



**2018-2019  
STUDENT ENROLLMENT PACKET**

**Please return the following information with the enrollment documents to complete the**

**Enrollment Process:**

- Completed Enrollment Application
- Student Birth Certificate or Passport
- Student Social Security Card
- Two (2) Proofs of Residency (utility bill, lease, or rent receipts, etc.)
- Current Student Immunization Records
- Parent's or Guardian's Driver's License
- At-Risk Survey
- Copy of previous school's Report Card (1<sup>st</sup> – 8<sup>th</sup> grade)
- Copy of Transcript (9<sup>th</sup> – 12<sup>th</sup> grade)
- Previous LEAP, EOC or Out-of-state Testing Records
- School copy of the Parent/Student Handbook receipt acknowledgment form found at the back of the Parent/Student Handbook and available online at [www.lincolnprep.school](http://www.lincolnprep.school)
- Record Release

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# 2018-2019 STUDENT ENROLLMENT PACKET

(Please Print)

<b>GENERAL INFORMATION</b>				
Student's Legal Name (Last, First, Middle)	Application Date (MM/DD/YYYY)			
Primary Residence (Street Name, Building and/or Apt. #, City, State, ZIP)				
Home Phone	Cell Phone	Social Security No. (000-00-0000)		
Gender Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (MM/DD/YYYY)	Last Grade Completed		
<b>SCHOOL INFORMATION</b>				
School District in Which the Student Resides (School and District Name) <b>Note:</b> Please provide information regarding the school the student is zoned to attend in relation to current residence and current grade level.				
Last School Student Attended (School Name, City, State, School Year)				
What preschool program did your child attend? Check One: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ABC  <input type="checkbox"/> Early Childhood Special Education  <input type="checkbox"/> Head Start  <input type="checkbox"/> 21<sup>st</sup> Century Community Learning Center               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Private Preschool  <input type="checkbox"/> Public School Preschool  <input type="checkbox"/> Not Applicable  <input type="checkbox"/> Other:               </td> </tr> </table>			<input type="checkbox"/> ABC <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Head Start <input type="checkbox"/> 21 <sup>st</sup> Century Community Learning Center	<input type="checkbox"/> Private Preschool <input type="checkbox"/> Public School Preschool <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
<input type="checkbox"/> ABC <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Head Start <input type="checkbox"/> 21 <sup>st</sup> Century Community Learning Center	<input type="checkbox"/> Private Preschool <input type="checkbox"/> Public School Preschool <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:			
<b>MILITARY DEPENDENT</b>				
Is student a military dependent? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what branch?			
<b>OTHER ITEMS</b>				
Is this student a foster child? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this student's family migrant/seasonal workers? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the Student Homeless? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>LEGAL ALERT</b>				
Is anyone legally restricted from contact with Student? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," then copies of the appropriate documents (e.g., court order, etc.) must be on file with the School.			

STUDENT NAME: \_\_\_\_\_

**PRIMARY CONTACT INFORMATION**

<input type="checkbox"/> Father's / <input type="checkbox"/> Mother's / <input type="checkbox"/> Guardian's Name (Last, First, Middle)		Living with Student? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Residence (If Different From Student's Address)		
Home Phone	Cell Phone	
Employer Name	Work Phone	
Driver's License (No. and State)	E-Mail	

**PARENT/GUARDIAN INFORMATION CONT.**

<input type="checkbox"/> Father's / <input type="checkbox"/> Mother's / <input type="checkbox"/> Guardian's Name (Last, First, Middle)		Living with Student? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Residence (If Different From Student's Address)		
Home Phone	Cell Phone	
Employer Name	Work Phone	
Driver's License (No. and State)	E-Mail	

**ALTERNATE CONTACT INFORMATION**

Name (Last, First, Middle)		Relationship to Student
Home Phone	Work Phone	Cell Phone
Name (Last, First, Middle)		Relationship to Student
Home Phone	Work Phone	Cell Phone
Name (Last, First, Middle)		Relationship to Student
Home Phone	Work Phone	Cell Phone

STUDENT NAME: \_\_\_\_\_

**AFFIDAVIT OF STUDENT RESIDENCY**

Student Name (Last, First, Middle)	
Student's Residence (Street Name, Building and/or Apt. #, City, State, ZIP)	
Name of Individual With Whom Student Resides (Last, First, Middle)	Relationship to Student
Name of Individual With Whom Student Resides (Last, First, Middle)	Relationship to Student
Verification of Residency: Please provide at least two (2) of the following documents in Parent's/Guardian's name to show proof of residency at the address indicated in this Affidavit of Student Residency: <input type="checkbox"/> Recently Paid Rent Receipt, <input type="checkbox"/> Current Lease Agreement, <input type="checkbox"/> Most Recent Tax Statement, <input type="checkbox"/> Current Utility Bill, or <input type="checkbox"/> Current Louisiana Driver's License. <b>Note:</b> Documents showing evidence of any alteration will not be accepted.	
"I certify that the information contained in this Affidavit of Student Residency is true and correct."	
<b>Parent/Guardian Signature</b>	<b>Date</b>

**EMERGENCY CARE CONSENT FORM**

Emergency Contact's Name (Last, First, Middle) <b>Note:</b> Emergency Contact should be someone other than Student's Parent/Guardian.		Relationship to Student
Emergency Contact's Home Phone	Emergency Contact's Work Phone	Emergency Contact's Cell Phone
Physician's Name (Last, First, Middle)		Physician's Work Phone
Is Student allergic to any medications? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain.		
"In case the services of a physician are required before a parent/guardian can be reached, School officials are hereby authorized to take whatever action is deemed necessary for the health of my child. I also authorize School officials to directly contact the physician named above in case of an emergency. I will not hold the School or its staff responsible for emergency care and/or transportation for my child, and I will assume full responsibility for any costs related to such services provided to my child."		
<b>Parent/Guardian Signature</b>		<b>Date</b>

**VOLUNTARY PHOTO/VIDEO RELEASE**

"I, the undersigned, do hereby give or grant permission to and assign all rights in and to any photographs, motion pictures, video footage, and/or audio recordings that may be taken of my child during his/her attendance at the School that may be used for promotional or training purposes. I hereby authorize Responsive Education Solutions® to reproduce, copy, exhibit, publish, and distribute any and all photographs, motion pictures, video footage, and/or audio recordings for the sole purpose of promoting the School learning system and/or the training and professional development of staff. I certify that I am over the age of twenty-one (21). I understand that signing this Voluntary Photo/Video Release is NOT a condition of enrollment."

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**NOTICE OF COMPULSORY ATTENDANCE LAW**

Louisiana Revised Statutes 17:221, School Attendance states:

A. (1) Every parent, tutor, or other person residing within the state of Louisiana having control or charge of any child from that child's seventh birthday until his eighteenth birthday shall send such child to a public or private day school, unless the child graduates from high school prior to his eighteenth birthday. Any child below the age of seven who legally enrolls in school shall also be subject to the provisions of this Subpart. Every parent, tutor, or other person responsible for sending a child to a public or private day school under provisions of this Subpart shall also assure the attendance of such child in regularly assigned classes during regular school hours established by the school board and shall assure that such child is not habitually tardy from school pursuant to the provisions of R.S. 17:233.

(2) Whoever violates the provisions of this Subsection or R.S. 17:234 shall be fined not more than two hundred and fifty dollars or imprisoned not more than thirty days, or both. The court shall impose a minimum condition of probation which may include that the parent, tutor, or other person having control or charge of the child participate in forty hours of school or community service activities, or a combination of forty hours of school or community service and attendance in parenting classes or family counseling sessions or programs approved by the court having jurisdiction, as applicable, or the suspension of any state-issued recreational license.

(3) Whoever violates any other provision of this Subpart or any other provision of law which provides for the penalty provided for in R.S. 17:221 shall be fined not more than fifteen dollars, and, for such violations, each day the violation continues shall constitute a separate offense.

(4) Visiting teachers or supervisors of child welfare and attendance, with the approval of the parish or city superintendents of schools, shall file proceedings in court to enforce the provisions of this Subpart.

By signing below, I am acknowledging the receipt of this notification.

"I acknowledge that I have received the Notice of Compulsory Attendance Law."

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**DISCIPLINARY HISTORY**

Does Student have a documented history of a criminal offense, a juvenile court adjudication, or disciplinary problems? Check One:  Yes  No If "Yes," please explain.

**OCCUPATIONAL SURVEY**

Within the past three (3) years, has your child(ren) traveled or moved alone with a parent, relative, guardian, or a spouse so that a family member could look for or do temporary or seasonal agricultural work or employment? Check One:  Yes  No

If "Yes," then please check the type of employment:

- |  |   |
|--|---|
| <input type="checkbox"/> Farming                     | <input type="checkbox"/> Tree growing or harvesting |
| <input type="checkbox"/> Ranching                    | <input type="checkbox"/> Food processing in plants  |
| <input type="checkbox"/> Fencing                     | <input type="checkbox"/> Plant nursery              |
| <input type="checkbox"/> Dairying                    | <input type="checkbox"/> Poultry production         |
| <input type="checkbox"/> Fishing                     | <input type="checkbox"/> Clearing land              |
| <input type="checkbox"/> Picking fruit or vegetables | <input type="checkbox"/> Picking pecans, etc.       |
| <input type="checkbox"/> Cotton farming/ginning      | <input type="checkbox"/> Bailing hay                |
| <input type="checkbox"/> Combining/harvesting grain  | <input type="checkbox"/> Other similar work         |
| <input type="checkbox"/> Driving tractors, machinery |   |

**STUDENT HEALTH HISTORY**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**History:**

Were there any issues during pregnancy, labor, and/or delivery for this child?  Yes  No

Does this child have an ongoing health concern? (asthma, diabetes, etc.)  Yes  No

If "Yes," please describe: \_\_\_\_\_

Does this child have any allergies?  Yes  No

If "Yes," please list: \_\_\_\_\_

Has the allergy required emergency treatment?  Yes  No

If "Yes," please explain: \_\_\_\_\_

Is there a history of any hospitalizations, significant injuries, or surgery?  Yes  No

If "Yes," please describe: \_\_\_\_\_

- Asthma or Lung Problems
- Depression/Mental Health Issue
- Diabetes/Hepatitis
- Ear/Nose/Throat
- Epilepsy/Seizures
- Fracture/Dislocation/Strain
- Hearing Aid/Orthopedic Braces

- Head Injury
- Heart Problems
- Kidney/Urinary Problems
- Ulcers/Digestive
- Skin/Toes
- Surgery
- Other, *e.g.*, ADHD, AIDS, etc.

Is the student pregnant?  Yes  No Expected due date: \_\_\_\_\_

For each condition checked above, please indicate if it is a past or present condition, the treating physician's name and phone number, and current medication requirements and purpose. \_\_\_\_\_

Does this child take any medication regularly at home?  Yes  No

Requires medication at school?  Yes  No

If "Yes," please describe: \_\_\_\_\_

**NOTE: Medication will not be administered to student at school except as provided for in school's "Medication Policies," which may be found in the Parent/Student Handbook.**

Who lives with the child in his/her primary household? \_\_\_\_\_

Does child spend a significant amount of time in another household?  Yes  No

If "Yes," please describe: \_\_\_\_\_

Who has legal custody of this child? \_\_\_\_\_

Describe any custody arrangements: \_\_\_\_\_

Any additional concerns or pertinent information (use back as needed):

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**SPECIAL EDUCATION**

Was Student receiving **Special Education** services at the last school Student attended?

Check One:  Yes  No

If "Yes," then please complete the following:

Check all that apply:

- Content Mastery/Resource Room
- Counseling
- Speech Therapy
- Occupational/Physical Therapy
- Behavior Adjustment Class
- Gifted/Talented
- Other (Please specify.)

What is Student's disability?

If "No," then please complete the following:

Has Student ever received Special Education services? Check One:  Yes  No

If "Yes," please specify school name, year, and disability/condition (if known):

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**SECTION 504**

Was Student receiving **Section 504 and/or Dyslexia** services/accommodations at the last school Student attended? Check One:  Yes  No

If "Yes," then please complete the following:

Check all that apply:

- Instructional Services
- Instructional Accommodations
- Testing/Assessment Accommodations
- Other (Please Specify.)

What is Student's disability?

If "No," then please complete the following:

Has Student ever received Section 504 and/or Dyslexia services? Check One:  Yes  No

If "Yes," please specify school name, year, and disability/condition (if known):

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**LOUISIANA PUBLIC SCHOOL STUDENT/STAFF ETHNICITY AND RACE DATA QUESTIONNAIRE**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. United States Federal Register (71 FR 44866)

**Part 1. Ethnicity:** Is the person Hispanic/Latino? (Choose only one.)

- Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- Not Hispanic/Latino

**Part 2. Race:** What is the person's race? (Choose one or more.)

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**FOR ADMINISTRATIVE USE ONLY**

Ethnicity (Choose only one.): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino  Race (Choose one or more.): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Observer Signature:   Date:
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**2018-2019 HOME LANGUAGE SURVEY/  
CUESTIONARIO DEL IDIOMA EN EL HOGAR**

In what month and year did the student first enroll in a school in the United States? (MM/YYYY)	¿En qué mes y año se inscribió el estudiante por primera vez en Los Estados Unidos? (Mes/Año)
In what city, state, and country was the student born?	¿En qué ciudad, estado, y país nació el estudiante?
What language is spoken in your home most of the time?	¿Cuál es el idioma que más se habla en su casa?
What language does the student speak most of the time?	¿Cuál es el idioma que más habla el estudiante?
Does the parent or guardian need to communicate with the school in a language other than English? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write the name of the language.	Necesitará el padre, la madre, o el guardián comunicarse con la escuela utilizando un idioma que no sea el Inglés? <input type="checkbox"/> Si <input type="checkbox"/> No Si es así, favor escribir el nombre del idioma.
<b>Parent/Guardian Signature</b>	<b>Date</b>

"I, the undersigned, do hereby give permission for my child to receive extra help in English as a Second Language as part of a School English as a Second Language (ESL) program if he/she is found to be limited in either oral or cognitive and academic English proficiency skills. If any language other than English is spoken at home, the School will evaluate my student's oral English language skills with a short Oral Language Proficiency Test and his/her academic and cognitive English with a Norm-Referenced test of Language Arts and Reading skills as required by Louisiana State Law."

<b>Parent/Guardian Signature</b>	<b>Date</b>
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STUDENT NAME: \_\_\_\_\_

**FINAL CERTIFICATION**

"I certify that the information contained in this Student Enrollment Application is true and correct."

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**FOR ADMINISTRATIVE USE ONLY**

Date and Time Application Received (DD/MM/YYYY - 00:00 AM/PM)	School Official's Signature:
Official Enrollment Date (DD/MM/YYYY)	School Official's Signature:
Official Withdrawal Date (DD/MM/YYYY)	School Official's Signature:

The School does not discriminate on the basis of sex; national origin; ethnicity; religion; disability; academic, artistic, or athletic ability; or the district the child would otherwise attend.

Updated June 12, 2018

**STUDENT NAME:** \_\_\_\_\_

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**STUDENT RECORD RELEASE**

DATE \_\_\_\_\_

To the Counselor or Records Custodian:

**Lincoln Preparatory School**  
**407 Central Ave**  
**Grambling, La 71245**  
**School Telephone: 318.274.6153**  
**Fax Number: 318.274.3215**

The following student has withdrawn from your school:

Student Name	Date of Birth	Student ID #
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Please forward the following information on the above student:

- \_\_\_\_\_ Official Transcript
- \_\_\_\_\_ Testing Scores/Assessment
- \_\_\_\_\_ Special Education Classification/Documents
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Academic Records
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Other

Please respond to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian or Registrar

\_\_\_\_\_  
Date

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# LINCOLN

## PREPARATORY SCHOOL

**407 CENTRAL AVENUE  
GRAMBLING, LA 71245**

Student Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Product	Size	Color	Qty	Price	Total

Uniform Shirts (Black, Grey or Green)

Youth XS-XL	\$14.00
Adult XS-XL	\$15.00
Adult 2XL	\$17.00
Adult 3XL	\$18.00
Adult 4XL	\$19.00

Outer Wear (Jackets are black only)

Microfleece Jacket	\$35.00
Value Fleece Jacket	\$40.00
Soft Shell Jacket	\$55.00
Sweatshirt (Black or Gray)	\$20.00
Baseball Caps (Black or tan)	\$10.00

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# LINCOLN PREPARATORY SCHOOL

## School Bus Transportation Request Form

Lincoln Preparatory School will provide transportation to/from your home address for students living more than 1 mile from the school within Lincoln Parish. Out of district students are provided transportation on a space-available basis.

**We do not provide convenience stops.**

If you occasionally require transportation to a location other than home, please send a note to the school for approval each time such an event occurs.

**IMPORTANT INSTRUCTIONS:** Please check "NO" below if the student will only be riding the bus on an occasional basis, OR will begin riding the bus later in the year, OR if you aren't sure at this time.

---

**Student's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Does student require bus transportation in the morning from this address?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**Does student require bus transportation in the afternoon to this address?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

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**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete and return to the school.

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For Office Use Only

**Assigned Bus/Driver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Transportation Supervisor:** \_\_\_\_\_

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