

New to District Student Registration (K-12)

Documents Required for Registration

- Birth Certificate
- Immunization Record
- Last Report Card
- Name and Address of Previous School
- A withdrawal form from Previous School
- Social Security Card-if available. Social cannot be placed in JCampus without a copy.
- Custody Papers
 - Divorced parents or parents who live at separate addresses.
 - Legal guardians, who are not the parents, with signed judgements.
 - Provisional Custody that has been notarized and filed with the Clerk of Courts office.

In addition to the above listed documents, each new registrant must provide proof of residency. These items must be current and not past due.

If you are a homeowner two (2) of the following must be provided:

- Current gas bill
- Current electric bill
- Current water bill
- Homestead Exemption notification
- Parent(s)/Legal Guardian(s), current Louisiana Driver's License with address
- The Homeowner's Original Bill of Sale
- Purchase Agreement of home

If you are renting:

- Rent or lease agreement/receipt (apt., trailer, or home). Must have owner's contact info for verification.
- Current gas, water, or electric bill in renter's name.
- If an apartment, all registrants must be listed on lease.

If you are living with another person:

- A notarized affidavit of domicile address
- Current gas, water, or electric bill of homeowner
- If an apartment, all registrants must be listed on the lease.

Please print all information

Terrebonne Parish School District Student Enrollment Form

School _____

For office use only

Student ID _____

Township _____

Address is court ordered Yes No
(circle one)

Student information

Name _____				
(As listed on birth certificate)	Last	Suffix	First	Middle
Mailing address _____				
	Street	City	State	Zip
Physical address _____				
(If different from mailing)	Street	City	State	Zip
Home phone _____		Social security number _____		Cell phone _____
Email address _____				

Primary Guardian information

Name _____				Relationship to student (check one) <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Parent & stepparent <input type="checkbox"/> Legal guardian (court appointed) <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Stepparent only <input type="checkbox"/> Other
Last	Suffix	First	Middle	
Home phone _____		Work phone _____		
Cell Phone _____		Email Address _____		
Mailing address _____				
(If different from student)	Street	City	State Zip	
Physical address _____				
(If different from student)	Street	City	State Zip	

Information as listed on the birth certificate for Father

Name _____				Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired
Last	Suffix	First	Middle	
Home phone _____		Work phone _____ Cell phone _____		
Email address _____				
Address _____				
(If different from student)	Street	City	State Zip	

Information as listed on birth certificate for Mother

Name _____			Military Status _____ Active _____ Reserve _____ Retired		
Last	First	Middle/Maiden			
Home phone _____		Work phone _____	Cell Phone _____		
Email _____			Address _____		
address	(If different from student)	Street	City	State	Zip

Emergency contact information – other than listed above

Name _____					
Last	Suffix	First	Middle		
Home phone _____		Work phone _____	Cell Phone _____		
Mailing address _____					
(If different from student)		Street	City	State	Zip
Relationship to student _____					
(check only one) _____ Parent _____ Sibling _____ Parent and Stepparent _____ Legal guardian (court appointed)					
_____ Foster parent _____ Grandparent _____ Other relative _____ Stepparent only _____ Other					

Kindergarten students only: (Please check one (1) box) Indicate the child's educational experience for the previous 6 months.

<input type="checkbox"/> K01 Public school prekindergarten	This includes all of the prekindergarten classes in public school settings---LA 4, 8(g), Title I, Even Start, EEF, locally and/or federally funded. Classes in charter schools and self-contained special education preschool are also included.
<input type="checkbox"/> K02 Nonpublic prekindergarten	This includes state-approved programs located in parochial/faith based settings.
<input type="checkbox"/> K03 Licensed childcare	Child care/day care centers that meet licensing requirements of DCFS
<input type="checkbox"/> K04 Family day care/home program	These are programs in which someone keeps a maximum of 6 children under the age of 12 in their home.
<input type="checkbox"/> K05 Head Start programs	Prekindergarten program operated by a Head Start grantee
<input type="checkbox"/> K06 Tribal schools	Prekindergarten programs located in tribal schools
<input type="checkbox"/> K07 Home	Child did not attend any of the above prekindergarten programs on a regular basis but remained at home with parent or guardian.

Grade level _____ Gender (circle one) Male Female Is the student Hispanic or Latino? (circle one) Yes No

Race: Check all that apply _____ American Indian or Alaska Native _____ Asian _____ Black or African American

_____ Native Hawaiian or Other Pacific Islander _____ White

Date of birth _____ Country of birth _____ Certificate # _____ State of birth _____

City of birth _____ For students born outside of United States only - country of citizenship _____

Primary guardian signature _____ Date _____ Entry date _____

School official signature _____ Date _____ Entry reason _____

_____ Original enrollment (new PreK, K, or 1 st)	_____ Gain from out of state	_____ Gain from within parish public school/summer transfer w/in parish
_____ Gain from within state/out of parish public school	_____ Reentry to school	_____ Gain from non-public school
_____ Gain from home school	_____ Entry for GEE only	

TERREBONNE

Parish School District

Engage, Educate and Empower Every Student, Every Day

School: _____ Language: English

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: _____	Date of Birth: _____
Last Name: _____	
Date Entered US School: _____	
Questions for Parents or Guardians	Response
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?	

The answers to the above 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.

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

TERREBONNE

Parish School District

Student Registration - Special Services Survey

This form must be completed for ALL students registering. Attach to Student Enrollment Form.

Student's Name: _____ Date of Birth: ____ / ____ / ____
School: _____ Student's Social Security #: ____ / ____ / ____
Parent e-Mail: _____

Check One:

- Moving from In-State
 Moving from Out-of-State
 Drop Out Returning to School
 Previously Refused Services, but wants to return to Special Education, Gifted or Talented services

Check appropriate blanks and sign:

- The student was receiving or was eligible to receive the following special education services in previous school:
- | | |
|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Gifted Teacher |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Talented Teacher |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Occupational Therapy | |
| <input type="checkbox"/> LEP / ESL / ELL | |
| <input type="checkbox"/> Other (specify): _____ | |
- I am not sure. The student **may** have been receiving or **may** have been eligible for special education services in previous school. I would like the Child Find Coordinator to locate information to determine if he/she was receiving or is eligible for special education services.
- The student was **not** receiving and was **not eligible** for any of the special education services listed above in previous school.

Parent / Guardian Signature: _____ Date: ____ / ____ / ____

If it is indicated that the student was receiving or eligible for services OR that the parent is not sure and the student MAY have been receiving or eligible for services, school staff shall e-mail this form and the Authorization to Release School Records Form to childfind@tpsd.org within 1 day of registration.

TERREBONNE

Parish School District

AUTHORIZATION FORM TO RELEASE SCHOOL RECORDS

I, _____, hereby authorize Terrebonne Parish School District to obtain release of school records, medical, social, or other information concerning my son and/or daughter.

STUDENT INFORMATION	
STUDENT NAMES	GRADE
_____	_____
_____	_____
_____	_____

PREVIOUS SCHOOL
School Name: _____
Address: _____
City, State, & Zip Code: _____

PARENT / GUARDIAN INFORMATION
Name: _____
Address: _____
City, State, & Zip Code: _____

Parent / Guardian Signature

Witnessed by

Date

Please e-mail or fax (985) 851-0816 all
Special Education Records / Documentation to:
Emily Blouin (emilyblouin@tpsd.org)
OR
Rebecca Bradford (rebeccabradford@tpsd.org)

Please mail any
Other Documents / Cumulative Records to:
School with Street Address, City, State, and Zip Code

Health Information Form Request

Dear Parent/Guardian,

Please complete the attached Terrebonne Parish School District Health Information form and return it to the health aide at your child's school.

If your child **does not** have a medical, mental or behavioral condition(s) that may affect his/her school day, please complete part 1, sign and return the form to your child's school.

If you child **does** have a medical, mental or behavioral condition that may affect his/her school day, please have your Primary Health Care Provider complete part 2, sign and return the form to the Health Aide at your child's school.

If you have any questions, please contact the health aide at your child's school or the school's secretary who can put you in contact with the school nurse.

Sincerely,

Erin Klingman, RN, BSN

TPSD Nursing Coordinator

TERREBONNE PARISH SCHOOL DISTRICT HEALTH INFORMATION

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. 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.

Student Name:	Last	First	M.I.	Sex: <input type="checkbox"/> M <input type="checkbox"/> 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	
Emergency Contact (other than parent/guardian)			Home Phone	Work Phone	Cell Phone	Employer	
Name of pediatrician/primary care provider			Phone No	Name of medical specialists/clinics		Phone No.	

- If your child does not have health insurance, would you like information on no cost health insurance? Yes No
- My child is enrolled in Special Education/has an IEP Yes No My child has a 504 Plan Yes No
- I give TPSD permission to request reimbursement from Louisiana Medicaid, if applicable, for nursing services (nurse consult, hearing/vision screenings, etc) provided to my child. Yes No
- My child has a medical, mental, or behavioral condition that may affect his/her school day: No Yes (If yes, please have your medical care provider complete part 2)

In order to make sure my child's special health needs are met, I allow my child's information to be shared confidentially with Physicians, Physician's office staff, professional and lay school staff as determined by the Terrebonne Parish School System, school principal and/or school nurse. I will notify the school/school nurse in writing of any changes in my child's health or medical condition(s). This consent shall remain in effect until a new form is submitted or unless rescinded in writing by parent/guardian.

PARENT/LEGAL GUARDIAN SIGNATURE _____

Date _____

PART 2: MEDICAL CARE PROVIDER TO COMPLETE Please complete part 2. If medication or special procedures are needed during the student's school day, orders can be obtained from the student's school/school nurse.

ALLERGIES

Allergy Type: Please check which allergy applies to your child and list allergy type if needed (i.e. types of food, medication etc).

- Food _____ Medication _____ Latex _____
Insect sting _____ Other(i.e. perfumes, chemicals, pesticides) _____

Reactions: Date of last occurrence _____ Describe _____

Currently prescribed medications and treatments for home: No Yes

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

ASTHMA Mild Moderate Severe

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

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 emergency room visit related to asthma _____

Does the student have a written asthma management plan? No Yes Is peak flow monitoring used? No Yes

DIABETES Type: _____

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: _____

STUDENT NAME: _____

DATE OF BIRTH: _____

SEIZURE DISORDER

Type of seizure: Absence Generalized Tonic-Clonic (Grand Mal/Convulsive)
Complex Partial Other (explain) _____

Physical Education Restrictions: No Yes (explain) _____

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

Date of last seizure _____ Length of seizure _____

OTHER HEALTH CONDITIONS

Chicken Pox: Date of disease: _____

- Anemia Depression Hemophilia Speech problems
- ADD/ADHD Digestive disorders Heart condition Other (explain) _____
- Cancer Emotional/Psychological Physical disability _____
- Cerebral Palsy Juvenile Rheumatoid Arthritis Sickle Cell Disease _____
- Cystic Fibrosis Skin disorders _____

Physical Education Restrictions: No Yes (explain): _____

Home Medication(s) for conditions listed above: No Yes List medication(s) _____

Restrictions/Accommodations for conditions listed above: No Yes Explain: _____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning):
No Yes (explain): _____

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

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

VISION CONDITIONS HEARING CONDITIONS _____

Contacts/glasses Other _____ Hearing aid(s) Other: _____

ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION
Special adjustments of the school environment or schedule required: 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 required: 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 required: No Yes (explain): _____
(i.e., eating, toileting, walking)

Medical Care Provider's Name (Printed) Address Phone and Fax Numbers

Medical Care Provider's Signature Credential (i.e. MD, NP, DDS) Date

PART 3: SCHOOL NURSE TO COMPLETE

Nurse Notes: _____

School Nurse Signature _____ Date _____

RETURN COMPLETED FORM TO SCHOOL NURSE AS SOON AS POSSIBLE

TERREBONNE

Parish School District

Parental Consent Regarding Medicaid Reimbursements

Dear Parent/Guardian,

The purpose of this letter is to ask for your permission (consent) to share personally identifiable information about your child with Louisiana Medicaid and to seek reimbursement for the Medicaid covered health services that are provided at school. 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 one-time written parental permission Terrebonne Parish School District seeks 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. After the initial permission is given, you will receive an annual notice each year.

Please be advised of the following:

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

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.

Child's Name

Parent/Guardian Name

Child's Date of Birth

Parent/Guardian Signature

Date

Attention TPSD Personnel: Please return this form to your school's health aide, your school RN, or the Nursing Coordinator Erin Klingman, RN @ AD Martin JR West Park Special Education and Federal Building.

TERREBONNE

Parish School District

Screening Notification

Dear Parent/Guardian:

This letter is to inform you of the free Vision and Hearing screenings that will be offered to most students at school for the upcoming school year. The screenings are conducted by the General Health School Nurses. Vision and Hearing screenings are offered to all PK, K, 1st, 3rd, 5th, 7th, and 10th graders during the Fall Semester

The results of these screenings do not constitute a diagnosis nor do they take place of a professional exam by a physician. The purpose of the screenings are to detect any problems that may affect the student's ability to be successful in the classroom. The school will maintain the privacy and confidentiality of all students according to the district policy. As the above screenings are completed, you will be notified **only** if a concern becomes evident via a letter sent home with your child.

If you do not want your child to participate in Vision or Hearing screenings, you may sign a Letter of Refusal at the school office prior to the screening date.

If you have any questions, please feel free to contact your School Nurse.

Sincerely,



TPSD Nursing Coordinator



Louisiana Migrant Education Program Migrant Family Search Form






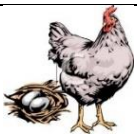

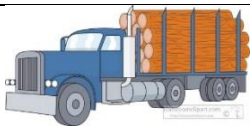

**A. D. Martin, Jr. West Park
Special Education and Federal Center
Migrant Education Program
7573 Park Ave.
Houma, LA 70360**

**Attention:
Renee' Fonseca
Migrant Recruiter
(985) 879-6434
reneefonseca@tpsd.org**

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive additional educational services. **The information you provide will be kept confidential.** Please answer the following questions and return this form to your child's school.

Has anyone in your family worked in any of the following areas in the past three (3) years?

YES **NO** (Please check all that apply below and complete contact information.)

 <input type="checkbox"/> Commercial Fishing: catching or processing of fish or shellfish (fish, oysters, crawfish, shrimp, crabs...) or the raising or harvesting of fish at fish/crawfish farms	 <input type="checkbox"/> Processing or Packing of seafood, fruits, vegetables, or meat	 <input type="checkbox"/> Farming: planting or harvesting of field crops (sugarcane, cotton, soybeans, rice...), grain crops, hay, fruits, or vegetables	 <input type="checkbox"/> Plant Nursery Work: planting, tending, or harvesting of plants, flowers, trees, or orchards
 <input type="checkbox"/> Dairy Farm Work	 <input type="checkbox"/> Poultry Farm Work	 <input type="checkbox"/> Livestock: cattle, goats, sheep, horses, rabbits, hogs, or turtle farming	 <input type="checkbox"/> Timber/Lumber: logging or Christmas tree farming
 <input type="checkbox"/> Other similar work? Please explain: _____ _____		<input type="checkbox"/> NONE OF THE ABOVE	

Date: _____
 School: _____
 Student's Name: _____
 Parent/Guardian: _____

Address: _____
 Phone #: (Home) _____
 (Cell) _____
 Email: _____

Por favor vea el otro lado de esta página para la versión en español.

Làm ơn xem mặt bên sau của trang này nếu cần đọc tiếng Việt.

Programa de Educación Migrante de Louisiana

Su hijo/hija podría calificar para recibir los Servicios de Educación Migrante de Louisiana. Para determinar si califica, póngase en contacto con nuestra oficina, o complete esta forma y devuélvela a:

**Terrebonne Parish School District
Federal Program/Migrant Education
7573 Park Ave.
Houma, LA 70360**

**¿Alguien en su familia ha trabajado en las siguientes áreas en los últimos tres años?
(Marque todo lo que corresponda.)**

- Pesca: atrapando y/o procesando pescado o crustáceos (peces, ostras, ástacos, langostinos, cangrejos...), criando y cosechando peces o crustáceos en las granjas de pescado
- Agricultura: plantando o cosechando caña de azúcar, algodón, soya, granos, heno, frutas y verduras
- Procesando o empacando: frutas, verduras, carne o crustáceos
- Trabajo en Viveros: plantando, atendiendo y cosechando plantas, flores y árboles
- Trabajo agrícola
- Aves y Ganado: pollos, ganado vacuno, cabras, ovejas, caballos, cerdos y Conejos
- Industria Maderera y Árboles de Navidad
- Ninguna de las anteriores

Nombre del estudiante _____

Escuela _____

Nombre _____

Domicilio _____

Teléfono (casa) _____
(cell) _____

E-mail: _____

Louisiana Migrant Education Program

Con của quý vị có thể được đủ điều kiện để được hỗ trợ thêm thông qua chương trình Louisiana Migrant. Để xác định xem quý vị có đủ điều kiện, xin vui lòng liên lạc văn phòng của chúng tôi hoặc điền mẫu đơn này và gửi lại: _____

**Terrebonne Parish School District
Federal Program/Migrant Education
7573 Park Ave.
Houma, LA 70360**

**Trong ba năm qua, có ai trong gia đình của quý vị có hay đã làm việc trong bất kỳ lĩnh vực sau đây?
(Đánh dấu nghề nghiệp của quý vị.)**

- Làm nghề biển: đánh bắt, chế biến từ cá hoặc động vật có vỏ (cá, sò, tôm, cua) hoặc nâng cao hoặc thu hoạch từ cá hoặc động vật có vỏ tại trang trại cá
- Nghề nông: trồng hay thu hoạch các loại cây trồng trường (mía, bông, đậu tương, gạo), hạt cây trồng, cỏ khô, trái cây, hoặc rau
- Chế biến và đóng gói: trái cây, rau, thịt, hoặc hải sản
- Trồng và thu hoạch: trồng, chăm sóc, và thu hoạch thực vật, hoa, và cây
- Nghề làm sữa, phó mát
- Gia cầm và Chăn nuôi: gà, bò, dê, cừu, ngựa, thỏ, và heo
- Gỗ: Khai thác gỗ hoặc cây trang trại
- Không có trên đây

Tên học sinh _____

Trường học _____

Phụ huynh/giám hộ tên _____

Địa chỉ _____

Điện thoại (nhà) _____
(cell) _____

E-mail: _____

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 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

CONFIDENTIAL REFERRAL FORM

LEA: _____ School Year: _____ Date: _____

Student Name: _____ School: _____

Parent/Guardian: _____ ID# _____ IEP: ____ Yes ____ No

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

Temporary Address: _____ City: _____ Zip: _____

Referring Person: _____ Position: _____

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

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

Check all that apply:

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

Unaccompanied Youth: Yes ____ No ____

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

COMMENTS: _____

Other Children in Home: _____

School Personnel Signature

Date

Homeless Liaison Signature

Date

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

Copy Sent to District Homeless Liaison

Copy Placed in Student's Cumulative Record

(Revised 05/2022)