



**2019-2020
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
- Proof of Residency (utility bill, lease, or rent receipt, etc.)
- Current Student Immunization Records
- Parent's or Guardian's Driver's License
- Copy of previous school's Report Card (1st – 8th grade)
- Copy of Transcript (9th – 12th 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

For Office Use Only

- At-Risk Survey
- Student Residency Survey
- Primary Health Care Services Packet
- Record Release
- _____
- _____

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2019-2020 STUDENT ENROLLMENT PACKET

(Please Print)

GENERAL INFORMATION				
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		
SCHOOL INFORMATION				
School District in Which the Student Resides (School and District Name) Note: 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"/> 21st 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 st 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 st Century Community Learning Center	<input type="checkbox"/> Private Preschool <input type="checkbox"/> Public School Preschool <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:			
MILITARY DEPENDENT				
Is student a military dependent? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what branch?			
OTHER ITEMS				
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				
LEGAL ALERT				
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. Note: 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."	
Parent/Guardian Signature	Date

EMERGENCY CARE CONSENT FORM

Emergency Contact's Name (Last, First, Middle) Note: 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."		
Parent/Guardian Signature		Date

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."

Parent/Guardian Signature	Date
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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."

Parent/Guardian Signature	Date
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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"/> Baling 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):

Parent/Guardian Signature	Date
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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):

Parent/Guardian Signature	Date
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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):

Parent/Guardian Signature	Date
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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

Parent/Guardian Signature	Date
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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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**2019-2020 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.
Parent/Guardian Signature	Date

"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."

Parent/Guardian Signature	Date
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STUDENT NAME: _____

FINAL CERTIFICATION

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

Parent/Guardian Signature	Date
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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, 2019

STUDENT NAME: _____

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Español en el reverso

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____

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

Address: _____ Telephone Number: _____

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

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

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

1. YES NO 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.)
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 Does the student exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
7. 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?
8. 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 _____

9. 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



Formulario del cuestionario de residencia de estudiantes de Louisiana

(El formulario se debe incluir en el Paquete de inscripción escolar)

Fecha: _____ LEA: _____ Nombre de la escuela: _____
 Nombre del estudiante: _____ No. de ID: _____ Género: Hombre/Mujer
 Dirección: _____ Número de teléfono: _____
 Última escuela a la que asistió: _____ Grado actual: _____ Fecha de nacimiento: _____
 Padre/Tutor/Cuidador del estudiante: _____ Relación: _____

*Descargo de responsabilidad: Este cuestionario tiene la finalidad de abordar la Ley McKinney-Vento. Su hijo puede ser elegible para servicios educativos adicionales a través del Título I Parte A, Título I Parte C Inmigrante, Ley para la Educación de Individuos con Discapacidades (IDEA, por sus siglas en inglés) y/o Título IX, Parte A, Ley Federal McKinney-Vento de Asistencia, 42 U.S.C.11435. La elegibilidad se puede determinar completando este cuestionario. **Es ilegal hacer declaraciones falsas o sabidas en este formulario. Si es elegible, los estudiantes se deben inscribir de inmediato de acuerdo con el Boletín 741, sección 341.***

- Sí NO ¿Es la dirección del estudiante un arreglo de vivienda temporal? (Nota: Si esta es un arreglo de vivienda permanente o si la familia es propietaria o renta su hogar, firme bajo el artículo 9 y envíe el formulario al personal de la escuela).
- Sí NO ¿Se debe el arreglo de vivienda temporal a la pérdida de su hogar o dificultades económicas?
- Sí NO ¿Tiene el estudiante una discapacidad o recibe algún servicio relacionado con la educación especial? (Marque uno).
- ¿En dónde vive el estudiante ahora? (Marque todos los que apliquen).

En un albergue de emergencia/temporal.
 Temporalmente con otra familia porque no podemos pagar o encontrar una vivienda asequible.
 Con un adulto que no es uno de los padres, tutor legal o solo sin un adulto.
 En un vehículo de cualquier tipo, paradero de casas rodantes o campamento sin agua corriente/electricidad, edificio abandonado o viviendas de calidad inferior.
 Alojamiento de emergencia (es decir, Remolque de FEMA o Asistencia de alquiler de FEMA).
 En un hotel/motel. Otro, información especifique: _____

- Sí NO ¿Presenta el estudiante algún comportamiento que pueda interferir con su desempeño académico?
- ¿Le gustaría recibir asistencia para los uniformes, registros del estudiante, artículos escolares, transporte, otro?
(Describe): _____
- Sí NO Inmigrante: ¿Se ha cambiado en algún momento durante los últimos tres (3) años para buscar un trabajo temporal o estacional en agricultura (incluyendo, procesamiento de aves de corral, productos lácteos, viveros y madera) o la pesca?
- Sí NO ¿Tiene hermanos o hermanas el estudiante? Nota: Use el reverso de la página si necesita más espacio.

Nombre _____	Escuela _____	Grado _____	Fecha de nacimiento _____
Nombre _____	Escuela _____	Grado _____	Fecha de nacimiento _____
Nombre _____	Escuela _____	Grado _____	Fecha de nacimiento _____

9. El abajofirmante certifica que la información proporcionada anteriormente es correcta.

Escriba el nombre del Padre/Tutor/Cuidador del estudiante	Firma	Fecha
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(Código de área) Número de teléfono	Dirección Calle	Ciudad	Estado	Código Postal
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Escriba el nombre del contacto de la escuela	Título	Firma	Fecha
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Uso exclusivo de enlace para personas sin hogar — Marque todas las que correspondan:

- Protegido Compartida Sin protección/FEMA/De calidad inferior Hotel/Motel Joven sin acompañante: Sí NO
Uso de la escuela solamente: Formulario de alimentos gratuitos o precio reducido enviado/firmado Copia incluida en el Registro acumulativo del estudiante



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:** _____

Parent Signature: _____ **Date:** _____

Please complete and return to the school.

For Office Use Only

Assigned Bus/Driver: _____ **Date:** _____

Transportation Supervisor: _____

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