

Good Hope Middle School 6th Grade Registration/Elective Request Form

Student's Name: _____ Date: _____
Last First Middle

Gender: (Male/Female) Previous School: _____

Guardian Information:

Guardian 1: Guardian 2:

Name: _____ Name: _____

Number: _____ Number: _____

Email: _____ Email: _____

Required subjects: ELA (Reading and English), math, science, social studies, PE

Elective choices:

-art -band -choir -strings -FaCS -Keyboarding -Robotics

1st choice: _____ 2nd choice: _____ 3rd choice: _____

Student may be placed in reading lab based on test scores and/or accommodations.

Are you currently in any GT classes? Yes No

Other information you would like us to know to help with scheduling:

Student Signature _____ Date _____

Parent Signature _____ Date _____

Ouachita Parish School System
PRELIMINARY ENTRANCE FORM

PLEASE PRINT

Date entered: _____

Student ID # _____

Race and Ethnicity:

Please complete the following information required for multi-racial reporting:

1. Are you Hispanic/Latino? Yes No
If you selected NO, continue to Question 2.
If you selected YES, Question 2 is optional.

2. Please select one or more applicable races from the following groups:

- American Indian or Alaska Native
- Asian
- Black or African America
- Native Hawaiian or Other Pacific Islander
- White

Name: _____
First Middle Last

Birth Date: _____ / _____ / _____
Month Day Year

Social Security #: _____ - _____ - _____

Sex: Male or Female

Birth Cert. #: _____

Entering Grade: _____ Locker #: _____ Homeroom Teacher: _____ Counselor: _____

Former School: _____
Name Address City/State/Zip Phone #

Has your child ever attended a Ouachita Parish school? No Yes - School: _____

Has your child ever repeated a grade? No Yes - Grade Level: _____

Name of Person Child Lives With: _____ Relationship: _____

Physical Address: _____
Street Apt # City

Home Phone #: _____ Cell Phone #: _____

Father's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Mother's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Legal Guardian: _____ Relationship: _____

Mailing Address: _____ Home Phone #: _____
Street/Apt # City

Place of Employment: _____ Work Phone #: _____ Cell Phone #: _____

Support Services: (Circle all that apply)

- Gifted
- Migrant
- Resource
- Self-contained
- Speech
- Language!
- 504
- Adaptive P.E.
- ESL

Medic Alert: (Circle all that apply)

- None
- Asthma
- Diabetes
- Epilepsy
- Seizures
- Other: _____

Allergies: (Foods, Drugs, Insects, etc.): _____

Emergency/After-school/Check-out Information on Back

Emergency Contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

After School Transportation:

- Bus Number: _____ 1st Load 2nd Load
- Day Care Name: _____ Phone #: _____
- Car Pick-up
- Walks
- Rides Bicycle
- Student Car Decal #: _____

Check-out Authorization: *(Only these people will be allowed to check out your child.)*

The following individuals have permission to check my child out of school in case of illness or emergency.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Persons Restricted From Picking Up My Child:

Name: _____ Name: _____

Name: _____ Name: _____

Other Children Attending This School:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

The above information is correct to the best of my knowledge.

Parent's Signature: _____ Date: _____

Good Hope Middle School

400 Good Hope Road, West Monroe, LA 71291
School 318-396-9693 ~ Fax 318-397-5110

Mandy Green, Principal
Danny Pennington, Assistant Principal
Dusty Brasher, Assistant Principal

GUIDANCE DEPARTMENT

Allison Jones (A-K counselor)
Heather Black (L-Z counselor)

RECORDS REQUEST

To: _____ Date: _____

Address: _____ Phone: _____

Fax #: _____ From: _____

Student: _____
Last Name First MI Grade Date of Birth

The above student has enrolled at GHMS. In order to complete enrollment, please fax or email us the following information. Please alert us ASAP if a student is 504/SPED/GT.

Any Discipline records	Grading Scale Interpretation
Attendance records	Immunizations
Complete transcript	Report Card (most recent)
Copy of Birth Certificate	Withdrawal Slip/Grades
Copy of Social Security Card	Test scores

Please send by fax to the **GHMS Guidance Department** at **318-397-5110** or email allisonjones@opsb.net or heatherblack@opsb.net

Please fax any of the following, if applicable:

504 IAP Records - Attn: Marci Bryant/GHMS 504 Coordinator **318-397-5110**

Gifted IEP Records - Attn: Heather Black/GHMS SBLC Coordinator **318-397-5110**

Special Ed./Resource records will be requested from GHMS program manager.



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

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



Louisiana Migrant Education Program

Family Search Form

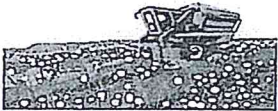
School District/Parish: _____ School: _____ School Year: _____

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive **FREE** additional educational services. The information you provide will only be used for program purposes. Please answer both questions below and return this form to your child's school.

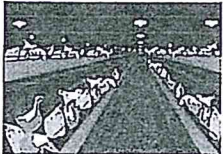
1. Have you or another person in your home worked in agriculture or fishing in the past 3 years?
(Please check all that apply below & complete contact information)

YES

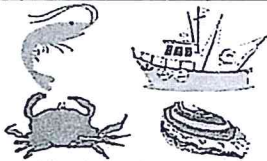
NO




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



Working in a poultry farm




Working in shrimping / crabbing / oyster fishing




Working in forestry / timber logging




Working in a plant nursery, orchard, tree growing or harvesting



Working with livestock such as cattle, hogs, alligator, crickets, or turtle farming



Working in rice, crawfish ponds



Other **AGRICULTURAL** or **FISHING** work? Please explain:

2. Have your children moved or traveled across school district lines in the past 3 years?

This may include overnight or extended trips, at any time of the year, including the summer, to do shrimping, crabbing, oyster fishing, or agricultural work.

YES

NO

Parent (Guardian) Name: _____ Best time to contact you: _____

Phone Number(s): _____

Address: _____ Email Address: _____

Language/Lenguaje/Ngôn ngữ: English Español Tiếng Việt Other: _____

The purpose of this form is to help the state determine if the child(ren) in this family are eligible for the Louisiana Migrant Education Program. One of the individuals listed below may contact you to determine eligibility for the Louisiana Migrant Education Program:

Laurie Stewart - 225-369-0560 laurie.stewart@louisiana-mep.org	Tomi Soto - 956-740-8077 tomi.soto@louisiana-mep.org
Clare Ortiz - 870-820-6177 clare.ortiz@louisiana-mep.org	Lorena Andrea Roberts - 225-372-0419 lorena.roberts@louisiana-mep.org

For School Use Only: Please return completed forms to: idr.team@louisiana-mep.org

For Spanish or Vietnamese search forms, please visit: <https://louisianamigrantidr.com/documents.php>. For any further questions, please reach out to the Louisiana Migrant Education Program Identification & Recruitment Team at: idr.team@louisiana-mep.org.

OUACHITA PARISH SCHOOLS

RELEASE OF INFORMATION

Initial Notice and Consent

STUDENT NAME: _____

NOTICE

The Louisiana Department of Health (LDH) Medicaid program allows school districts to request reimbursement for costs associated with provision of certain nursing activities including screenings, student assessments, IEP and IHP related services. These services include occupational and physical therapy, speech pathology, behavioral health services, nursing services and special transportation. Schools are required to provide notice and to obtain consent from a parent before accessing a child's Medicaid benefits.

Ouachita Parish Schools seeks your consent to disclose personally identifiable information about your child to Louisiana Medicaid to access reimbursement for the IEP/Medicaid covered health services that are provided at school. In order to submit claims for nursing activities/IEP/IHP/Medicaid covered services, the following types of records may be required: child's full name, address, date of birth, Medicaid ID, disabilities, types of services and dates of services delivered. This disclosure of information to Louisiana Medicaid and its affiliates and access to Medicaid reimbursement for the school district shall not result in any decrease in available lifetime Medicaid coverage, result in any cost to you or your family, increase any premiums or lead to the discontinuation of your child's benefits or insurance or create any risk of loss of your child's eligibility for home and community based waivers based on total health-related expenditures.

You may withdraw this consent in writing at any time. If you refuse consent or withdraw consent to allow access to the Medicaid benefits, it will not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to your child.

CONSENT

I hereby authorize **Ouachita Parish Schools** to disclose necessary information to Louisiana Medicaid in order to seek reimbursement for the nursing activities/IEP/IHP/Medicaid-covered health services provided to my child.

PARENT(S)/GUARDIAN(S) SIGNATURE

DATE