

St. Landry Parish Schools

NEW STUDENT PACKET

School Registration

School	Magnet Academy For Cultural Arts	Date	
SID	(filled out by school)	Teacher	(filled out by school)
Method of Transportation		Bus #	(filled out by school)

Student Information

Social Security or ID assigned by Previous
LA District

Birth Certificate #

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

First Name _____

Middle Name _____

Sex _____ Grade _____

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

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

Language spoken at home _____

Language first acquired by student _____

Language most often spoken by student _____

Birth Date _____ Place of Birth _____

Month Day Year

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

Address Information

Physical Address _____

Apt. # _____ Apt. Complex _____ House # _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Home Telephone _____

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

Guardian Information

Father or Legal Guardian 1

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Street _____ Apt. # _____

City _____ Zip Code _____

Phone:

Home # _____ Work # _____ Cell # _____

Email _____

Mother or Legal Guardian 2

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Street: _____ Apt. # _____

City: _____ Zip Code _____

Phone:

Home # _____ Work # _____ Cell # _____

Email _____

Medical Information

Emergency Contact 1

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Emergency Contact 2

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Preferred Hospital _____ Physician _____

Allergies _____ Physical Handicaps _____ Telephone _____

Additional Information

Please check any special education services your child has ever received

☐ Speech ☐ Special Education ☐ 504 ☐ Gifted Talented ☐ Other, please list

Has this student ever attended school in St. Landry Parish School System? _____

If yes, where? _____

Elementary aged students: Check all programs attended:

☐ Play School ☐ Nursery School ☐ Pre-Kindergarten ☐ Kindergarten ☐ Headstart

Incoming Kindergarteners: Check all programs attended: ☐ Home (no Pre-K) ☐ Tribal Schools

☐ Public School Pre-K ☐ NonPublic Pre-K ☐ Licensed Childcare ☐ Head Start Programs

Please list the schools with the grades the student has attended

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

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



Louisiana Student Residency Questionnaire

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: **ST. LANDRY PARISH** School Name: _____

Student Name: _____ ID#: _____ Gender: Male / Female

Address: _____ Phone: _____

Last School Attended: _____ Current Grade: _____ Date of Birth: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

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

1. ☐ YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 11 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 Within the past 6 months, we worried whether our food would run out before we got money to buy more.

6. ☐ YES ☐ NO Within the past 6 months, the food we bought just didn't last, and we didn't have money to get more.

7. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?

8. Would you like assistance with uniforms, student records, school supplies, transportation, other?

(Describe): _____

9. ☐ 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?

10. ☐ 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 _____

11. 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:

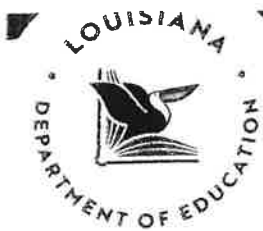
☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO

☐ Sent Resources or made contact with POC for food insecurity

School Use Only:

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

Revised 07/2026



Confidential Referral Form

TITLE VII, SUBPART B MCKINNEY - VENTO Homeless Assistance Act, as Reauthorized by TITLE IX, PART A OF ESSA

• • • • •

LEA: ST. LANDRY PARISH School Year: 2026-2027 Date: _____

Student Name: _____ School: _____

Parent/Guardian: _____ ID#: _____ IEP: _____ YES _____ NO

Gender (M / F) Race: _____ DOB: _____ Age: _____ Grade: _____ Phone Number: _____

Temporary Address: _____ City: _____ Zip: _____

Referring Person: _____ Position: _____

Reason for referral: Problems listed below often prevent homeless children and youths from attending school. Please check all areas of concern which apply to the student identified above.

- ☐ School of origin: Yes _____ No _____
- ☐ Student lacks a permanent residence
- ☐ Student is unable to pay school fees
- ☐ Immunizations are needed
- ☐ Birth certificate is needed
- ☐ Excessive absences are a problem
- ☐ Lacks academic records and/or documentation
- ☐ Academic problems indicate a need for tutoring
- ☐ School supplies are needed
- ☐ Transportation to school is a problem
- ☐ Student/family needs assistance accessing community resources
- ☐ Behavior indicates a need for mental health counseling
- ☐ School clothes are needed (Sizes: Shirt _____ Pants _____)
- ☐ Shoes _____ Other _____)
- ☐ Free lunch form needed
- ☐ Health problems are indicated
- ☐ Need Health Insurance (LA CHIP/Medical Card)
- ☐ Guardianship is a problem
- ☐ IDEA (gifted, talented, disabilities) services needed
- ☐ LEP/EL services needed
- ☐ Migrant services needed
- ☐ Need SNAP benefits (food stamps)
- ☐ Early childhood services or Higher Ed Services

COMMENTS: _____

Check all that apply:

- ☐ (1) Sheltered
- ☐ (2) Doubled-Up
- ☐ (3) Unsheltered/FEMA/ Substandard
- ☐ (4) Hotel/Motel

Unaccompanied Youth: Yes ____ No ____

- ☐ 01 - Mortgage Foreclosure
- ☐ 02 - Flooding
- ☐ 03 - Hurricane
- ☐ 04 - Tropical Storm
- ☐ 05 - Tornado
- ☐ 06 - Wildfire or Fire
- ☐ 07 - Man-made Disaster (Major)
- ☐ 08 - Eviction
- ☐ 09 Unemployment/ Loss of Job
- ☐ 10 - Domestic Violence
- ☐ 11 - Illness
- ☐ 12 - Financial Hardships
- ☐ 13 - Lack of Affordable Housing
- ☐ 14 - Unaccompanied Youth
- ☐ 15 - Incarceration of Parent/ Guardian
- ☐ 16 - Unsafe Living Conditions

Other Children in Home: _____

School Personnel Signature _____

Date _____

Homeless Liaison Signature _____

Date _____

**LIAISON'S SIGNATURE INDICATES STUDENT(S) MEETS TITLE IX, PART A REQUIREMENTS*

Copy Sent to District Homeless Liaison

Copy Placed in Student's Cumulative Record
(Revised 07/2026)

RELEASE FORM FOR PUBLICATIONS, VIDEO, AND ELECTRONIC DISPLAY OF STUDENT WORK

St. Landry Parish School System

Publications, Video, Internet Consent and Release Agreement

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

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

AGREEMENT

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

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

Student and Parent/Guardian understand that:

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

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

Effective Date if Agreement	
STUDENT'S Name (Please Print)	
PARENT/GUARDIAN NAME (Please Print)	
PARENT/GUARDIAN Signature	

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



MAGNET ACADEMY FOR CULTURAL ARTS

CONSENT FORM

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

If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)¹ and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR), LDE, and OTS 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 and to **monitor your child's TOPS eligibility status** by having an account on the LOSFA Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- 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 the Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- LOSFA to **make TOPS and other aid payments**.
- The Institution(s) to process his/her application for admission.

The data **which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes includes:**

- 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).

If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.

I CONSENT

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

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 until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

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 I may provide consent at a later date by completing the consent portion of this form above and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

¹ LDE and OTS will not have access to students' personally identifiable information to facilitate this process.
FORM 837 - Revised 2-28-18

Magnet Academy for Cultural Arts

1100 East Leo Street - Opelousas, LA 70570 - Sandra Castille, Principal

CHECK-OUT BEFORE DISMISSAL: 2026 – 2027 SCHOOL YEAR

My student, , has been granted permission to be checked out by one of the individuals listed below when I cannot be personally present to sign him/her out.

ONLY THOSE PERSONS LISTED BELOW WILL BE ALLOWED TO CHECK OUT STUDENT

NAME	PHONE#	RELATIONSHIP TO STUDENT

PARENT/GUARDIAN INFORMATION

MOTHER	CELL #	WORK #
FATHER	CELL#	WORK#

Parent/Guardian Signature: _____

Date: _____

ST. LANDRY PARISH SCHOOLS BUS SERVICE REQUEST

Complete One Per Student
2026 – 2027 School Year

Student's Name: _____.

I, (parent/guardian's name) _____, DO () ** DO NOT() want bus service for my child for the 2026-27 school year. If you **DO NOT** want bus service for your child, please enter your name and your child's name on the lines above, sign on the signature line below*, and return this form to your child's school. If you **DO WANT** bus service for your child, please enter ALL requested information on this form and return to your child's school immediately. If a child does not need transportation in the morning or evening because of car pooling or other arrangements, please indicate so by writing "no ride" in the morning or evening box.

Parent/Guardian Signature* Sign Here_____
Today's Date

Student's School for 2026 - 2027: _____ Student's Grade for 2026-2027: _____

Parent/Guardian's Name: _____

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

City: _____ Zip: _____

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE PICKED UP IN THE MORNING (NO P.O. BOXES):**ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE DROPPED OFF IN THE EVENING (NO P.O. BOXES):**

If No Ride in AM or PM please place "No Ride" on appropriate Line. No response means student will be dropped at same location as picked up.

Home Phone Number: _____

Work Phone Number of Mother: _____ Cell #: _____

Work Phone Number of Father: _____ Cell#: _____

Other Emergency Names and Phone Numbers: _____

If your child receives Special Education services, does your child's I.E.P. indicate special transportation services be provided? ☐ Yes ☐ NO

Does your child require a 5-point harness while riding the bus? ☐ Yes ☐ No
 Thanks in Advance for your assistance. Please Allow 2-3 Business Days

***Complete only if your child is currently participating in School Choice or will be participating in School Choice.

Is your child currently participating in School Choice? ☐ Yes ☐ NoDo you plan on utilizing school choice this year? ☐ Yes ☐ No

What school is your child zoned for? _____

Which school of choice is/will your child be attending? _____

6

MAGNET ACADEMY FOR CULTURAL ARTS
TITLE I Parent-Student-Teacher Compact



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 Responsibilities:

- Create a welcoming and positive learning environment for students and parents.
- Seek ways to involve parents in activities that promote student achievement.
- Have high expectations for myself, my student and the school.
- Frequently assess students and provide ongoing feedback to students and parents on how the student is progressing academically.
- Help each student grow to his/her fullest potential.
- Actively and consistently work toward the goal of achieving excellence in our school.
- Respect the students, their parents and the diverse cultures of the school.

Parent/Guardian Responsibilities:

- Make sure that my child is on time and attends school regularly.
- Establish a time and place for homework and check it on a consistent basis.
- Attend Title I family nights, look at school work, and have ongoing communication with my child's school and teacher.
- Use social media wisely, monitor and limit my child's use of social media platforms.
- Reinforce all school rules and regulations and require appropriate behavior of my child while at school, home and play.
- Have high expectations for my child as an individual.
- Encourage my child's efforts and be available for questions, meetings, and conferences.

Student Responsibilities:

- Come to school on time each day ready to learn and do my best.
- Bring required materials to class.
- Know and obey all school rules and procedures.
- Maintain appropriate behavior at school, on bus, at home, and at play.
- Stay attentive and actively participate in classroom activities.
- Give my parents (or the adult who is responsible for me) all papers and information sent home with me from the school.
- Complete my class work/homework and ask for help when I don't understand.
- Respect and cooperate with other students and adults.
- Be a positive role model for other students.
- Believe that I can learn and I will learn.

(Signature of Principal)

(Signature of Parent/Guardian)

(Signature of Student)

(Signature of Teacher)

(Date)

(Date)

(Date)

For PAC Use Only	Coordinator		Case #		State ID#		SER Initials	
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**St. Landry Parish- Pupil Appraisal Center
Child Identification (Child ID)**

Student Name:	First:	Middle:	Last:
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Physical Address:	Street	City	State	Zip
Mailing Address: (if different)	Street	City	State	Zip

DOB:		Race:		Gender:	
Age in Years:		Months:		Primary Language:	

Head of Household:	☐ Father	☐ Mother	☐ Grandparent	☐ Foster	☐ Other
Father:					
	First	Middle	Last		
Mother:					
	First	Middle	Last		
Guardian:					
	First	Middle	Last		
Home Phone:			Work Phone:		

Emergency Contact Name:		Phone #:		Relationship:	
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School:		Teacher:		Grade:		Referred by:	
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SPECIFY CONCERNS:	
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Reason for Referral:	☐ Initial Evaluation ☐ Mandatory Reevaluation ☐ Results of Manifestation Determination ☐ Significant Change of Placement ☐ Court Decision/Due Process Hearing Decision	☐ Declassification ☐ New Concern ☐ Talented ☐ Preschool Testing
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Complete for Re-evaluation Only

Exceptionality:		Date of Last Evaluation:	
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Transferring Student Information (Please complete bottom portion of form when receiving a transfer student)

Transferring School:		Phone Number:		Grade:		Address:	
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Did the student receive any of the following services at their previous school?		Please email completed form to ChildID@slpsb.org
☐ Special Education Services/Resource/Related Services		
☐ 504 Plan		

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 _____ Last Name _____

Date of birth _____ Country of birth _____

US Entry Date _____ Date first entered a US school _____

Name of School Magnet Academy For Cultural Arts Current Grade _____

Questions for Parents or Guardians: The answers to these 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.

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? _____

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

***For office use only: If a language other than English is indicated in any of the above questions please proceed with the family interview in order to gather more information about the language background of the student.**



Louisiana Migrant Education Program

Family Search Form

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

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?

☐ YES ☐ NO

If **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 / 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 with you for work (1) across parish lines, (2) to or from another state, or (3) from another country in the past 3 years? This includes overnight or extended trips, at any time of the year, including summer, to do shrimping, crabbing, oyster fishing, or agricultural work.

☐ YES ☐ NO If **YES**, please give the date of your last move: _____

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.

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

For Spanish or Vietnamese search forms, please visit: [Resources for School Districts — Louisiana Migrant Education Program](#). For any further questions, please reach out to the Louisiana Migrant Education Program Identification & Recruitment Team at: ldr.team@louisiana-mep.org.

ST. LANDRY PARISH SCHOOLS IMMUNIZATION REQUIREMENTS

Under Louisiana State Law (R. S. 17:170) all students are required to have proof of immunization or history of disease documented by a medical professional (e.g. doctor, nurse practitioner, health unit). We must have an up-to-date copy of your child's immunizations before school starts.

REQUIRED VACCINATIONS FOR ENTRY INTO DAYCARE AND SCHOOLS							
Daycares/Early Learning		Grade K-12 Schools			Post-Secondary Schools		
Vaccinations	Doses	Grades	Vaccinations	Doses	Vaccinations	Doses	
Child must be up to date on vaccinations for their age (see recommendations listed above) according to a valid immunization record		Starting at Kindergarten ^[1] and all subsequent grades thereafter	DTaP ^[2]	5	MMR	2	
			HepA	2	Tdap	1	
			HepB	3	MenACWY	2 doses, or 1 dose if 1 st dose administered on or after age 16	
			IPV ^[3]	4			
			MMR	2			
			VAR	2			
		Starting at 6 th grade and all subsequent grades thereafter	Tdap	1			
			MenACWY	1			
		Starting at 11 th grade and all subsequent grades thereafter	MenACWY	Second Dose			

[1] Entry requirement exception for students who are 4 years of age when entering kindergarten at start of school year. To attend kindergarten in Louisiana, students must be 5 years old by September 30 each school year. Therefore, there are instances where a student is still 4 years old when entering kindergarten. In these instances, the 4-year-old student may be admitted into kindergarten so long as a parent/guardian presents a record indicating that the student is in progress of receiving the required vaccinations. In these instances, follow-up from school staff must be provided for compliance with the above requirements.

[2] Those students who received their 4th dose of DTaP at age 4 or older do not need a 5th dose on record.

[3] Those students who received their 3rd dose of IPV at age 4 or older do not need a 4th dose on record.

Note: Students may participate in school without the required immunizations listed above if a written statement of exemption is presented by a physician, the individual, or the individual's parent/guardian.

IMPORTANT

The Department of Health and Hospitals requires us to use the Louisiana Immunization Network for Kids Statewide (LINKS) web application to record and report all student immunizations. Please note any immunization given too early or out-of-sequence will be identified as invalid by LINKS and will need to be repeated. If your child's physician chooses not to repeat the said dose, documentation from the physician is required by the Department of Health and Hospitals to include in our records. Please contact your child's school to speak with a school nurse if you have any questions regarding immunizations.

Students in Louisiana schools can attend without the required immunizations, as per the guidelines set by the Louisiana Board of Elementary and Secondary Education. However, parents or guardians must fulfill specific conditions to obtain this exemption. They can provide: 1.) A written statement from a physician indicating that immunization is contraindicated for medical reasons; or 2.) Writing dissent from the parent/guardian. The necessary form for this exemption can be accessed at <https://www.louisianabelieves.com/docs/default-source/early-childhood/statement-of-exemption-from-immunizations.pdf>. **It is important to remember that the exemption form needs to be renewed annually and submitted to your child's school.**

Thank You,

St. Landry Parish Nursing and School Health Department

March 2025



LOUISIANA DEPARTMENT OF EDUCATION
SUPERINTENDENT OF EDUCATION DR. CADE BRUMLEY

STATEMENT OF DISSENT FROM IMMUNIZATIONS

UNDER THE LOUISIANA REVISED STATUTES 17:170 SEC. (E), I _____,
PARENT/GUARDIAN OF _____, AM PRESENTING THIS STATEMENT OF WRITTEN
DISSENT FROM PROVIDING EVIDENCE THAT SAID STUDENT HAS IMMUNITY TO OR IMMUNIZATION
AGAINST VACCINE-PREVENTABLE DISEASES.

I UNDERSTAND THAT IN THE EVENT OF AN OUTBREAK OF A VACCINE-PREVENTABLE DISEASE AT THE
LOCATION OF THE EDUCATIONAL INSTITUTION OR FACILITY THE STUDENT ATTENDS, THE
ADMINISTRATORS OF THE EDUCATIONAL INSTITUTION OR FACILITY, UPON THE RECOMMENDATION OF
THE OFFICE OF PUBLIC HEALTH, MAY EXCLUDE THE STUDENT FROM ATTENDANCE UNTIL THE
INCUBATION PERIOD HAS EXPIRED OR I PRESENT EVIDENCE OF IMMUNIZATION.

NAME OF SCHOOL

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF AUTHORIZED DISTRICT OR SCHOOL REPRESENTATIVE

DATE

Louisiana Parental Notice for One-time Consent to Allow the School District To Access Louisiana Medicaid Benefits

School District Name: St. Landry Parish School Board

Dear Parent/Guardian:

The purpose of this letter is to ask you for your permission (also known as consent) to share information about your child with the Louisiana Department of Health Medicaid program. Schools in Louisiana have been approved to receive partial reimbursement from Louisiana Medicaid for the cost of certain health-related services provided by the district to your child. In order for your child's school to get back some of the money spent on services, the school district needs to share with Louisiana Medicaid the following types of information about your child: name; date of birth; gender; type of services provided, when and by whom; diagnosis (if any) and Louisiana Medicaid ID. If your child is eligible to receive services to meet his/her needs, the services may be provided by the school system and/or you may take your child to another provider that accepts Medicaid.

With your permission, the school district will be able to seek partial reimbursement for services provided by Louisiana Medicaid including, among others, a hearing test or eye exam; occupational or speech or physical therapy; some school nurse visits; and counseling services. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share information about your child with Louisiana Medicaid without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for Louisiana Medicaid in order for your child to receive the health related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services.
3. If you give the school district permission to share information with and request reimbursement from Louisiana Medicaid:
 - a. This will not affect your child's available lifetime coverage or other Louisiana Medicaid; nor will it in any way limit your own family's use of Louisiana Medicaid benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's Louisiana Medicaid rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with Louisiana Medicaid for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission for the school district to share with Louisiana Department of Health (LDH) records and information concerning my child and their health-related services, as necessary. I understand that this will help my child's school seek partial reimbursement for Louisiana Medicaid covered services.

☐ My Child does not have Medicaid.

Child's Name

Parent/Guardian Name

Child's Date of Birth

Parent/Guardian Signature

Date

Office Use:

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 ☐ F ☐	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: ☐ No ☐ Yes (If yes, please complete Part 2)

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

☐ **ALLERGIES**

Allergy Type:

- ☐ Food (list food(s)) _____

☐ Insect sting (list insect(s)) _____

☐ Other (list) _____

☐ Medication (list medication(s)) _____

Reactions- Date of last occurrence:

- ☐ Coughing Date: _____

☐ Difficulty breathing: _____

☐ Hives Date: _____

☐ Swelling Date: _____

☐ Nausea Date: _____

☐ Wheezing Date: _____

☐ Rash Date: _____

☐ Other _____

Currently prescribed medications and treatments:

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

☐ ASTHMA

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

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

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

☐ Other _____

Currently prescribed medications and treatments: _____

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

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

☐ DIABETES

Currently prescribed medications and treatments: ☐ Insulin ☐ Syringe ☐ Pen ☐ Pump

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

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

☐ SEIZURE DISORDER

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

☐ Complex Partial ☐ Other (explain) _____

☐ Physical Education Restrictions: ☐ No ☐ Yes

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

Date of last seizure _____ Length of seizure _____

☐ OTHER HEALTH CONDITIONS

Chicken Pox: **Date of disease:** _____

☐ Anemia ☐ Digestive disorders ☐ Sickle Cell Disease

☐ ADD/ADHD ☐ Psychological ☐ Skin disorders

☐ Cancer ☐ Juvenile Rheumatoid Arthritis ☐ Speech problems

☐ Cerebral Palsy ☐ Hemophilia ☐ Other (explain) _____

☐ Cystic Fibrosis ☐ Heart condition

☐ Depression ☐ Physical disability

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

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

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

☐ No ☐ Yes (explain): _____

☐ VISION CONDITIONS _____ ☐ Contacts/glasses ☐ Other: _____

☐ HEARING CONDITIONS _____ ☐ Hearing aid(s) ☐ Other: _____

ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

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

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

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

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

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

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

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

Nurse Notes:

School Nurse Signature

Date

HIPAA POLICY

NOTICE OF USE OF PERSONAL HEALTH INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ST. LANDRY PARISH SCHOOL BOARD

Dear Parent,

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

Thank you,

St. Landry Parish School Nurses

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

Parent's Signature

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

_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher

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

St. Landry Parish School Board

1013 East Creswell Lane

P.O. Box 310

Opelousas, LA 70571

Phone: 337-948-3657

www.slp.k12.la.us



Dear Parent(s)/Guardian(s),

In our continuing efforts to support the well-being of all of our students, we will be administering a universal assessment of social, emotional, and behavioral health. The assessment consists of a brief rating scale that is going to be completed by the homeroom or classroom teachers. This information will help us to understand the needs of all of our students and to make effective plans at the whole school, class, and individual level. Screening results will be kept confidential and in a location that is separate from your child's academic records. If the screening results identify any areas of concern for your child, this information will be shared with you as well as any recommendations for addressing these concerns.

We are always working to support the needs of our school community, including school-wide programs such as positive behavioral interventions and supports and social-emotional learning. It is important that your child feel that academic learning is their primary focus at school, and that the adults they work with each day are doing all they can to create a safe and supportive environment. If you have any questions about the screening process, please review the frequently asked questions document attached to this form and/or contact your child's school.

Sincerely,
Mrs. Alvado C. Willis
Director of Special Education
St. Landry Parish School Board
(337) 948-3646

I have read and understand the use of the social, emotional, and behavioral screening offered by the St. Landry Parish School System.

_____ I give permission for my child to participate in the social, emotional, and behavioral screening process.

_____ I do not want my child to participate in the social, emotional, and behavioral screening process. I understand that my child will not be included in the school-wide assessments.

Student's Name (Print)

Parent Signature

Date

All students enrolled in public schools in Louisiana are afforded protection of student's records under the Family Education Rights to Privacy Act (FERPA) and La. R. S. 17:3914. Every public school district is required to implement processes to protect the privacy of personally identifiable student information and restrict sharing of that information. LEAs are only able to share personally identifiable information about students with others as long as the data sharing meets one of the law's limited exceptions as described in the Policy Guidance. In accordance with the legislation, LEAs: (1) are prohibited from requiring the collection of non-academic data about students such as political affiliation and religious practices; (2) are permitted to share personally identifiable information under specific circumstances (e.g. LEA officials with a legitimate educational interest; specified officials for audit or evaluation purposes; to appropriate officials in cases of health and safety emergencies.) (3) are prohibited from allowing anyone to access student information that is stored by schools or LEAs except authorized stakeholders such as parents, teachers, principals, superintendents, or a person authorized by the state to audit student records.

"An Equal Opportunity Employer"

Frequently Asked Questions

What is universal social, emotional, and behavioral (SEB) screening?

How students engage socially and emotionally with their peers, teachers, and their school impacts learning and long-term success in life. Schools are teaching and creating contexts that promote social and emotional skills and wellness for all students. Across all content areas, teachers use assessments to determine the strengths and weaknesses of their students so they can plan how to best teach and support them. Just as students participate in screenings for vision, physical health, reading, and other academic areas, SEB screening provides an indicator of whether a student's SEB health is on track or if there might be a problem. Screening is a proactive approach in that it provides important information to ensure help is provided before little problems become big ones. In our district, teachers will rate students on a short list of items two to three times per year.

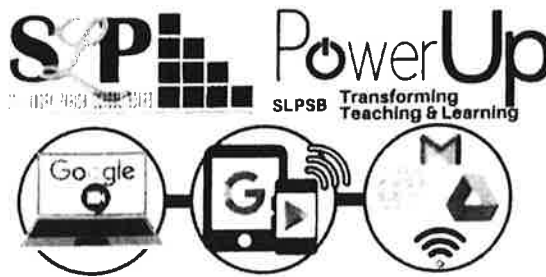
What universal SEB screener will be used and what does it measure?

The Student Risk Screening Scale-Internalizing and Externalizing (SRSS-IE) will be utilized by the district. Internalizing behaviors refer to an individual's emotional state (e.g. sad; anxious), while externalizing behaviors refer to the behaviors that we can see (e.g. aggression; stealing). The SRSS-IE is one tool that school staff can use to identify areas of need within a classroom, a school, and the district as a whole.

How will the results of the screening be used?

The SRSS-IE is conducted to better inform instruction. It is not used to exclude students from the instructional environment. Rather, it is used to select appropriate supports for students. The SRSS is not used independently to determine special education eligibility or make other high stakes decisions. The SRSS-IE, like all universal screening tools, is not used to label students. It is only used as one of multiple data sources to indicate student risk. All screening information will be kept private in a safe and secure location.

The screening results allow educators to assess how well school systems and practices are meeting all students' social and behavioral needs. Student scores help school staff to identify students who may need additional support. Schools want the best possible outcomes for all students. To accomplish this, schools provide supports to students early based on each student's need. Collecting information with the SRSS-IE helps schools to allocate resources so students can be successful with social behavior, which improves opportunities for academic success. The screening data will be used in conjunction with other data collected as part of regular school practices to examine the overall risk in a school, inform teacher-level interventions to support increased engagement in instruction (e.g., incorporating the use of simple, effective strategies such as instructional choice and increasing students' opportunities to participate in instruction), as well as to offer students extra assistance as needed (with parent permission).



DEVICE AGREEMENT

(School District Provided Technology Device From)
St. Landry Parish School Board

- ✓ An annual technology fee of \$5.00 will apply.
- ✓ Students may not alter the Chromebook/laptop or charging equipment, in any way. For example, students may not write on or place stickers on any of the St. Landry Parish School Board equipment.
- ✓ The Chromebook/laptop and charger are the property of St. Landry Parish School Board and are provided to the student for educational purposes only for the academic school year. The student may not deface or destroy this property in any way. Inappropriate use of the Chromebook/laptop and/or internet may result in the student losing his or her right to use the Chromebook/laptop. The equipment must be returned when requested by the St. Landry Parish School Board, or if the student withdraws from a St. Landry Parish School prior to the end of the school year.
- ✓ The Chromebook/laptop may be used by the student only for non-commercial purposes, in accordance with the district's policies, rules, and the district's Acceptable Use Policy, as well as, local, state, and federal statutes.
- ✓ One user with specific privileges and capabilities has been set up on the Chromebook/laptop for the exclusive use of the student to which the device has been assigned. The student may not change or allow others to change the privileges and capabilities of the user's account.
- ✓ The Chromebook/laptop has identification on it indicating that it is the property of the St. Landry Parish School Board. That identification should not be altered, removed, or modified in any way.
- ✓ The student acknowledges and agrees that the student's use of the Chromebook/laptop is a privilege and that by the student's agreement to the terms hereof, the student acknowledges the student's responsibility to protect and safeguard the Chromebook/laptop and to return it in the same excellent condition that it was received.
- ✓ In the event that the Chromebook/laptop is damaged, the parent/guardian is responsible for the cost to replace said equipment. The cost of the Chromebook is \$250.00. Some district issued laptops (specialized courses) have a replacement cost of \$2,000.
- ✓ In the event that the Chromebook/laptop and/or related equipment is lost or stolen, the parent is responsible for the cost of replacing said equipment. The district has the ability to disable the Chromebook/laptop. In the event of theft or loss, it is very important to notify a school administrator immediately.

Parent/Guardian Responsibilities

Your child has been issued technology equipment owned by the St. Landry Parish School Board to improve and personalize his or her education. It is essential that the following guidelines be followed to ensure the safe, secure, and ethical use of the technology equipment. Therefore I agree to:

- ✓ supervise my child's use of the technology equipment at home.
- ✓ discuss my family's expectations regarding the use of the Internet at home.
- ✓ supervise my child's use of the Internet.
- ✓ not attempt to repair the Chromebook/laptop or clean it with anything other than a soft, dry cloth. Do not use window cleaner or any other liquid cleaner to clean the Chromebook/laptop.
- ✓ report, to the school, any problems with the Chromebook/laptop.
- ✓ not allow my child to leave the Chromebook/laptop in a vehicle.
- ✓ ensure my child recharges the battery each night.
- ✓ return the technology equipment to school when requested or upon my child's withdraw from the St. Landry Parish School Board school.
- ✓ reimburse the St. Landry Parish School Board for the cost of replacement of lost, damaged, or stolen technology equipment. The cost to replace the Chromebook is \$250.00, and laptop cost is \$2,000.

☐ I understand that if my child damages and/or loses the equipment, he/she will only be able to use a school issued device at school and will not be allowed to take the device home.

Student Responsibilities

Your Chromebook/laptop is an important learning tool and is to be used for educational purposes only. In order to use this technology equipment, you must be willing to accept the following responsibilities. Therefore I agree to:

- ✓ School District, including the Student Code of Conduct and Acceptable Use Policy, and abide by all local, state, and federal laws
- ✓ treat the Chromebook/laptop with care by not dropping it, getting it wet, leaving it outdoors, or using it with food or drink nearby
- ✓ no writing, drawing, placing stickers or labels on the Chromebook/laptop
- ✓ not lend the Chromebook/laptop anyone, not even my friends or siblings
- ✓ not giving personal information when using my Chromebook/laptop
- ✓ use email or any other computer communication for appropriate, legitimate, and responsible communication
- ✓ keep all accounts and passwords assigned to me secure, and not share these with any other person
- ✓ not attempt to repair or alter the Chromebook/laptop in any way
- ✓ not leave the Chromebook/laptop in a vehicle
- ✓ recharge the Chromebook/laptop every night
- ✓ return the Chromebook/laptop when requested or upon my withdrawal from a St. Landry Parish school
- ✓ provide the Chromebook/laptop as requested by any St. Landry School Board staff member to be inspected at any time.
- ✓ not take photographs or video of other people with the Chromebook/laptop except for if required for an educational assignment.

If damage occurs to this equipment, district administration will review the incident. If deemed negligent damage has occurred, the student/parent will be required to pay for the replacement equipment.

By signing, I hereby acknowledge I have read, understand and agree to accept responsibility for the equipment provided to my child.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Student Name: _____ Grade: _____

☐ CHROMEBOOK ☐ LAPTOP

Date Issued: _____ Issued Condition: _____

Date Returned: _____ Return Condition: _____

Serial Numbers: ChromeBook/Laptop _____

Tag Number: _____ Issued By: _____