2026-2027 Student Enrollment Packet

Student : _____ School: _____ Grade: _____

Required Documents

☐ Birth Certificate	☐ Social Security Card	☐ Immunization Record	☐ Parent Driver's License with corresponding physical address.

Proof of Residency

A. **Reside in own residence in St. James Parish**: submit **2 (two)** utility bills matching the physical address on the parent/legal guardian's driver's license/LA identification card.

☐ **Gas** Bill	☐ **Electric** Bill	☐ **Water** Bill	☐ Physical address on parent DL corresponds with both bills

B. If any of the two are lacking, **one utility bill**, plus **2 (two)** of the following current alternative forms of evidence will be acceptable. It must identify the physical location of the reported residency.

☐ Physical address on parent DL corresponds with bill & 2 docs.	☐ One Utility Bill	☐ Homestead Exemption	☐ Auto Insurance	☐ Federal/State Tax Return	☐ W-2 Form	☐ Voter's Registration

C. Reside on the property of another St. James Parish resident through a current **lease/rental agreement** must submit **all** of the following:

☐ Physical address on parent DL must correspond with bill	☐ Current utility bill with parent/legal guardian's name and physical address	☐ Current lease/rental agreement with names of parent/legal guardian and child(ren)

D. Parents/legal guardians of enrolling students who reside within the household of a St. James Parish resident without a lease/rental agreement must present a current and completed notarized **Affidavit.**

☐ **Affidavit** is complete, current, notarized and includes required signatures.

☐ Proof of Residency of Homeowner: _____ A (above) _____ B (above)

Parent Registering Child (print) **:** _____ **Signature**: _____

Phone Number: _____ **Email Address**: _____ **Date**: _____

District OfficeUse Only Approved by: _____ Date: _____

2026-2027
Student Information

ST. JAMES PARISH SCHOOLS
Inspiring Hope and Purpose

Student: _____ _____ _____ _____
(Print) (DOB) (Age) (Gender)

Race: _____ _____ _____ _____ _____ _____
White Black Hispanic/Latino Asian Native American Other

Grade Level: ____ PK ____K ____1 ____2 ____3 ____4 ____5
____6 ____7 ____8 ____9 ____10 ____11 ____12

School: ____ Cypress Grove Montessori ____ Sixth Ward Elementary
____ Gramercy Elementary ____ Vacherie Elementary
____ Paulina Elementary ____ Lutcher High School
____ St. Louis Academy ____ St. James High

School your child was last enrolled: _____

Does your child have an IEP or IAP (504 plan)**?** _____Yes _____No

Parent or Guardian Registering Child (print) **:** _____
(circle one)

Parent/Guardian *(signature)*: _____ Date: _____

Physical Address *(parent and child)* _____ _____ _____
(Street) (City) (Zip Code)

Mailing Address _____ _____ _____
(if different from physical) (City) (Zip Code)

Best Contact Phone Number(s): _____ _____

Title III Home Language Survey

First entry date in U.S. _____
Home Language: _____
Language Used at Home: _____

Country of Birth: _____
First language learned by student: _____
Language used with other students: _____

Parent/Guardian Information

Father _____ _____ _____
(First) (Middle) (Last)

Race: _____ _____ _____ _____ _____ _____
White Black Hispanic/Latino Asian Native American Other

Mailing Address: _____ _____ _____
(City) (Zip Code)

Physical Address: _____ _____ _____
(Street) (City) (Zip Code)

Email Address: _____

Phone Number: _____ _____ _____
(Cell) (Home) (Work)

Mother _____ _____ _____
(First) (Middle) (Last)

Race: _____ _____ _____ _____ _____ _____
White Black Hispanic/Latino Asian Native American Other

Mailing Address: _____ _____ _____
(City) (Zip Code)

Physical Address: _____ _____ _____
(Street) (City) (Zip Code)

Email Address: _____

Phone Number: _____ _____ _____
(Cell) (Home) (Work)

Guardian _____ _____ _____
(First) (Middle) (Last)

Race: _____ _____ _____ _____ _____ _____
White Black Hispanic/Latino Asian Native American Other

Mailing Address: _____ _____ _____
(City) (Zip Code)

Physical Address: _____ _____ _____
(Street) (City) (Zip Code)

Email Address: _____ **Phone Number**: _____

Emergency Contact Information

Please list a minimum of (3) people to contact if we cannot contact you. These individuals will also have the authorization to sign your child in or out of school.

Student's Name: _____ Grade: _____ School:_____

Emergency Contact #1

Name: _____ Phone Number: _____

Emergency Contact #2

Name: _____ Phone Number: _____

Emergency Contact #3

Name: _____ Phone Number: _____

Emergency Contact #4

Name: _____ Phone Number: _____

Emergency Contact #5

Name: _____ Phone Number: _____

Medical Information

Student's Name: _____ Grade: _____ School:_____

Student's Physical Address: _____ _____ _____
(City) (Zip Code)

Phone numbers to call in case of an emergency:

Mom's Name: _____ H/W/C: _____ H/W/C: _____

Dad's Name: _____ H/W/C: _____ H/W/C: _____

Responsible adults who will assume responsibility for student in your absence:

Name: _____ H/W/C: _____ H/W/C: _____

Name: _____ H/W/C: _____ H/W/C: _____

Student Medical History *(check all that apply)*

____ Asthma (last attack:_____)

____Seizures/Epilepsy (last attack:_____)

____ Tonsillitis

____ Diabetes

____ Sickle Cell Disease

____ Behavior Concerns

____ Taking Medication

____ Orthopedic Injury/Concerns

____ Heart Disease

____ Ear Infections

____Allergies

____ Spina Bifida

____ Cerebral Palsy

____ Speech Concerns

____ Skin Disease/Skin Concerns

____ Other

Comment on any checked category above: _____

If your child is taking any mediation, please list the name, dosage, and time medication is taken:

_____

Student's Physician's Name: _____ Phone # _____

Student's Dentist's Name: _____ Phone # _____

If your child has any dietary needs for food allergy or requires a special diet, please complete the attached SJP diet prescription for meals at school form.

For the health and safety of my child, I am aware this may be shared with school personnel.

Parent Signature: _____ Date: _____

Authorization for Release of Information

St. James Parish School System
1876 West Main St
Lutcher, LA 70071
(225) 258-4500

Date of Request: _____ **Student's Name:** _____

To: _____
(Student's Previous School) (Full Address of School) (Phone #)

From: (Check One School)

☐ **Cypress Grove Montessori (PK-6th)** 2461 N. King Ave Lutcher, LA 70071 (225) 258-5400 Attn: Joann Reulet **jreulet@sjpsb.org**	☐ **Sixth Ward Elementary (4th-6th)** 3245 Valcour Aime St.Vacherie, LA 70090 (225) 258-4640 Attn: Erica Johnson **ejohnson@sjpsb.org**
☐ **Gramercy Elementary School (4th-6th)** 601 East 2nd St. Gramercy, LA 70052 (225) 258-4800 Attn: Elizabeth Vicknair **evicknair@sjpsb.org**	☐ **St. James High School (7th-12th)** 22187 LA- 20 Vacherie, LA 70090 (225) 258-4900 Attn: Betsy Chenier **bchenier@sjpsb.org**
☐ **Paulina Elementary School (PK-3rd)** 2756 LA-44 Paulina, LA 70763 (225) 258-4700 Attn: Melissa Rizzuto mrizzuto**@sjpsb.org**	☐ **St. Louis Academy (PK-3rd)** 8184 Villavaso St. St. James, LA 70086 (225) 258-4680 Attn: Joy Bell jbell**@sjpsb.org**
☐ **Lutcher High School (7th-12th)** 1910 W Main St Lutcher, LA 70071 (225) 258-5300 Attn: Denise Marzilli **dmarzilli@sjpsb.org**	☐ **Vacherie Elementary (PK-3rd)** 13440 Hwy 644 Vacherie, LA 70060 (225) 258-5250 Attn: Dianna Porche dporche**@sjpsb.org**

I would like for you to email the following official records of my child _____ to the St. James Parish School's contact checked above. Records should include: academic, attendance, discipline, health, identified exceptionalities (Special Education and 504), and any other related information for the purpose of registration.

My signature below denotes that the released information is for professional purposes only and its use is restricted as only specified above.

_____ _____ _____
(Parent's Printed Name) (Parent's Signature) (Date)

_____ _____
(Parent's Address) (Parent's Phone #)

St. James Parish School System
Diet Prescription for Meals at School

****Special Diets will not be supplied and certain foods will not be substituted or omitted, until this form is filled out by an MD and approved by the Child Nutrition Department.**** This document is in effect for the current school year and must be renewed annually. Please fax completed form to 225-258-8112.

Student's Name: _____ Age:_____ DOB:_____

School: _____ Grade:_____ Homeroom: _____

Parent's Name: _____ Parent's E-mail_____

Address:_____ Telephone: _____

1. **Does the child have a disability?** Yes or No
   If yes, describe the major life activities affected by the disability. _____
2. **If the child is not disabled does the child have special nutritional or feeding needs**? Yes or No
3. **Does your child have an Epi-Pen for specific food or foods?** Yes or No
   If yes, please list food(s):_____

PHYSICIAN MUST COMPLETE SECTION BELOW:

Medical Condition:_____

Diet Prescription: (check all that apply):

Food Intolerance:

- ☐ Eggs-PURE FORM ONLY
- ☐ Milk- PURE FORM ONLY**
- ☐ Milk and Dairy ONLY**
- ☐ Soy- PURE FORM ONLY
- ☐ Wheat- WHOLE/UNPROCESSED ONLY
- ☐ Wheat (due to Celiac Disease)
- ☐ Red Dye

** **Please note which may be served in place of milk:**

_____Juice _____Water _____Almond Milk _____Pure Dairy Lactose Free Milk _____Rice milk

Is milk eliminated due to **MILK ALLERGY _____ or **LACTOSE INTOLRANCE**_____?

Allergies: ___Eggs ___Fish ___Milk ___Nuts ___Peanuts ___Shellfish ___Soy Other_____

Eliminate ALL foods that may contain any form of: _____

*If Allergy, what is the reaction? _____

**Diabetic Diets = Breakfast_____Lunch_____Snack_____(# of Carbs/meal)

Any Other Specific Dietary Needs (Modified Texture, Tube Feedings, etc):_____

Specific Foods to Omit: _____

Specific Foods to Substitute: _____

I certify that the above named student needs special meals prepared as described above because of the student's chronic medical condition.

Office Address: _____ Office Telephone:_____ Office Fax:_____

_____ _____ _____

Licensed Physician/ Medical Authority **PRINT** Licensed Physician/ Medical Authority **SIGNATURE** **Date**

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	Lorena Andrea Roberts -225-372-0419 lorena.roberts@louisiana-mep.org
Iban Gama - 225-217-0490 iban.gama@louisiana-mep.org	Clare Ortiz - 870-820-6177 clare.ortiz@louisiana-mep.org

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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.

Form Updated 9-15-2022

Louisiana Student Residency Questionnaire

(Form Must Be Included In School Enrollment Packet)

Date:_____ LEA:_____ School Name:_____

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

Address:_____ Phone:_____

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, complete questions 6 & 7 and sign under item 12 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 Within the past 6 months, we worried whether our food would run out before we got money to buy more.
7. YES NO Within the past 6 months, the food we bought just didn't last, and we didn't have money to get more.
8. YES NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
9. Would you like assistance with uniforms, student records, school supplies, transportation, other? (Describe):_____
10. 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?
11. 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 _____

12. 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

Sent Resources or made contact with POC for food insecurity

School Use Only:

Free or Reduced Price Meals Form submitted/signed Copy Placed in Student's Cumulative Record

Revised 07/2026

Guidelines and Requirements for Diet Prescription Forms

These guidelines and requirements have been established to ensure the safety of students when medically necessary menu change must be implemented.

- A new Diet Prescription Form (DPF) **must** be completed every school year.
- Food services are not allowed to substitute food or alter the diet without this form. Prior to receiving this form, the parent may be required to send the student's meals to school.
- All sections **must** be filled out completely.
- The DPF **must** be signed by a Physician or Recognized Medical Authority (NP, PA, etc).
- The diet prescription **will not** be altered unless a form is updated by the physician.
- Food Allergies: Please provide specific information regarding foods to omit and substitute.
- If the student cannot have fluid milk, please document appropriate substitutes.
  We can provide any of the options listed on the form.
- DPF **must** be completed before implemented at the school site.
- An Individualized Health Plan **will not** be written for Special Diets and Food Allergies until a School RN receives a Diet Prescription that is signed by a physician.
- Please fax, mail, or deliver the form to the child's school or fax to 225-258-8112.

2026-2027

St. James Parish School System
School Bus Transportation Request Form
2026-2027 School Year
One Student Per Form

2026-2027

New students registering and current students requesting a transportation change must submit this form to the Student Services Department via email: *transportation@sjpsb.org*. You may also submit this form online by visiting https://www.stjames.k12.la.us/departments/student-services and click on the "Transportation" tab.
All transportation requests may take 3-5 business days to go into effect.

Student Name: _____ Grade: _____ School: _____

Home Address of Student and Parent: _____

Parent Name: _____ Email Address: _____ Phone #: _____

PARENTS (Please complete the following information that applies to your child.)

NEW STUDENT – I am registering my child who needs bus transportation. I understand that someone must be at the bus stop at drop off time.

Pick Up Address: _____ Drop Off Address: _____

Parent Signature: _____ Date Submitted: _____

**STOP HERE and submit to the Student Services Department.*

CURRENT STUDENT - Please check only one box. I understand that someone must be at the bus stop at drop off time.

- ☐ My child no longer needs bus transportation services.
- ☐ My child currently rides the bus and I am requesting a transportation change.
- ☐ My child does NOT currently ride the bus and now needs transportation

Pick Up Address: _____ Drop Off Address: _____

Reason for Change of Address: _____

Parent Signature: _____ Date Submitted: _____

STUDENT SERVICES Date Received: _____ Approved: _____ Denied: _____

☐ Pick up/drop off addresses were changed in JCAMPUS by Student Services and this form was emailed to First Student.

Signature: _____ Date Sent to First Student: _____

FIRST STUDENT Date Received: _____ Initial _____

☐ Mark the bus number in the box. Student will start riding the bus on _____ **AM PM.**

☐ Email this form to the school transportation contacts and cc **transportation@sjpsb.org**.

☐ Communicate with the bus driver that this student will be riding their bus.

Student will ride bus #

_____

First Student Signature: _____ Date Submitted to School: _____

SCHOOL Date Received: _____ Initial _____ Date Student was Notified: _____

Elementary schools will contact the parent and provide a copy to the bus driver. High Schools will contact the parent and provide a copy to the student.

All forms are to be filed at the school in a folder labeled with the current school year.

Revised 6/2024

ST. JAMES PARISH SCHOOL BOARD
AFFIDAVIT BY PARENT/GUARDIAN VERIFYING PLACE OF RESIDENCE

School Year: 2026-2027

(Please check one) School: LHS____ SJHS___ SLA___ SWES___ VES___ PES___ CGM___ GES___

I. Identifying Information – please print
A parent/guardian who is residing with a friend or relative on a temporary or permanent basis must complete the official St. James Parish School Board **Affidavit of Place of Residence** document. If the school has reason to believe that the information in the Affidavit is incorrect, that the parent and/or student is in fact residing outside the residence, the student will be required to return to the school in the attendance zone where he/she resides. Out of parish students will be withdrawn immediately from the school district and may be held liable to reimburse the district for expenses incurred to educate this student.

Residency Affidavits must be resubmitted for approval each new academic school year.

PARENT/GUARDIAN OF STUDENT_____

Phone Number where parent/guardian can be reached:_____

1. Name of child(ren)_____D.O.B._____GRADE:_____

2. School being enrolled in:_____

3. School last attended:_____

4. Other children of parent/guardian living with Resident:

_____ _____
Name Age Grade Name Age Grade

5. Parent/guardian/child(ren) previous address (Post Office Box is not acceptable as a residence address):

_____
Previous Physical Address City State Zip Code

6. Name of resident that parent/guardian/child(ren) is residing with:

Resident:_____ Phone Number: _____

_____
Physical Address City State Zip Code

II. Residency

A. **Verification of Joint Residency:**

Print first and last names of the person(s) providing proof of residency. I, declare under perjury, that the above named student lives at this address with me. I also agree to notify the school within two weeks when residency has changed.

First Name	Last Name	Signature of Person(s)

B. Proof of Residency:

When sharing a home with another individual or family, you must provide **any of the following proofs of residency along with the resident's driver's license with a matching address.**

- 2 Utility Bills (gas, water, electric) **OR**
- 1 Utility Bill and TWO of the following (homestead exemption, auto insurance, tax return, W-2, voter's registration)
  OR
- Current lease/rental agreement with parent and student(s) name listed on agreement and one utility bill

NOTE: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

PARENTS, in the box below, please provide a statement as to "WHY" and "HOW LONG" you will reside at this address.

_____

_____

_____

_____

_____

_____

_____

III. Notarized Statement

As the enrolling parent/guardian, I, _____, attest that I and my child(ren) are **living with and physically residing with** the resident at the resident's address above. I also attest that I do not reside at any other home or residency. I further attest that this living arrangement is not solely for the purpose of changing schools in the district.

The parent/guardian has been advised and is aware that the making of **intentionally false statements** in this Affidavit may expose **him/her and the residence owner** to prosecution for false swearing under LA R.S. 14:125 which states whoever commits the crime of false swearing shall be fined not more than five hundred ($500) dollars or imprisoned for not more than one year, or both.

I have carefully read and signed this Affidavit and attest to the truth of all of the information provided.

THUS SWORN AND SUBSCRIBED BEFORE ME the undersigned Notary Public, with such civil and criminal penalties that may attach hereto this _____day of _____ 20_____.

_____
Witness

_____
Parent

_____
Witness

_____
Signature of Person providing residency

_____
Notary Public (Signature)
Notary must be located in St. James Parish.

_____
Printed Name of Notary

Place Notary Seal or Stamp Below:

_____ Date:_____ School:_____
Signature of Principal

_____ Date:_____ School:_____
Signature of Student Services Representative

_____ Date:_____ School:_____
Signature of Superintendent