Welcome to

KIROLI ELEMENTARY SCHOOL!

2022-2023 New Student Registration

Items Needed for Registration:

- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Immunization Record
- ☐ Two Current Proofs of Residency- Proofs must have your name, physical address where you reside, and current date on the bill. Please bring printed copies. If needed, you may email copies to our secretary Leisa Hill at leisahill@opsb.net.
  - Examples: Gas bill, Entergy bill, Water bill, Cable/Internet, Mortgage statement/Lease Agreement.
- ☐ Legal Guardian's Picture ID (Driver's License)
- ☐ School Fees $35

Kiroli Elementary School
700 Kiroli Road
West Monroe, LA 71291

Carolyn Norris - Principal
Allison Keyes - Asst. Principal

Telephone 318-396-1118
Fax 318-396-0804

Authorization for Release of Information from Previous School

School Name _____ Date _____

School Address _____

School Telephone & Fax Number _____

Please drop and send the records on the following students:

Student Name	Date of Birth	Grade Entering

Please forward the following information as soon as possible:

Grades:
- Standardized Test Scores
- Report Cards
- All test scores from current grading period

Birth Certificate
Social Security Card
Immunization Record
Attendance Record
Disciplinary Record
504 Records

According to current Privacy Act Requirements as set forth in Federal Register, dated June 17 1985, and updates of 1980, Subpart D, Section 99.31, it is not necessary to sign a release when records are being passed from one public school to another.

Please send records to Kiroli – Attention: Leisa Hill - Student Secretary
Leisahill@opsb.net

Kiroli Elementary – Ouachita Parish School System

PRELIMINARY ENTRANCE FORM

PLEASE PRINT

Race and Ethnicity:
Please complete the following information required for multi-racial report

1) Are you Hispanic/Latino? Yes ○ No ○
If you selected NO, continue to Question 2.
If you selected YES, Question 2 is optional.

2) Please CIRCLE one or more applicable race/races from the following groups:

American Indian or Alaska Native
Asian
Black or African America
Native Hawaiian or Other Pacific Islander
White

Date Entered: _____

Student Name: _____
First Middle Last

Birth Date: _____/_____/_____ Sex: ○Male or ○Female
Month Day Year

Social Security #: _____

Entering Grade: _____ Has your child ever repeated a grade? _____ No _____ Yes Grade Level repeated: _____

Former School: _____
Name Address City/State/Zip Phone/Fax

Has your child ever attended a Ouachita Parish school? _____ No _____Yes School: _____

Name of Person(s) Child Lives With: _____ Relationship: _____

Physical Address _____ _____
Street Apt. # City Phone #

Father's Name: _____ Home Phone #: _____

Father's Address: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Father's Email: _____ Mother's Email: _____

Mother's Name: _____ Home Phone #: _____

Mother's Address: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Legal Guardian: _____ Relationship: _____

Mailing Address: _____ Home Phone #: _____
Street/Apt. # City

Place of Employment: _____ Work Phone #: _____ Cell Phone #: _____

Support Services: (Circle all that apply)

Gifted Migrant Resource Self-Contained Speech Language! 504 Adaptive P.E. ESL

Medic Alert: (Circle all that apply)

None Asthma Diabetes Epilepsy Seizures Other: _____

Allergies: (Food, Drugs, Insects, etc.): _____

Emergency/After-school/Check-out Information on Back →

After School Transportation:

○ Bus Bus Number: _____

○ Day Care Name: _____ Phone # _____

○ Car Pick-up Northside: _____ Southside: _____

○ Walks

Check-out Authorization: ***(Only these people will be allowed to check out your child)***

The following individuals have permission to check my child out of school in case of illness or emergency.

	Relationship	Cell #	Work #
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

Persons Restricted From Picking Up My Child: ***(cannot be a parent w/o official documentation from the court)***

Name: _____ Name: _____

Name: _____ Name: _____

Other Children Attending This School:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

The above information is correct to the best of my knowledge:

Parent's Signature: _____ Date: _____

Kiroli Elementary School 2022 - 2023

Student's Name _____ Sex ___ Custody ___ Out Zone___
Last First Middle

Home Address _____ Home Phone _____

Teacher _____ Grade_____ Bus # _____ CPU _____ Daycare _____ Birthdate _____

Mother's Name _____ Mother's Address _____

Mother's Employment _____ Work Phone _____ Cell _____

Mom's Email _____ Dad's Email _____

Father's Name _____ Father's Address _____

Father's Employment _____ Work Phone _____ Cell _____

Student lives with: _____ Kiroli Siblings _____

Allergies: ☐ No ☐ Yes (List) _____ Fees Paid _____

Emergency Name (order of contact)	Relation	Home #	Work #	Cell #
1.				
2.				
3.				
4.				

ADDITIONAL CHECKOUTS:

1. _____ 2. _____ 3. _____

Legislative Law Relating to School Attendance

In order to be eligible to receive grades, students in ***grades K-8 cannot accumulate more than ten (10) UNEXCUSED absences in a school year.*** Students in **grades 9-12** cannot accumulate more than five (5) unexcused absences in a semester. Absences exceeding these numbers **MUST BE APPROVED BY A Child/Welfare and Attendance (CWA) OFFICER** in order for the student to remain eligible to receive credit for grades earned.

Excused absences: Students shall be considered temporarily excused from school and shall be allowed to make up work missed for the following reasons if proper documentation is provided for the absence:

1. Personal Illness
2. Death in the family, not to exceed one week
3. Serious illness in the family
4. Recognized religious holidays of the student's own faith
5. Unusual circumstances approved by a CWA officer
6. Doctor/Dental appointments
7. Approved school sponsored activities
8. Natural disasters
9. Legal Appointments

Documentation for excused absences: Students should submit upon their return to school following an absence, any documentation they may have to verify that the absence should be excused. Exception: absences that have to be approved by the CWA office

Unexcused Absences: Any absences from school by a student for reasons other than those listed as acceptable for being temporarily excused from school. A student shall be given failing grades on all school assignments missed due to an unexcused absence.

Note: If a student, at any grade level, accumulates the number of allowed UNEXCUSED ABSENCES, every absence after that must be approved by a CWA officer.

Truant students (RS 17:233): A student shall be considered habitually absent or tardy when the student accumulates five unexcused tardies to school, or, five unexcused absences from school within a school semester, and all reasonable efforts by the principal and the teacher have failed to correct the situation with the student and parent. **These students shall be reported by the school to the appropriate authority as being truant.**

Tardiness to school: Being punctual to school is the responsibility of the student and the parent. Unexcused tardiness to school should be dealt with as shown below.

Step 1 – Teachers will conference with the student and/or parent.
Step 2 – Administrators conference with the student and parent.
Step 3 – Punitive action taken by an administrator (no suspension from school).
Step 4 – Grades K-8 – more punitive actions taken
Step 5 – Student is reported by the school to the Truancy Program coordinator as being Truant.

Note: A student/parent conference with CWA can be required after Step 3. No student should be suspended from school for excessive tardies unless a conference with CWA has taken place.

Out of school suspension/Make up work: Louisiana Legislative Act 240 (2010) requires a student suspended from school be allowed to receive partial credit up to a maximum of 75% for work missed during the suspension. The make-up work must be completed in a timely manner and to the teacher's satisfaction.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

OUACHITA PARISH SCHOOL BOARD
CHILD NUTRITION SERVICES
DIET PRESCRIPTION FOR MEALS AT SCHOOL

Student's Name_____ Age_____

School_____ Grade/Classroom_____

Parent's Name_____ EMAIL: _____

Address _____ Telephone (_____)_____

(Street or P. O. Box)

City_____ State_____

Does the student have a disability that requires a special diet? Yes_____ No_____
If Yes, describe the major life activities affected by the disability.
(See back of form for further information.)

_____

If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

_____

Diet Prescription (Check all that apply.):

( ) Diabetic

( ) Food Allergy _____

( ) Hypoglycemic

( ) PKU

( ) Other_____

( ) Increased Calorie _____#kcal

( ) Reduced Calorie _____#kcal

( ) Texture Modification
Chopped____ Ground_____
Pureed_____ Liquified_____

( )Tube Feeding
Liquified Meal_____ Formula_____

Foods Omitted and Substitutions
(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. PLEASE attach additional information or instructions regarding the diet or allergens.)

Food Groups to Omit

( ) Meat and Meat Alternatives
( ) Bread and Cereal Products
( ) Milk and Milk Products
( ) Fruits and Vegetables

Specific Foods to Omit	Specific Foods to Substitute
_____	_____
_____	_____

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

Office Address_____ Office Telephone # (_____)_____

_____ _____

[1]Licensed Physician/Recognized Medical Authority Signature Date

[1]Signature of Licensed Physician or Licensed Nurse Practitioner required if the student is disabled.

Definition of Disability

Definitions

As used in this part, the term or phrase:

(l) ***Student with disabilities*** means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

(j) ***Physical or mental impairment*** means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

(k) ***Major life activities*** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

FINAL 11/06

KIROLI ELEMENTARY
2022-2023

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

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

Name of School:			Grade:	
Student's Name: Last		First		M.I.
Student's Date of Birth:	Sex: ☐ M ☐ F		State or Country of Birth:	
Student's Mailing Address:	City:		State:	Zip Code:
Student's Physical Address:	City:		State:	Zip Code:

Name of Mother or Legal Guardian:	Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	Employer:
Name of Father or Legal Guardian:	Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	Employer:

Name of child's pediatrician or primary care provider:

Names of medical specialists or special clinics caring for your child:

Parent or Legal Guardian Signature _____ Date _____

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

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

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

Name _____ Complete Phone Number ( )

My child has a medical, mental, or behavioral condition that may affect his/her school day: ☐ No ☐ Yes (If yes, please complete Part 2.)

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

☐ **ALLERGIES**

Allergy Type:

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

Reactions: (Date of last occurrence if yes.)

- ☐ Coughing (Date: _____)
- ☐ Difficulty breathing (Date: _____)
- ☐ Generalized swelling (Date: _____)
- ☐ Hives (Date: _____)
- ☐ Local swelling (Date: _____)
- ☐ Nausea (Date: _____)
- ☐ Rash (Date: _____)
- ☐ Wheezing (Date: _____)
- ☐ Other _____ (Date: _____)

Currently prescribed medications and treatments:

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

☐ **ASTHMA**

Triggers: ☐ Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ ☐ Other (list) _____

Does your child experience asthma symptoms with exercise? ☐ No ☐ Yes

Symptoms:

☐ Chest tightness, discomfort, or pain ☐ Difficulty breathing ☐ Coughing ☐ Wheezing ☐ Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____ Date of last emergency room visit related to asthma _____

Does your child have a written asthma management plan? ☐ No ☐ Yes

Is peak flow monitoring used? ☐ No ☐ Yes

Name: _____ DOB: _____

☐ DIABETES

Currently prescribed medications and treatments:

☐ Insulin: ☐ Syringe ☐ Pen ☐ Pump
☐ Blood sugar testing
☐ Glucagon
☐ Oral medication(s) List medication(s) _____

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

☐ SEIZURE DISORDER

Type of seizure:

☐ Absence (staring, unresponsive) ☐ Complex Partial ☐ Generalized Tonic-Clonic (Grand Mal/Convulsive)
☐ Other (explain) _____

Physical Education Restrictions: ☐ No ☐ Yes

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

Date of last seizure _____ Length of seizure _____

☐ OTHER HEALTH CONDITIONS

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

Physical Education Restrictions: ☐ No ☐ Yes (explain): _____

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

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): ☐ No ☐ Yes (explain): _____

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

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

☐ VISION CONDITIONS

☐ Contacts/glasses
☐ Other _____

☐ HEARING CONDITIONS

☐ Hearing aid(s)
☐ Other _____

☐ ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

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

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

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

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

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

_____ _____
School Nurse Signature Date

Notes:

RETURN COMPLETED FORM TO SCHOOL NURSE/HEALTH OFFICE AS SOON AS POSSIBLE

Medication Policy

I understand that I **cannot send any type of medication** – ***prescription or over the counter,*** **to school with my child**.

1. Over the counter medications include, but are not limited to, cough drops, eye drops, ear drops, Tylenol, antacids, etc.
2. If a student must take medication at school, the **parent** may **bring** the **medication and administer** it to the **child.**

Long-term Medications:

1. Parent or guardian **must meet with the School Nurse** before a school official may administer the medication.
2. The student must have **written orders from a physician** detailing the name, dosage, and time of administration on the proper medication order from.
3. Medication must be in a **current container** labeled by the pharmacy.
4. Pills should be in a numbered **blister pack.**
5. No more than a 35 - day supply will be accepted.

Replacing Long–term Medications:

1. The **parent or guardian must bring the medication to school.**
2. Students are not allowed to have any medication in their possession on the bus or at school except **doctor approved** emergency drugs such as an **inhaler or an Epipen**.
3. The **parent or guardian** must **sign the medication in** with the nurse or office personnel that have been certified to administer medication to students.

---------- Return Bottom Portion to Teacher----------

I have read, understood and will comply with the Ouachita Parish Medication Policy

Student Name _____ Grade _____

Teacher Name _____

Parent Signature _____ Date _____

Signature Page for 2022-2023

Parents, please mark all 6 statements, sign the bottom and return to your child's teacher.

Student's Name _____ Teacher's Name _____

Kiroli Handbook

I agree to support the policies outlined in the Kiroli Handbook which is available online: kiroli.opsb.net.

_____ Yes _____ No

Medication Policy

I have read the Ouachita Parish Medication Policy as stated in the handbook.

_____ Yes _____ No

Medical Emergency Treatment

I give permission for my child to ride in an ambulance or other vehicle to the nearest hospital and to seek emergency treatment at that hospital in case of an emergency.

_____ Yes _____ No

Permission for Field Trips

My child has permission to go on school sponsored field trips during school hours

_____ Yes _____ No

Published Student Information Release Form

I give permission for my child's name, photograph and/or works (art, written papers, voice, verbal statements, etc.) to appear on the school or school district's website or newspaper.

_____ Yes _____ No

Insurance

I was given Insurance information.

_____ Yes _____ No

*** Students who have not paid any school fees or owe for missing or damaged books will not be allowed at attend field trips.**

****Participation in end of year field trips/activities and out of parish trips may be determined on an individual basis.**

_____ _____

Parent/Legal Guardian (Print) Parent/Legal Guardian (Signature)

_____

Date

Louisiana Migrant Education Program

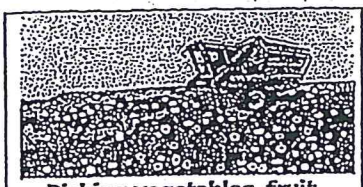
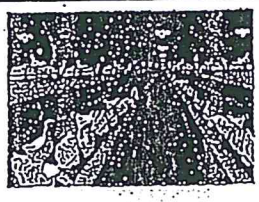
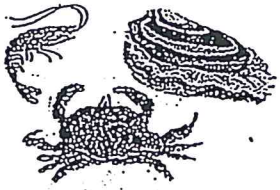
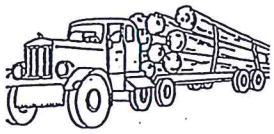
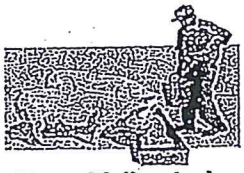
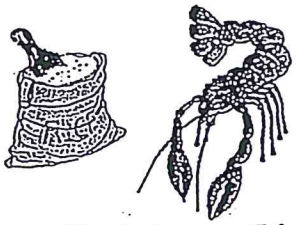
Family Search Form

School District: Ouachita 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 the following questions and return this form to your child's school.

Have you or another person in your home worked in agriculture or fishing in the past three (3) years?

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

 **Picking vegetables, fruit, pecans, hay, soybeans, sugarcane, sweet potatoes, etc.** ☐	 **Working in a poultry farm** ☐	 **Working in shrimping / crabbing / oysters / crawfish** ☐	 **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: _____ _____ _____ _____

Have your children moved/traveled across school district lines in the past three (3) years?

☐ **NO** ☐ **YES**

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

Phone Number: _____ Address: _____

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. The contact information above will be shared with staff of the Louisiana Migrant Education Program and they will contact the family if it is possible that their child(ren) will be eligible.

For School Use Only:

Please return completed forms to: Anthony Killian, Federal Programs Director Benita L. Mayfield, Migrant Ed. Program Coordinator

Phone: 318-432-5330 Fax: 318-432-5313

For updated 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: idr.team@louisiana-mep.org.

Form Updated 7-9-19

Louisiana Migrant Education Program

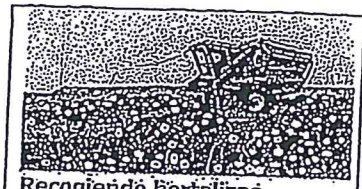
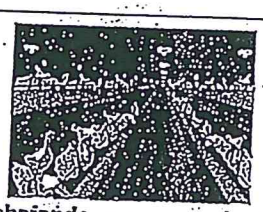
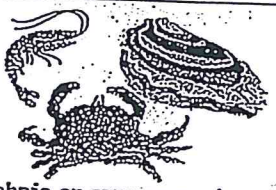
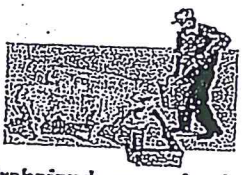
Family Search Form

School District: Ouachita Parish School: _____ School Year: _____

Para poder atender mejor las necesidades académicas de sus hijos, nuestro programa desea identificar a los estudiantes que pueden calificar para recibir **GRATIS** servicios educativos adicionales. **La información que proporcione solo se utilizará para fines del programa.** Responda las siguientes preguntas y envíe este formulario a la escuela de su hijo/a.

¿Ha trabajado usted u otra persona en su hogar en la agricultura o la pesca en los últimos tres (3) años?

☐ **NO** ☐ **SI** (Por favor, marque todos los que se aplican a continuación y complete la información de contacto)

 **Recogiendo hortalizas, frutas, pacanas, heno, soja, caña de azúcar, camotes, etc.** ☐	 **Trabajando en una granja de pollos (avícola)** ☐	 **Trabajo en camarones / cangrejos / ostras** ☐	 **Trabajando con madera, arboles.** ☐
 **Trabajando en un vivero de plantas, huerto, cultivo de árboles o cosecha** ☐	 **Trabajando con animales como ganado, cerdos, lagartos, grillos o tortugas.** ☐	 **Trabajando en fincas de arroz o cigalas.** ☐	Otros trabajos de agricultura o pesca? Por favor explique: _____ _____ _____ _____

¿Se han mudado / viajado sus hijos a través de las líneas del distrito escolar en los últimos tres (3) años?

☐ **NO** ☐ **SI**

Nombre del padre o encargado: _____ Cual es la mejor hora para contactarle: _____

Número de télefono: _____ Dirección: _____

El propósito de este formulario es ayudar al estado a determinar si los niños en esta familia son elegibles para el Programa de Educación para Migrantes de Louisiana. La información de contacto anterior se compartirá con el personal del Programa de Educación para Migrantes de Louisiana y se comunicarán con la familia si es posible que sus hijos sean elegibles.

Para uso escolar solamente (School Use Only):

Please return completed forms to: Anthony Killian, Federal Programs Director Benita L. Mayfield, Migrant Ed. Program Coordinator

Phone: 318-432-5330 Fax: 318-432-5313

For updated 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: idr.team@louisiana-mep.org.

OUACHITA PARISH SCHOOLS
Building Bridges to the Future

Primary/Home Language Survey for All New Incoming Students

Parents or guardians of ALL new incoming students K-12 should complete this survey. This form is only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

Student Information:

First Name: _____ Date of Birth: _____

Last Name: _____ Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

The answers to the above questions will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them.

Has your child received ESL/EL services previously? Yes No

In what language would you prefer to receive information from the school? _____

_____

Parent's or Guardian's Signature Date

Updated 07/2021

OUACHITA PARISH SCHOOLS
Building Bridges to the Future

Encuesta sobre el idioma nativo/materno para todos los nuevos estudiantes entrantes

Los padres o tutores de TODOS los nuevos estudiantes entrantes K-12 deben completar esta encuesta. Este formulario es solo para determinar si el estudiante necesita servicios para estudiantes de inglés y esta información no se utilizará para asuntos de inmigración ni se informará a las autoridades de inmigración.

Información del estudiante:

Nombre: _____ Fecha de nacimiento: _____

Apellido: _____ Fecha de ingreso a la escuela en EE. UU.: _____

Preguntas para padres o tutores	Respuesta
¿Cuáles son el/los idioma/s más comunes que se hablan en su casa?	
¿Qué idioma aprendió primero su hijo?	
¿Qué idioma usa su hijo con más frecuencia en casa?	
¿En qué idioma le habla más a menudo a su hijo?	
¿Qué idioma usa su hijo con sus amigos?	

Las respuestas a las preguntas anteriores nos dirán si se debe evaluar el dominio del inglés de un estudiante y nos ayudarán a garantizar que se le ofrezcan oportunidades importantes a fin de recibir programas y servicios a los estudiantes que los necesiten.

¿Ha recibido su hijo servicios de ESL/EL anteriormente? Sí. No.

¿En qué idioma preferiría recibir información de la escuela? _____

_____

Firma del padre o tutor Fecha

DEPARTMENT of EDUCATION
Louisiana Believes

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 Unaccompanied Youth: ☐ YES ☐ NO

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