



ST. LANDRY PARISH SCHOOLS

Information Needed for Registration

Prospective **Kindergarten** students must be **five** years old by September 30, 2026. Prospective **Pre-Kindergarten** students must be **four** years old by September 30, 2026. All students must have the following documentation to submit a completed registration packet.

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

Documents must include:

And at least 2 of the following:

- o Entergy, Cleco, or Slemco bill; Cable TV / Satellite bill; Telephone bill (land line) or Tax Assessor's bill
 - o **Original, current** Medical/Medicare or social security insurance card
 - o **Original** Homestead Exemption
 - o **Original** mortgage or **original** lease agreement/rental contract on company letterhead (if utilities are included in the rental fee, you must provide a bill showing the name and address)
- Pre-Kindergarten spaces are limited and applications will be processed on a first come, first served basis.
 - **Families who wish to apply for Pre-Kindergarten must provide proof of family income for an application to be considered.**
 - Proof of income may include one of the following:
 - o Two consecutive check stubs for EACH PARENT or CAREGIVER in the household for current year.
 - o An official letter from your employer stating all of the following
 - Where parent/guardian is employed
 - Hourly rate of pay
 - The average number of hour(s) parent/guardian works per week.
 - o SNAP/Food Stamps: must include the child's name and valid effective dates.
 - o A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current check stubs.
 - o Current foster care placement agreement from DCFS.
 - o Parents who are unemployed must submit a letter of support and income documentation from support source.

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

St. Landry Parish Schools

School Registration

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

Student Information

Social Security or ID assigned by Previous
LA District

Birth Certificate #

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

First Name _____

Middle Name _____

Sex _____ Grade _____

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

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

Language spoken at home _____

Language first acquired by student _____

Language most often spoken by student _____

Birth Date _____ Place of Birth _____

Month Day Year

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

Address Information

Physical Address _____

Apt. # _____ Apt. Complex _____ House # _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Home Telephone _____

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

Guardian Information

Father or Legal Guardian 1

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Street _____ Apt. # _____

City _____ Zip Code _____

Phone:

Home # _____ Work # _____ Cell # _____

Email _____

Mother or Legal Guardian 2

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Street: _____ Apt. # _____

City: _____ Zip Code _____

Phone:

Home # _____ Work # _____ Cell # _____

Email _____

Medical Information

Emergency Contact 1

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Emergency Contact 2

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Preferred Hospital _____ Physician _____

Allergies _____ Physical Handicaps _____ Telephone _____

Additional Information

Please check any special education services your child has ever received

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

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

If yes, where? _____

Elementary aged students: Check all programs attended:

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

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

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

Please list the schools with the grades the student has attended

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

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

ST. LANDRY PARISH SCHOOLS 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? _____

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: St. Landry Parish 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

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 _____ 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.**

Encuesta sobre el idioma primario/hogar para todos los nuevos estudiantes entrantes

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

Información del estudiante

Nombre _____ Apellido _____

Fecha de nacimiento _____ País de nacimiento _____

Fecha de entrada a los EE. UU. _____

Fecha de ingreso por primera vez a una escuela de los EE. UU. _____

Nombre de la escuela _____ Grado actual _____

Preguntas para padres o tutores: Las respuestas a estas preguntas nos dirán si se debe evaluar el dominio del inglés de un estudiante y nos ayudarán a garantizar que se ofrezcan oportunidades importantes para recibir programas y servicios a los estudiantes que los necesitan.

¿Cuál es el idioma más común(es) que se habla en su hogar? _____

¿Qué idioma aprendió su hijo primero? _____

¿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? _____

¿Su hijo ha recibido servicios de ESL/EL anteriormente? Sí No

¿En qué idioma preferiría recibir información del colegio? _____

Firma del padre o tutor

Fecha

***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.



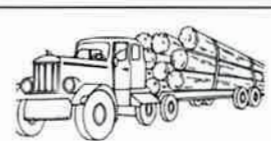
Picking vegetables, fruit, pecans, hay, soybeans, sugarcane, sweet potatoes, etc.

☐

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.



Programa de Educación para Migrantes de Louisiana

Formulario de Investigación Familiar

Distrito escolar/Parroquia: _____ **Escuela:** _____ **Año lectivo:** _____

Con el fin de servir mejor a las necesidades académicas de sus hijos, nuestro programa quiere identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales **GRATUITOS**. La información que usted brinde solo será usada para los propósitos del programa. Por favor conteste ambas preguntas a continuación y devuelva este formulario a la escuela de su hijo.

1. ¿Ha trabajado usted u otra persona de su hogar en la agricultura o la pesca en los últimos 3 años?
(Por favor, marque todo lo que corresponda a continuación y complete la información de contacto)

☐ SÍ ☐ NO Si la respuesta es sí, por favor marca todo lo que corresponda y completa la información de contacto.



Recoger verduras, frutas, nueces, heno, soja, caña de azúcar, patatas dulces, etc.

☐

Trabajar en una granja avícola

☐

Trabajo en la pesca de camarones, cangrejos y ostras.

☐

Trabajo en la silvicultura, la madera y la explotación forestal

☐

Tareas en un vivero, huerto, cultivo o cosecha de árboles

☐

Trabajar con animales como ganado, cerdos, caimanes, grillos o tortugas

☐

Trabajo en campos de arroz, estanques de langostas

☐

¿Otro tipo de trabajo **AGRÍCOLA** o **ICTÍCOLA**? Por favor explique:

2. ¿En los últimos 3 años, ¿Se han mudado sus hijos con usted por motivos de trabajo (1) al otro lado de las fronteras regionales, (2) a o desde otro estado, o (3) desde otro país? Esto incluye viajes nocturnos o extendidos, en cualquier momento del año, incluido el verano, para ir a pescar camarones, cangrejos, ostras o trabajar en la agricultura.

☐ SÍ ☐ NO Si la respuesta es sí, por favor indique la fecha de su última mudanza: _____

Nombre del Padre (tutor): _____ Mejor momento para contactarlo: _____

Número(s) de teléfono: _____

Dirección: _____ Correo electrónico: _____

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

El propósito de este formulario es ayudar al estado a determinar si los niños de esta familia son elegibles para el Programa de Educación para Migrantes de Louisiana.

Solo para uso de la escuela: por favor devuelva los formularios completos a: idr.team@louisiana-mep.org

Por formularios de investigación en inglés o en vietnamita, por favor ingrese a: <https://louisianamigrantidr.com/documents.php>.

Por más preguntas, por favor contacte al Equipo de Registro e Identificación del Programa de Educación para Migrantes de Louisiana al: idr.team@louisiana-mep.org.



ST. LANDRY PARISH SCHOOLS SCHOOL NURSE DEPARTMENT

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

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

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

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

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

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

St. Landry Parish School Nurses

HIPAA POLICY

NOTICE OF USE OF PERSONAL HEALTH INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ST. LANDRY PARISH SCHOOL BOARD

Dear Parent,

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

Thank you,

St. Landry Parish School Nurses

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

Parent's Signature

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

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

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

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

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

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

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

STATE OF LOUISIANA HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

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

Student Name: Last First M.I.			Sex: M ☐ 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 _____
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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

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:

Aviso parental de Louisiana para consentimiento único para permitir al distrito escolar acceder a los beneficios de Medicaid de Louisiana.

Nombre del distrito escolar: St. Landry Parish School Board

Estimado Progenitor/Tutor:

El propósito de esta carta es pedir a usted su permiso (que también se conoce como consentimiento) para compartir información acerca de su hijo(a) con el programa Medicaid del Departamento de Salud de Louisiana. Las escuelas en Louisiana han sido aprobadas para recibir un reembolso parcial de Medicaid de Louisiana para el costo de ciertos servicios relacionados con la salud proporcionados por el distrito a su hijo(a). Para que la escuela de su hijo(a) recupere algo del dinero gastado en servicios, el distrito escolar necesita compartir con Medicaid de Louisiana los siguientes tipos de información acerca de su hijo(a): nombre, fecha de nacimiento, género, tipo de servicios proporcionados, cuándo y por quién, diagnóstico (si lo hay) y la ID de Medicaid de Louisiana. Si su hijo(a) es elegible para recibir servicios cumplir sus necesidades, los servicios pueden ser proporcionados por el sistema escolar y/o usted pueda llevar a su hijo(a) a otro proveedor que acepte Medicaid.

Con su permiso, el distrito escolar será capaz de buscar un reembolso parcial por servicios proporcionados por Medicaid de Louisiana incluyendo, entre otras, una prueba de audición o examen de la vista; terapia ocupacional, terapia del habla o fisioterapia; algunas visitas de enfermeras a la escuela y servicios de orientación. Cada año, el distrito proporcionará a usted notificación relacionada con su permiso; usted no necesita firmar un formulario cada año.

El distrito escolar no puede compartir información acerca de su hijo(a) con Medicaid de Louisiana sin su permiso. Mientras usted considera otorgar permiso, se le ruega tomar en cuenta lo siguiente:

1. El distrito escolar no puede exigir a usted inscribirse en Medicaid de Louisiana para que su hijo(a) reciba los servicios de educación especial y/o servicios relacionados con la salud a los que tiene derecho su hijo(a).
2. El distrito escolar no puede exigir a usted pagar nada relacionado con el costo de los servicios de educación especial y/o servicios relacionados con la salud de su hijo(a).
3. Si usted da permiso al distrito escolar para compartir información con, y solicitar reembolso de Medicaid Louisiana:
 - a. Esto no afectará la cobertura vitalicia de su hijo(a) u otro Medicaid de Louisiana; y esto en modo alguno limitará el uso por parte de su propia familia de los beneficios de Medicaid de Louisiana fuera de la escuela.
 - b. Su permiso no afectará los servicios de educación especial de su hijo(a) o derechos IEP en modo alguno, si su hijo(a) es elegible para recibirlos.
 - c. Su permiso no conducirá a ningunos cambios en los derechos de su hijo(a) respecto a Medicaid de Louisiana; y
 - d. Su permiso no conducirá a ningún riesgo de perder elegibilidad para otros programas financiados por Medicaid.
4. Si usted da permiso, usted tendrá el derecho de cambiar de parecer y retirar su permiso en cualquier momento.
5. Si usted retira su permiso o se niega a permitir que el distrito escolar comparta los registros e información de su hijo(a) con Medicaid de Louisiana para el propósito de buscar reembolso por el costo de los servicios, el distrito escolar seguirá siendo responsable de proporcionar a su hijo(a) los servicios sin costo para usted.

He leído el aviso y lo entiendo. Todas las preguntas que tenía fueron contestadas. Doy permiso para que el distrito escolar comparta con el Departamento de Salud de Louisiana (LDH) registros e información relacionados con mi hijo(a) y sus servicios relacionados con la salud, según sea necesario. Entiendo que esto ayudará a la escuela de mi hijo(a) buscar un reembolso parcial por los servicios cubiertos de Medicaid de Louisiana.

☐ Mi Hijo(a) no tiene Medicaid.

Nombre del hijo(a)

Nombre del Progenitor o Tutor:

Fecha de nacimiento del hijo(a)

Firma del Progenitor o Tutor:

Fecha

Office Use:

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



DECLARACIÓN DE EXENCIÓN DE INMUNIZACIONES

Bajo los Estatutos Actualizados de Luisiana 17:170 Sec E, I _____,
padre/tutor de _____, por medio de la presente afirmo
exención de los requisitos de inmunización para mi hijo por motivos médicos, religiosos o
filosóficos.

Entiendo que si ocurre un brote de una enfermedad que se pudiese haber prevenido con
vacunas en el sitio de la institución educativa o la instalación a la que asiste el alumno, los
administradores de dicha institución educativa o instalación, según la recomendación de la
oficina de salud pública, pueden excluir al alumno sin permitir que asista hasta que haya
completado el período de incubación o hasta que yo presente prueba de inmunización.

Nombre de la Escuela

Firma de Padre/Tutor

Fecha

Firma del Representante Autorizado del Distrito o de la Escuela

Fecha

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? ☐ Special Education Services/Resource/Related Services ☐ 504 Plan	Please email completed form to ChildID@slpsb.org
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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).