SMS - PRELIMINARY ENTRANCE FORM

PLEASE PRINT

Date entered: _____

Student ID # _____

Name: _____
First Middle Last

Birth Date: ____ / ____ / ____
Month Day Year

Social Security #: ___ - ___ - ___

Sex: OMale or OFemale

Birth Cert. #: _____

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

1. Are you Hispanic/Latino? OYes ONo
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:
OAmerican Indian or Alaska Native
OAsian
OBlack or African America
ONative Hawaiian or Other Pacific Islander
OWhite

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

lome Phone #: _____ Cell Phone #: _____

ather's Name: _____ Cell Phone #: _____

ace of Employment: _____ Work Phone #: _____

other's Name: _____ Cell Phone #: _____

ace of Employment: _____ Work Phone #: _____

gal Guardian: _____ Relationship: _____

iling dress: _____ Home Phone #: _____
Street/Apt # City

ce of ployment: _____ Work Phone #: _____ Cell Phone #: _____

port Services: (Circle all that apply)

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

lic Alert: (Circle all that apply)

one Asthma Diabetes Epilepsy Seizures Other: _____

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

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

mail: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

After School Transportation:

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

Pick-out Authorization: *(Only these people will be allowed to check out your child.)* *Other than Parent Info

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 #: _____

---

ons Restricted From Picking Up My Child:

_____ Name: _____

_____ Name: _____

Children Attending This School:

_____ Grade: _____ Name: _____ Grade: _____

_____ Grade: _____ Name: _____ Grade: _____

_____ Grade: _____ Name: _____ Grade: _____

---

ve information is correct to the best of my knowledge.

Signature: _____ Date: _____

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

ART I: 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.

ame of School:			Grade:	
udent's Name: Last		First		M.I.
udent's Date of Birth:	Sex: ☐ M ☐ F	State or Country of Birth:		
ıdent's Mailing Address:	City:	State:	Zip Code:	
ıdent's Physical Address:	City:	State:	Zip Code:	
me of Mother or Legal ardian:	Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	Employer:
ne of Father or Legal ardian:	Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	Employer:
ne of child's pediatrician or primary care provider:		Names of medical specialists or special clinics caring for your child:		

ent or Legal Guardian Signature Date

se check the type of health insurance your child has: ☐ Private ☐ Medicaid/LaCHIP ☐ None

ur child does not have health insurance, would you like information on no cost health insurance? ☐ Yes ☐ No

se of emergency—if parent or legal guardian cannot be reached—contact the following:

e Complete Phone Number ( )

hild has a medical, mental, or behavioral condition that may affect his/her school day: ☐ No ☐ Yes (If yes, se complete Part 2.)

T 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing the school my medication and may be responsible for providing the school with any special food or equipment that the student will require during hool day. Check with the school nurse to obtain correct medication and procedure forms.

LERGIES

y Type:

- ☐ Food (list food(s)) _____
- ☐ Insect sting (list insect(s)) _____
- ☐ Medication (list medication(s)) _____
- Other (list) _____

ions: (Date of last occurrence if yes.)

Coughing (Date:) ☐ Hives (Date:) ☐ Rash (Date:)
Difficulty breathing (Date:) ☐ Local swelling (Date:) ☐ Wheezing (Date:)
Generalized swelling (Date:) ☐ Nausea (Date:) ☐ Other _____ (Date:)

ıtly prescribed medications and treatments:

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

HMA

s: ☐ Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ ☐ Other (list) _____

our child experience asthma symptoms with exercise? ☐ No ☐ Yes

ms:

Chest tightness, discomfort, or pain ☐ Difficulty breathing ☐ Coughing ☐ Wheezing ☐ Other _____

tly prescribed medications and treatments: _____

last hospitalization related to asthma _____ Date of last emergency room visit related to asthma _____

our child have a written asthma management plan? ☐ No ☐ Yes

ak flow monitoring used? ☐ No ☐ Yes

Name: _____ DOB: _____

DIABETES

Currently prescribed medications and treatments:

☐ Insulin: ☐ Syringe ☐ Pen ☐ Pump
☐ Blood sugar testing
☐ Glucagon
☐ Oral medication(s) List medication(s) _____

s special scheduling of lunch or Physical Education required? ☐ No ☐ Yes

SEIZURE DISORDER

ype of seizure:

☐ Absence (staring, unresponsive) ☐ Complex Partial ☐ Generalized Tonic-Clonic (Grand Mal/Convulsive)
☐ Other (explain) _____

hysical Education Restrictions: ☐ No ☐ Yes
edication(s): ☐ No ☐ Yes List medication(s) _____

ate of last seizure _____ Length of seizure _____

OTHER HEALTH CONDITIONS

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

ysical Education Restrictions: ☐ No ☐ Yes (explain): _____

dication(s): ☐ No ☐ Yes List medication(s) _____

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

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

there anticipated frequent absences or hospitalizations? No Yes
lain):

SION CONDITIONS

ontacts/glasses
ther

HEARING CONDITIONS

☐ Hearing aid(s)
☐ Other

NVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

ial school environmental adjustments of the school environment or schedule: ☐ No ☐ Yes (explain):_____

seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for
ss)

ial school environmental adjustments to classroom or school facilities: ☐ No ☐ Yes (explain):_____

temperature control, refrigeration/medication storage, availability of running water)

ial safety considerations: ☐ No ☐ Yes (explain):_____

special precautions in lifting, positioning, special transportation emergency plan, special safety equipment, special
iques for positioning, feeding)

ial assistance with activities of daily living: ☐ No ☐ Yes (explain):_____

eating, toileting, walking)

TO BE COMPLETED BY SCHOOL NURSE TO COMPLETE if parent/legal guardian indicates medical condition

_____ _____
School Nurse Signature Date

RETURN COMPLETED FORM TO SCHOOL NURSE/HEALTH OFFICE AS SOON AS POSSIBLE

Emergency Plan

Student: _____ Date: _____

Parent/Guardian: _____

Address: _____

_____

Home Phone: _____ Work: _____

Emergency Room Phone Number: _____

Physician's Name: _____

Alternate Contact: _____

Home Phone: _____ Work: _____

I am aware that if my child has an emergency in school and I am not available, the school principal or alternate will have my child transported to the emergency room. I will be responsible for payment of emergency care.

_____ _____ _____

Signature Parent/Guardian Date Witness

_____

PLEASE DOCUMENT PROBLEMS AND RESPONSES ON BACK

STUDENT SPECIFIC EMERGENCIES

IF YOU SEE THIS	DO THIS

IF AN EMERGENCY OCCURS:

If the emergency is life-threatening, immediately call 9-1-1

Stay with the student or designate another adult to do so.

Call or designate someone to call the principal and/or health care coordinator.

State who you are:

State where you are:

State problem:

If the school liaison is unavailable, the following staff members are trained to deal with an emergency and to initiate the appropriate procedures.

DEPARTMENT of EDUCATION
Louisiana Believes

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

05/2022

DEPARTMENT of EDUCATION
Louisiana Believes

TITLE VII, SUBPART B MCKINNEY-VENTO Homeless Assistance Act, as Reauthorized by TITLE IX, PART A OF ESSA

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

OMMENTS:

_____

ther Children in Home: _____

_____ _____ _____

:hool 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)

Louisiana Migrant Education Program

Family Search Form

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

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

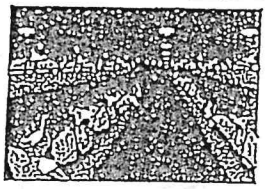
. **Have you or another person in your home worked in agriculture or fishing in the past 3 years?**
(Please check all that apply below & complete contact information)

◯ YES ◯ NO



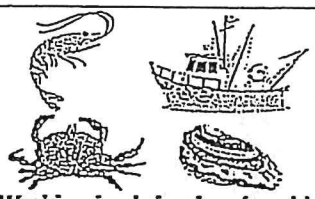
g vegetables, fruit, pecans, ybeans, sugarcane, sweet potatoes, etc.

☐



Working in a poultry farm

☐



Working in shrimping / crabbing / oyster fishing

☐



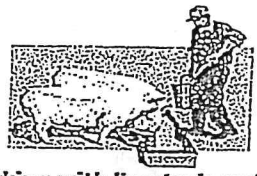
Working in forestry / timber/ logging

☐



ing in a plant nursery, ard, 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?**
s 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

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

Number(s): _____

s: _____ Email Address: _____

ge/Lenguaje/Ngôn ngữ: ◯English ◯Español ◯Tiếng Việt ◯Other: _____

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

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

Programa de Educación para Migrantes de Louisiana

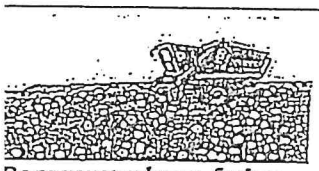
Formulario de Investigación Familiar

Distrito escolar/Parroquia: _____ **Escuela:** _____ **Año lectivo:** _____

Con el fin de servir mejor a las necesidades académicas de sus hijos, nuestro programa quiere identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales **GRATUITOS.** La información que usted brinde solo será usada para los propósitos del programa. Por favor conteste ambas preguntas a continuación y devuelva este formulario a la escuela de su hijo.

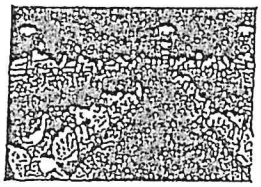
1. **¿Ha trabajado usted u otra persona de su hogar en la agricultura o la pesca en los últimos 3 años?**
(Por favor, marque todo lo que corresponda a continuación y complete la información de contacto)

○ **SÍ** ○ **NO**



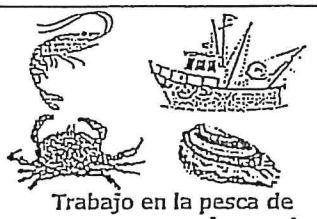
Recoger verduras, frutas, nueces, heno, soja, caña de azúcar, patatas dulces, etc.

☐



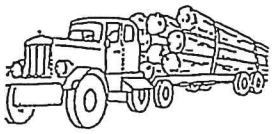
Trabajar en una granja avícola

☐



Trabajo en la pesca de camarones, cangrejos y ostras.

☐



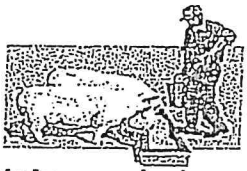
Trabajo en la silvicultura, la madera y la explotación forestal

☐



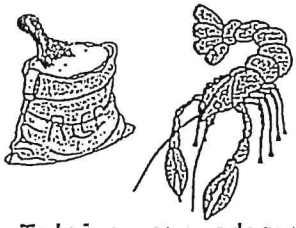
Trabajen en un vivero, huerto, cultivo o cosecha de árboles

☐



Trabajar con animales como ganado, cerdos, caimanes, grillos o tortugas

☐



Trabajo en campos de arroz, estanques de langostas

☐



¿Otro tipo de trabajo AGRÍCOLA o ICTÍCOLA ? Por favor explique:

_____

_____

¿Sus hijos se han mudado o han viajado a través de las líneas del distrito escolar en los últimos 3 años?

Esto puede incluir viajes nocturnos o prolongados, en cualquier época del año, incluido el verano, para realizar trabajos de pesca de camarones, cangrejos, ostras o agricultura.

○ **SÍ** ○ **NO**

Nombre del Padre (tutor): _____ Mejor momento para contactarlo: _____

Número(s) de teléfono: _____

Dirección: _____ Correo electrónico: _____

Language/Lenguaje/Ngôn ngữ: ○ English ○ Español ○ Tiếng Việt ○ Otro: _____

El propósito de este formulario es ayudar al estado a determinar si los niños de esta familia son elegibles para el Programa de Educación para Migrantes de Louisiana. Una de las personas listadas a continuación puede contactarlo para determinar la elegibilidad para el Programa de Educación para Migrantes de Louisiana:

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

Solo para uso de la escuela: por favor devuelva los formularios completos a: idr.team@louisiana-mep.org

Por formularios de investigación en español o en vietnamita, por favor ingrese a: https://louisianamigrantidr.com/documents.php.

Más preguntas, por favor contacte al Equipo de Registro e Identificación del Programa de Educación para Migrantes de Louisiana al: idr.team@louisiana-mep.org.

OUACHITA PARISH SCHOOLS

Complete this home Language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian. It must be kept in the student's file. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

ENGLISH

1.Is a language other than English spoken in your home? ☐No ☐Yes_____(specify language)

2.Does your child communicate in a language other than English ☐No ☐Yes_____(specify language)

3.Which language did your child learn first? _____(specify language)

4.In which language do you prefer to receive information from the school? _____(specify language)

5.What is your relationship to the child? ☐Father ☐Mother ☐Guardian ☐Other (specify) _____

SPANISH

1. ¿Se habla otro indioma que no sea el inglés en su casa? ☐No☐ Sí _____(especificar idioma)

2.¿Habla el estudiante un idioma que no sea el inglés?☐No☐Sí _____(especificar idioma)

3.¿Qué idioma aprendió su hijo primero? _____(especificar idioma)

4.¿En qué idioma prefiere recibir información de la escuela? _____(especificar idioma)

5.¿Cuál es tu relación con el niño? ☐Padre ☐Madre☐Guardián ☐ Otro (especificar) _____

FRENCH

1.Une langue autre que l'anglais est-elle parlée à la maison? ☐Non ☐ Oui _____(précisez la langue)

2.Votre enfant communique-t-il dans une langue autre que l'anglais?☐Non ☐ Oui _____(précisez la langue)

3.Quelle langue votre enfant a-t-il apprise en premièr? _____(précisez la langue)

4. Dans quelle langue préférez-vous recevoir des informations de l'école? _____(précisez la langue)

5. Quelle est votre relation avec l'enfant? ☐Père ☐Mère ☐Tuteur ☐Autre (précisez) _____

Family Educational Rights and Privacy Act (FERPA)

Get the Latest on FERPA at https://studentprivacy.ed.gov/ (https://studentprivacy.ed.gov/?src=fpco)

- **Frequently Asked Questions** (https://studentprivacy.ed.gov/frequently-asked-questions)
- FERPA for **parents and students** (https://studentprivacy.ed.gov/audience/parents-and-students), **K12 school officials** (https://studentprivacy.ed.gov/audience/school-officials-k-12) and **Postsecondary school officials** (https://studentprivacy.ed.gov/audience/school-officials-post-secondary)
- Protection of Pupil Rights Amendment (**PPRA**) (https://studentprivacy.ed.gov/content/ppra)
- **Guidance** (https://studentprivacy.ed.gov/guidance) and **Notices** (https://studentprivacy.ed.gov/annual-notices)
- **Filing a complaint under FERPA or PPRA** (https://studentprivacy.ed.gov/file-a-complaint)

Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that ects the privacy of student education records. The law applies to all schools that receive funds under an licable program of the U.S. Department of Education.

PA gives parents certain rights with respect to their children's education records. These rights transfer to the ent when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom ights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
  Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
  Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;

VIETNAMESE

1. Là một ngôn ngữ khác ngoài tiếng Anh được nói trong nhà của bạn? ☐Không ☐Có _____ chỉ định ngôn ngữ)

2. Con của bạn có giao tiếp bằng ngôn ngữ khác ngoài tiếng Anh không? ☐ Không ☐Có _____ chỉ định ngôn ngữ)

3. Con bạn đã học ngôn ngữ nào trước tiên? _____ (chỉ định ngôn ngữ)

4.Trong ngôn ngữ nào bạn thích nhận thông tin từ trường? _____ (chỉ định ngôn ngữ)

5. Mối quan hệ của bạn với đứa trẻ là gì? ☐Cha ☐Mẹ ☐Người Giám Hộ ☐Khác (ghi rõ) _____

CHINESE

1.你家裡用的是英語以外的語言嗎？ 否 是_____ (指定語言)

2.您的孩子是否使用英語以外的語言進行交流 ☐否 ☐是_____ (指定語言)

3. 你的孩子先學習哪種語言？ _____ (指定語言)

4.您希望以哪種語言從學校接收信息？ _____ (指定語言)

5. 你和孩子的關係是什麼？☐ 父親 ☐ 母親 ☐ 監護人 ☐ 其他 (指定) _____

ARABIC

١. هل توجد لغة أخرى منطوقة في منزلك بخلاف اللغة الإنجليزية؟
○ لا ○ نعم _____ (حدد اللغة)

٢. هل يتواصل طفلك مع غيره بلغة أخرى بخلاف اللغة الإنجليزية؟
○ لا ○ نعم _____ (حدد اللغة)

٣. ما أول لغة تعلمها طفلك؟ _____ (حدد اللغة)

٤. بأي لغة تفضل أن تستقبل المعلومات من المدرسة؟ _____ (حدد اللغة)

٥. ما العلاقة التي تربطك بالطفل؟
○ والده ○ والدته ○ الوصي عليه ○ صلة أخرى (الرجاء التحديد)
_____

- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

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