **2** proofs of residency listed below in the resident's name :
 - ☐ St. James Parish School Board Affidavit (must be notarized and renewed EVERY school year)
And TWO of the following in the resident's name and address
 - ☐ Water or Electric Bill (name, address and service location) (must be within 30 days)
 - ☐ Driver's License
 - ☐ Voter's Registration Card (name and residence address)
 - ☐ Tax Assessor's Bill
 - ☐ Act of Sale or Mortgage

Parent/Guardian Registering Child (print) : _____**Parent/Guardian** (signature): _____ Date: _____**Office Use Only:** Approved by: _____ Date: _____

Must provide the following within 30 days: _____ Due Date: _____

2023-2024

Student Registration

Date: _____



Student: _____
(Print) (DOB) (Age) (Gender)

Race: _____
White Black Hispanic/Latino Asian Native American Other

Grade Level: ____ PK ____ K ____ 1 ____ 2 ____ 3 ____ 4 ____ 5
____ 6 ____ 7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12

School: ____ Cypress Grove Montessori ____ Sixth Ward Elementary
____ Gramercy Elementary ____ Vacherie Elementary
____ Paulina Elementary ____ Lutcher High School
____ St. Louis Academy ____ St. James High

School and address your child was last enrolled:

Does your child have an IEP or IAP (504 plan)? ____ Yes ____ No

Parent or Guardian Registering Child (print) : _____
(circle one)

Parent/Guardian (signature): _____ **Date:** _____

Physical Address (parent and child) _____
(Street) (City) (Zip Code)

Mailing Address _____
(if different from physical) (City) (Zip Code)

Best Contact Phone Number(s): _____

Title III Home Language Survey

First entry date in U.S. _____

Home Language: _____

Language Used at Home: _____

Country of Birth: _____

First language learned by student: _____

Language used with other students: _____

Parent/Guardian Information

Father

(First)

(Middle)

(Last)

Race:

White

Black

Hispanic/Latino

Asian

Native American

Other

Mailing Address:

(City)

(Zip Code)

Physical Address:

(Street)

(City)

(Zip Code)

Email Address:

Phone Number:

(Cell)

(Home)

(Work)

Mother

(First)

(Middle)

(Last)

Race:

White

Black

Hispanic/Latino

Asian

Native American

Other

Mailing Address:

(City)

(Zip Code)

Physical Address:

(Street)

(City)

(Zip Code)

Email Address:

Phone Number:

(Cell)

(Home)

(Work)

Guardian

(First)

(Middle)

(Last)

Race:

White

Black

Hispanic/Latino

Asian

Native American

Other

Mailing Address:

(City)

(Zip Code)

Physical Address:

(Street)

(City)

(Zip Code)

Email Address:

Phone Number:

Emergency Contact Information

Please list a minimum of (3) people to contact if we cannot contact you. These individuals will also have the authorization to sign your child in or out of school.

Student's Name: _____ Grade: _____ School: _____

Emergency Contact #1

Name: _____ Phone Number: _____

Emergency Contact #2

Name: _____ Phone Number: _____

Emergency Contact #3

Name: _____ Phone Number: _____

Emergency Contact #4

Name: _____ Phone Number: _____

Emergency Contact #5

Name: _____ Phone Number: _____

Medical Information

Student's Name: _____ Grade: _____ School: _____

Student's Physical Address: _____
(City) (Zip Code)

Phone numbers to call in case of an emergency:

Mom's Name: _____ H/W/C: _____ H/W/C: _____

Dad's Name: _____ H/W/C: _____ H/W/C: _____

Responsible adults who will assume responsibility for student in your absence:

Name: _____ H/W/C: _____ H/W/C: _____

Name: _____ H/W/C: _____ H/W/C: _____

Student Medical History *(check all that apply)*

____ Asthma (last attack: _____)

____ Heart Disease

____ Seizures/Epilepsy (last attack: _____)

____ Ear Infections

____ Tonsillitis

____ Allergies

____ Diabetes

____ Spina Bifida

____ Sickle Cell Disease

____ Cerebral Palsy

____ Behavior Concerns

____ Speech Concerns

____ Taking Medication

____ Skin Disease/Skin Concerns

____ Orthopedic Injury/Concerns

____ Other

Comment on any checked category above: _____

If your child is taking any medication, please list the name, dosage, and time medication is taken:

Student's Physician's Name: _____ Phone # _____

Student's Dentist's Name: _____ Phone # _____

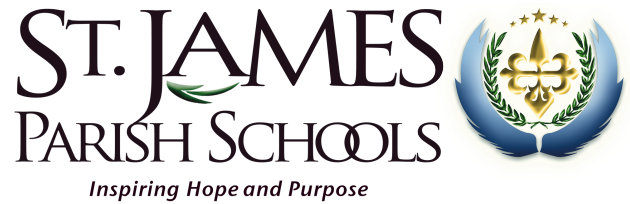
If your child has any dietary needs for food allergy or requires a special diet, please complete the attached SJP diet prescription for meals at school form.

For the health and safety of my child, I am aware this may be shared with school personnel.

Parent Signature: _____ Date: _____

Authorization for Release of Information

St. James Parish School System
1876 West Main St
Lutcher, LA 70071
(225) 258-4500



Date of Request: _____ **Student's Name:** _____

To: _____
(Student's Previous School) (Full Address of School) (Phone #)

From: (Check One School)

<input type="checkbox"/> Cypress Grove Montessori (PK-6th) 2461 N. King Ave Lutcher, LA 70071 (225) 258-5400 Attn: Joann Reulet jreulet@sjpsb.org	<input type="checkbox"/> Sixth Ward Elementary (4th-6th) 3245 Valcour Aime St. Vacherie, LA 70090 (225) 258-4640 Attn: Erica Johnson ejohnson@sjpsb.org
<input type="checkbox"/> Gramercy Elementary School (4th-6th) 601 East 2nd St. Gramercy, LA 70052 (225) 258-4800 Attn: Elizabeth Vicknair evicknair@sjpsb.org	<input type="checkbox"/> St. James High School (7th-12th) 22187 LA- 20 Vacherie, LA 70090 (225) 258-4900 Attn: Betsy Chenier bchenier@sjpsb.org
<input type="checkbox"/> Paulina Elementary School (PK-3rd) 2756 LA-44 Paulina, LA 70763 (225) 258-4700 Attn: Laquita Banks lbanks@sjpsb.org	<input type="checkbox"/> St. Louis Academy (PK-3rd) 8184 Villavaso St. St. James, LA 70086 (225) 258-4680 Attn: Christy Martinez cmartinez@sjpsb.org
<input type="checkbox"/> Lutcher High School (7th-12th) 1910 W Main St Lutcher, LA 70071 (225) 258-5300 Attn: Denise Marzilli dmarzilli@sjpsb.org	<input type="checkbox"/> Vacherie Elementary (PK-3rd) 13440 Hwy 644 Vacherie, LA 70060 (225) 258-5250 Attn: Lisa Alleman lalleman@sjpsb.org

I would like for you to email the following official records of my child _____ to the St. James Parish School's contact checked above. Records should include: academic, attendance, discipline, health, identified exceptionalities (Special Education and 504), and any other related information for the purpose of registration.

My signature below denotes that the released information is for professional purposes only and its use is restricted as only specified above.

_____	_____	_____
(Parent's Printed Name)	(Parent's Signature)	(Date)
_____		_____
(Parent's Address)		(Parent's Phone #)

St. James Parish School System
Diet Prescription for Meals at School

****Special Diets will not be supplied and certain foods will not be substituted or omitted, until this form is filled out by an MD and approved by Child Nutrition Department.**** This document is in effect for the current school year and must be renewed annually. Please fax completed form to 225-258-8112.

Student's Name: _____	Age: _____	DOB: _____
School: _____	Grade: _____	Homeroom: _____
Parent's Name: _____	Parent's E-mail: _____	
Address: _____	Telephone: _____	
1. Does the child have a disability? Yes or No If yes, describe the major life activities affected by the disability. _____		
2. If the child is not disabled does the child have special nutritional or feeding needs? Yes or No		
3. Does your child have an Epi-Pen for specific food or foods? Yes or No If yes, please list food(s): _____		

PHYSICIAN MUST COMPLETE SECTION BELOW:

Medical Condition: _____

Diet Prescription: (mark all that apply):

Food Intolerance:

____ Eggs-PURE FORM ONLY	____ Wheat (due to Celiac Disease)
____ Milk- PURE FORM ONLY**	____ Red Dye
____ Milk and Dairy ONLY**	
____ Soy- PURE FORM ONLY	
____ Wheat- WHOLE/UNPROCESSED ONLY	

**** Please note which may be served in place of milk:**

____ Juice ____ Water ____ Almond Milk ____ Pure Dairy Lactose Free Milk ____ Rice milk

****Is milk eliminated due to MILK ALLERGY ____ or LACTOSE INTOLRANCE ____?**

Allergies:

____ Eggs ____ Fish ____ Milk ____ Nuts ____ Peanuts ____ Shellfish ____ Soy ____ Other _____

Eliminate ALL foods that may contain any form of: _____

***If Allergy, what is the reaction?** _____

****Diabetic Diets = Breakfast _____ Lunch _____ Snack _____ (# of Carbs/meal)**

Any Other Specific Dietary Needs (Modified Texture, Tube Feedings, etc): _____

Specific Foods to Omit: _____

Specific Foods to Substitute: _____

I certify that the above named student needs special meals prepared as described above because of the student's chronic medical condition.

Office Address: _____ Office Telephone: _____ Office Fax: _____

Licensed Physician/ Medical Authority **PRINT**

Licensed Physician/ Medical Authority **SIGNATURE**

DATE

Guidelines and Requirements for Diet Prescription Forms for Special Diets and Allergies

These guidelines and requirements have been established to ensure the safety of students when medically necessary menu change must be implemented.

- A new Diet Prescription Form (DPF) **must** be completed every school year.
- Food services is not allowed to substitute food or alter the diet without this form. Prior to receiving this form, the parent may be required to send the student's meals to school.
- All sections **must** be filled out completely.
- The DPF **must** be signed by a Physician or Recognized Medical Authority (NP, PA, etc).
- The diet prescription **will not** be altered unless a form is updated by the physician.
- Food Allergies: Please provide specific information regarding foods to omit and substitute.
- If the student cannot have fluid milk, please document appropriate substitute. We can provide any of the options listed on the form.
- DPF **must** be complete before implemented at the school site.
- An Individualized Health Plan **will not** be written for Special Diets and Food Allergies until a School RN receives a Diet Prescription that is signed by a physician.
- Please fax, mail, or deliver the form to the child's school or fax to 225-258-8112.



Louisiana Migrant Education Program

Family Search Form

School District/Parish: _____ School: _____ School Year: _____

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive **FREE** additional educational services. The information you provide will only be used for program purposes. Please answer both questions below and return this form to your child's school.

1. **Have you or another person in your home worked in agriculture or fishing in the past 3 years?**

(Please check all that apply below & complete contact information)

☐ YES

☐ NO



Picking vegetables, fruit, pecans, hay, soybeans, sugarcane, sweet potatoes, etc.

☐

Working in a poultry farm

☐

Working in shrimping / crabbing / oyster fishing

☐

Working in forestry / timber / logging

☐

Working in a plant nursery, orchard, tree growing or harvesting

☐

Working with livestock such as cattle, hogs, alligator, crickets, or turtle farming

☐

Working in rice, crawfish ponds

☐

Other **AGRICULTURAL** or **FISHING** work? Please explain:

2. **Have your children moved or traveled across school district lines in the past 3 years?**

This may include overnight or extended trips, at any time of the year, including the summer, to do shrimping, crabbing, oyster fishing, or agricultural work.

☐ YES

☐ NO

Parent (Guardian) Name: _____ Best time to contact you: _____

Phone Number(s): _____

Address: _____ Email Address: _____

Language/Lenguaje/Ngôn ngữ: ☐ English ☐ Español ☐ Tiếng Việt ☐ Other: _____

The purpose of this form is to help the state determine if the child(ren) in this family are eligible for the Louisiana Migrant Education Program. One of the individuals listed below may contact you to determine eligibility for the Louisiana Migrant Education Program:

Laurie Stewart - 225-369-0560 laurie.stewart@louisiana-mep.org	Lorena Andrea Roberts -225-372-0419 lorena.roberts@louisiana-mep.org
Iban Gama - 225-217-0490 iban.gama@louisiana-mep.org	Clare Ortiz - 870-820-6177 clare.ortiz@louisiana-mep.org

For School Use Only: Please return completed forms to: ldr.team@louisiana-mep.org

For Spanish or Vietnamese search forms, please visit: <https://louisianamigrantidr.com/documents.php>. For any further questions, please reach out to the Louisiana Migrant Education Program Identification & Recruitment Team at: ldr.team@louisiana-mep.org.

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____
 Student Name: _____ ID#: _____ Gender: Male / Female
 Address: _____ Telephone Number: _____
 Last School Attended: _____ Current Grade: _____ Date of Birth: _____
 Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. ☐ YES ☐ NO Did the student receive McKinney Vento (Homeless) Services in a previous school district?
2. ☐ 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.)
3. ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
4. ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
5. 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: _____
6. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
7. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
8. ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
9. ☐ 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 _____
10. The undersigned certifies that the information provided above is accurate.

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

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

Print School Contact Name	Title	Signature	Date
---------------------------	-------	-----------	------

Homeless Liaison Use Only – Check All that Apply:

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel

School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed

Unaccompanied Youth: ☐ YES ☐ NO

☐ Copy Placed in Student's Cumulative Record



St. James Parish School System
School Bus Transportation Request Form
2023-2024 School Year
One Student Per Form



New students registering and current students requesting a transportation change must submit this form to the Student Services Department via email: transportation@sjpsb.org. You may also submit this form online by visiting www.stjames.k12.la.us and click on the "Transportation Request Form" quick link. **All transportation requests may take 3-5 business days to go into effect.**

Student Name: _____ Grade: _____ School: _____

Home Address of Student and Parent: _____

Parent Name: _____ Phone Number: _____

PARENTS (Please complete the following information that applies to your child.)

NEW STUDENT – I am registering my child who needs bus transportation. I understand that someone must be at the bus stop at drop off time.

Pick Up Address: _____ Drop Off Address: _____

Parent Signature: _____ Date Submitted: _____

**STOP HERE and submit to the Student Services Department.*

CURRENT STUDENT - Please check only one box. I understand that someone must be at the bus stop at drop off time.

- ☐ My child no longer needs bus transportation services.
- ☐ My child currently rides the bus and I am requesting a transportation change.
- ☐ My child does NOT currently ride the bus and now needs transportation

Pick Up Address: _____ Drop Off Address: _____

Reason for Change of Address: _____

Parent Signature: _____ Date Submitted: _____

STUDENT SERVICES

Date Received: _____ Approved: _____ Denied: _____

- ☐ Pick up/drop off addresses were changed in JCAMPUS by Student Services and this form was emailed to First Student.

Signature: _____ Date Sent to First Student: _____

FIRST STUDENT

Date Received: _____ Initial _____

- ☐ Mark the bus number in the box. Student will start riding the bus on _____ AM PM.
- ☐ Email this form to the school transportation contacts and cc transportation@sjpsb.org.
- ☐ Communicate with the bus driver that this student will be riding their bus.

First Student Signature: _____ Date Submitted to School: _____

Student will ride bus #

_____.

SCHOOL

Date Received: _____ Initial _____ Date Student was Notified: _____

Elementary schools will contact the parent and provide a copy to the bus driver. High Schools will contact the parent and provide a copy to the student.

ST. JAMES PARISH SCHOOL BOARD
AFFIDAVIT BY PARENT/GUARDIAN VERIFYING PLACE OF RESIDENCE

School Year: 2023 - 2024

(Please check one) School: LHS___ SJHS___ SLA___ SWES___ VES___ PES___ CGM___ GES___

I. Identifying Information – please print

A parent/guardian who is residing with a friend or relative on a temporary or permanent basis must complete the official St. James Parish School Board **Affidavit of Place of Residence** document. If the school has reason to believe that the information in the Affidavit is incorrect, that the parent and/or student is in fact residing outside the residence, the student will be required to return to the school in the attendance zone where he/she resides. Out of parish students will be withdrawn immediately from the school district and may be held liable to reimburse the district for expenses incurred to educate this student.

Residency Affidavits must be resubmitted for approval each new academic school year.

PARENT/GUARDIAN OF STUDENT _____

Phone Number where parent/guardian can be reached: _____

1. Name of child(ren) _____ D.O.B. _____ GRADE: _____

2. School being enrolled in: _____

3. School last attended: _____

4. Other children of parent/guardian living with Resident:

Name	Age	Grade	Name	Age	Grade
------	-----	-------	------	-----	-------

5. Parent/guardian/child(ren) previous address (Post Office Box is not acceptable as a residence address):

Previous Physical Address	City	State	Zip Code
---------------------------	------	-------	----------

6. Name of resident that parent/guardian/child(ren) is residing with:

Resident: _____ Phone Number: _____

Physical Address	City	State	Zip Code
------------------	------	-------	----------

II. Residency

A. Verification of Joint Residency:

Print first and last names of the person(s) providing proof of residency. I, declare under perjury, that the above named student lives at this address with me. I also agree to notify the school within two weeks when residency has changed.

First Name

Last Name

Signature of Person(s)

B. Proof of Residency:

When sharing a home with another individual or family, **please attach two (2) proofs of residency in the resident's name showing residence (owner of property) address. Acceptable forms of proof of residency include two of the following:**

- an Act of Sale/Mortgage for home or lease agreement/rental contract on company letterhead,
- a Voter's Registration Card (showing name and address),
- driver's license,
- Tax Assessor's bill, and
- a water or electric bill.

NOTE: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

PARENTS, in the box below, please provide a statement as to “WHY” and “HOW LONG” you will reside at this address.

III. Notarized Statement

As the enrolling parent/guardian, I, _____, attest that I and my child(ren) are **living with and physically residing with** the resident at the resident’s address above. I also attest that I do not reside at any other home or residency. I further attest that this living arrangement is not solely for the purpose of changing schools in the district.

The parent/guardian has been advised and is aware that the making of **intentionally false statements** in this Affidavit may expose **him/her and the residence owner** to prosecution for false swearing under LA R.S. 14:125 which states whoever commits the crime of false swearing shall be fined not more than five hundred (\$500) dollars or imprisoned for not more than one year, or both.

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

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

WITNESS

WITNESS

Parent

Signature of Person providing residency

NOTARY PUBLIC
Printed Name of Notary: _____
(Place Notary Seal or Stamp below)

NOTE: Notary must be located in St. James Parish.

Signature of Principal

Signature of Student Services Representative

Date: _____ School: _____

Date: _____ School: _____