2017-2018
HOMESCHOOL STUDENT PARTICIPATION 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 receipts, 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)
# 2017-2018
## HOMESCHOOL STUDENT PARTICIPATION PACKET

(Please Print)

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Student’s Legal Name (Last, First, Middle)</th>
<th>Application Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Residence (Street Name, Building and/or Apt. #, City, State, ZIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Social Security No. (000-00-0000)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>DOB (MM/DD/YYYY)</th>
<th>Last Grade Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check One: ⧫ Male ⧫ Female</td>
<td></td>
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</tr>
</tbody>
</table>

### SCHOOL DISTRICT 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.

<table>
<thead>
<tr>
<th>School Name, City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### PRIMARY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Father’s / ⧫ Mother’s / ⧫ Guardian’s Name (Last, First, Middle)</th>
<th>Living with Student?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check One: ⧫ Yes ⧫ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Residence (If Different From Student’s Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver’s License (No. and State)</th>
<th>E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### FOR ADMINISTRATIVE USE ONLY

<table>
<thead>
<tr>
<th>Date and Time Application Received (DD/MM/YYYY - 00:00 AM/PM)</th>
<th>School Official’s Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Official Enrollment Date (DD/MM/YYYY)</th>
<th>School Official’s Signature:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Official Withdrawal Date (DD/MM/YYYY)</th>
<th>School Official’s Signature:</th>
</tr>
</thead>
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<td></td>
<td></td>
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</tbody>
</table>
### PARENT/GUARDIAN INFORMATION CONT.

- **Father’s / Mother’s / Guardian’s Name (Last, First, Middle)**
- **Living with Student?**
  - Check One: [ ] Yes  [ ] No

- **Primary Residence (If Different From Student’s Address)**

- **Home Phone**
- **Work Phone**
- **Cell 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**

### MILITARY DEPENDENT

- **Are you a military dependent?**
  - Check One: [ ] Yes  [ ] No
  - If “Yes,” what branch?

- **What preschool program did your child attend?**
  - Check One:
    - [ ] ABC
    - [ ] Early Childhood Special Education
    - [ ] Head Start
    - [ ] 21st Century Community Learning Center
    - [ ] Private Preschool
    - [ ] Public School Preschool
    - [ ] Not Applicable
    - [ ] Other:

- **Is this student a foster child?**
  - Check One: [ ] Yes  [ ] No

- **Is this student’s family migrant/seasonal workers?**
  - Check One: [ ] Yes  [ ] No

### LEGAL ALERT

- **Is anyone legally restricted from contact with Student?**
  - Check One: [ ] Yes  [ ] No
  - If “Yes,” then copies of the appropriate documents (e.g., court order, etc.) must be on file with the School.
### EMERGENCY CARE CONSENT FORM

<table>
<thead>
<tr>
<th>Emergency Contact’s Name (Last, First, Middle)</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact’s Home Phone</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact’s Work Phone</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact’s Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Physician’s Name (Last, First, Middle)</td>
<td></td>
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<tr>
<td>Physician’s Work Phone</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Emergency Contact should be someone other than Student’s Parent/Guardian.

Is Student allergic to any medications? Check One: ☐ Yes ☐ 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."

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
**STUDENT NAME:** ________________________________

### AFFIDAVIT OF STUDENT RESIDENCY

<table>
<thead>
<tr>
<th>Student Name (Last, First, Middle)</th>
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<tbody>
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<tr>
<th>Student’s Residence (Street Name, Building and/or Apt. #, City, State, ZIP)</th>
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<table>
<thead>
<tr>
<th>Name of Individual With Whom Student Resides (Last, First, Middle)</th>
<th>Relationship to Student</th>
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<tbody>
<tr>
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</tbody>
</table>

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<tr>
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<th>Relationship to Student</th>
</tr>
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<tbody>
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</table>

**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: ☐ Recently Paid Rent Receipt, ☐ Current Lease Agreement, ☐ Most Recent Tax Statement, ☐ Current Utility Bill, or ☐ 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

### 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
NOTICE OF COMPULSORY ATTENDANCE LAW

Louisiana Revised Statues 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 ____________

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.
# 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: ____________________________

Are there any current medical concerns/injuries? ☐ Yes ☐ No

- ☐ 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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*2016-2017 HOMESCHOOL STUDENT PARTICIPATION PACKET | PAGE 6 OF 10*
### 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):

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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</thead>
<tbody>
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</tbody>
</table>
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):

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
## 2017-2018 HOME LANGUAGE SURVEY/CUESTIONARIO DEL IDIOMA EN EL HOGAR

<table>
<thead>
<tr>
<th>Question</th>
<th>Question in Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td>In what month and year did the student first enroll in a school in the United States? (MM/YYYY)</td>
<td>¿En qué mes y año se inscribió el estudiante por primera vez en Los Estados Unidos? (Mes/Año)</td>
</tr>
<tr>
<td>In what city, state, and country was the student born?</td>
<td>¿En qué ciudad, estado, y país nació el estudiante?</td>
</tr>
<tr>
<td>What language is spoken in your home most of the time?</td>
<td>¿Cuál es el idioma que más se habla en su casa?</td>
</tr>
<tr>
<td>What language does the student speak most of the time?</td>
<td>¿Cuál es el idioma que más habla el estudiante?</td>
</tr>
</tbody>
</table>
| Does the parent or guardian need to communicate with the school in a language other than English? Check One:  
  ❑ Yes ❑ 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?  ❑ Si ❑ No Si es así, favor escribir el nombre del idioma. |

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

## ESL PARENT/GUARDIAN PERMISSION

"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."

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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</table>

2016-2017 HOMESCHOOL STUDENT PARTICIPATION PACKET   PAGE 9 OF 10
**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

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
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</table>

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

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<tr>
<th>Parent/Guardian Signature</th>
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</table>

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 August 17, 2017