OPSB Registration Requirements

Child Welfare & Attendance
910 Thomas Road
West Monroe, LA 71292
318-432-5610

New Enrollment	Affidavit Enrollment (You live with someone and the bills are in the other person's name)	Out-of-Zone Enrollment
1. Go to CWA to prove residency in parish with 2 of the following documents in hand: - Copy of lease/mortgage - Copy of water bill - Copy of electric bill - Copy of garbage bill - Copy of cable bill	1. Download affidavit form from opsb.net or pick up a copy at CWA 2. Take affidavit and both occupants get it notarized 3. Take the notarized form to CWA along with the following documents: -Copies of both occupant's driver license in hand -Copies of 2 of the following documents in hand: - Copy of lease/mortgage - Copy of water bill - Copy of electric bill - Copy of garbage bill - Copy of cable bill	1. If **out of district**, get a release letter from your zoned district. Or If **in OPSB district**, go to step 2. 2. Go to school you are wanting to attend and get principal's approval 3. Take letter/approval to CWA along with 2 of the following documents in hand: - Copy of lease/mortgage - Copy of water bill - Copy of electric bill - Copy of garbage bill - Copy of cable bill

After receiving permission to enroll documents from CWA, you will take the document from CWA to the school to enroll along with the student's birth certificate, immunization record, and social security card.

OUACHITA PARISH SCHOOLS
Building Bridges to the Future

1600 North 7th Street ◦ West Monroe, Louisiana 71291 ◦ Phone: (318) 432-5000 ◦ www.opsb.net

How to Enroll in Our District

From Within the Parish

If you have moved and need to **register** your child **from one Ouachita Parish School to another Ouachita Parish School**, you will complete the following steps:

1. Go to the school your child attended and request a drop slip.
2. Bring to Child Welfare and Attendance (CWA) at 910 Thomas Road, West Monroe, LA 71292, the following documents: picture identification of the parent/guardian **and two proofs of residency: mortgage/lease and 1 current utility bill or 2 current utility bills.** Current means within the last 45 days.
3. Take the documents from CWA to the new-zoned school assigned with the child's birth certificate, social security card, and immunization record along with the drop slip from the school attended.

From Within the State

If you have moved into Ouachita Parish School Zone from within the state of Louisiana, you will complete the following steps:

1. Bring to Child Welfare and Attendance (CWA) at 910 Thomas Road, West Monroe, LA 71292, the following documents: picture identification of the parent/guardian **and two proofs of residency: mortgage/lease and 1 current utility bill or 2 current utility bills.** Current means within the last 45 days.
2. Take the documents from CWA to the school assigned by CWA with the child's birth certificate, social security card, and immunization record, along with previous school report card or drop slip.

From Out of State

If you have moved and need to register your child from another state to Ouachita Parish, you will complete the following steps:

1. Bring to Child Welfare and Attendance (CWA) at 910 Thomas Road, West Monroe, LA 71292, the following documents: picture identification of the parent/guardian **and two proofs of residency: mortgage/lease and 1 current utility bill or 2 current utility bills.** Current means within the last 45 days.
2. Take the documents from CWA to the school assigned by CWA with the child's birth certificate, social security card, and immunization record, along with previous school report card or drop slip.

IF YOU DO NOT HAVE proof of residency in your name, you must complete an affidavit that is notarized along with the picture identification of the residence owner/renter.

Ouachita Parish School System

PRELIMINARY ENTRANCE FORM

PLEASE PRINT

Date entered: _____

Student ID # _____

Name: _____
First Middle Last

Birth Date: _____/_____/_____
Month Day Year

Social Security #: _____-_____-_____

Sex: _____ Race: _____

Birth Cert. #: _____

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

1. Are you Hispanic/Latino? O Yes O 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:
- O American Indian or Alaska Native
- O Asian
- O Black or African American
- O Native Hawaiian or Other Pacific Islander
- O White

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:

- 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 #: _____

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:** _____

OUACHITA PARISH SCHOOLS
Building Bridges to the Future

Child Welfare & Attendance

910 Thomas Road ~ West Monroe, Louisiana 71291~ Phone: (318) 432-5610 ~ FAX: (318) 387-0921

Rodney Lloyd, Director

August 11, 2025

High School Discipline Procedure Changes:

The following changes have been made to the procedure in handling fights during school supervision:

- Any student who is found guilty of instigating or participating in a fight while under school supervision shall be recommended for Alternative placement as determined by OPSB Hearing Officer.

The following changes have been made to the procedure of handling videoing/posting images with any inappropriate behavior/fighting.

- Any student found guilty of videoing/posting images with any inappropriate behavior/ fighting shall be recommended for expulsion or a change of placement as determined by CWA.

The following changes to graduation ceremonies:

1. Any senior who has been placed in alternative placement or has been expelled shall not be allowed to participate in graduation ceremonies for that year.
2. Any senior found guilty of participating in, videoing, or instigating a fight shall not participate in graduation ceremonies.

We, the undersigned parent/guardian and student, have read the procedure changes for fights, videoing/posting of inappropriate videos and graduation ceremonies and understand the consequences if found in violation of these procedures. We understand that we may contact the school for clarification of any of the procedurals changes.

_____ _____

Student Signature Date

_____ _____

Parent/Guardian Signature Date

Tiera McMillan-Johnson
Administrative Assistant
tieramcmillan@opsb.net

Rodney Lloyd
Director of Child Welfare and Attendance
lloyd@opsb.net

Barbara Robinson
Child Welfare Supervisor
robinson@opsb.net

West Ouachita High School

4061 Caples Road * West Monroe, LA * 71292
Phone: (318)249-2117 Fax: (318)249-4774
Web: https://westouachitahigh.opsb.net/

West Ouachita High School Parent and Student Agreement

- I acknowledge that the WOHS Student Handbook is available online on the WOHS school webpage and contains vital information for the safety, well-being, and success of WOHS students.
- Federal and state mandates, including Title IX, Mandatory Reporting, School Attendance, and Cell Phone Policy are posted in the handbook.
- Dances, pep rallies, assemblies, extracurricular activities, and ceremonies are a privilege, not a right.
- The WOHS campus is a closed campus. All visitors must check in through the Main Office. Students are not permitted to leave campus during lunch.
- WOHS maintains an official Facebook page to publicize information. WOHS also conduct Robo calls and texts for important announcements, such as school closures.
- All students are expected to pay school fees. All fee information can be found on our website under the Payments tab.
- Parents and Students have access to grades, attendance, and discipline through On-Course Connect. We encourage all parents to routinely monitor their child's progress.
- I am committed to keeping my family contact information accurate and up to date for the purpose of safety and security.
- I have been provided with a copy of the OPSB Fight Policy and understand the consequences of violating this policy.
- I have been provided a copy Participation in Graduation Ceremony Policy and understand the consequences of violating this policy.
- School attendance is vitally important for student success. I am aware of the School Attendance Policy and understand the consequences of violating this policy.

_____ _____

Student Signature Date

_____ _____

Parent/Guardian Signature Date

Rusty Farrar, Principal
Bobby Crockett, Asst. Principal / Cory Emerson, Asst. Principal / Randa Wigley, Asst. Principal
Colby Mitchell, Admin. Asst.

CHECK OUT AUTHORIZATION 2026-2027

I, _____, parent/legal guardian

of _____, who attends West Ouachita High School, hereby give my permission for the adults ***(21 years of age or older)*** listed below to come to West Ouachita and sign my child out of school.

	NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

SIGNED: _____ **DATE:** _____
(PARENT/LEGAL GUARDIAN)

IF THIS FORM IS NOT RETURNED TO THE SCHOOL, ONLY THE PARENT/LEGAL GUARDIAN WILL BE PERMITTED TO SIGN A STUDENT OUT OF SCHOOL.

RETURN THIS FORM TO:
MAIN OFFICE/WEST OUACHITA HIGH SCHOOL

CHECKING IN/OUT OF SCHOOL

****If a student arrives to school at or after 7:55 a.m., he/she must get a tardy slip to enter class.**
****If a student arrives at 8:20 am or after he/she must report to the Main Office to check in.**

Students may not check out other students!

The only reasons a student should be checked out are for the following:
1. Illness
2. Immediate - Family Emergency
3. A valid appointment

Once at school, unless one of the reasons listed above exists, the student must remain at school. Checking one's self out without using proper protocols could result in disciplinary actions. Due to the school's legal liability, students may not check out by fax or phone. A valid I.D. must be shown when checking out a student.

West Ouachita High School

4061 Caples Road * West Monroe, LA * 71292
Phone: (318)249-2117 Fax: (318)249-4774
Web: https://westouachitahigh.opsb.net/

CONSENT FORM

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

Grade_____

If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)[1] and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR),LDE, and OTS to allow:

- You to **track your child's progress** in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship and to **monitor your child's TOPS eligibility status** by having an account on the LOSFA Student Hub (https://www.osfa.la.gov/studenthub.html).
- LOSFA to determine **whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS).**
- You to **monitor your child's TOPS eligibility status** by having an account on the Student Hub (https://www.osfa.la.gov/studenthub.html).
- LOSFA to **make TOPS and other aid payments.**
- The Institution(s) to process his/her application for admission.

****Check with each university website for updates and changes to admissions criteria.**

The data, which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes, includes:

• Full name • Birthdate • Social Security Number • Student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).

If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

I CONSENT

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA, to the Institution, and to the entities named above.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

_____ _____

Signature of Parent/Legal Guardian My Child's Full Name

_____ _____

Printed Name of Parent/Legal Guardian Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. I understand that I may provide consent later by completing the consent portion of this form above and returning it to my child's school.

_____ _____

Signature of Parent/Legal Guardian My Child's Full Name

_____ _____

Printed Name of Parent/Legal Guardian Date

Rusty Farrar, Principal
Bobby Crockett, Asst. Principal / Cory Emerson, Asst. Principal / Randa Wigley, Asst. Principal
Colby Mitchell, Admin. Asst.

[1] LDE and OTS will not have access to students' personally identifiable information to facilitate this process.

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SHOOL YEAR

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.

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

_____

Parent or Legal Guardian Signature Date

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

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

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

Name: Complete Phone Number: ( )

My child has medical, mental, or behavioral condition that may affect his/her school day: No Yes (If yes, please complete Part 2.)

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. 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.

☐ **ALLERGIES**

Allergy Type:

Food (list foods(s)) _____

Insect sting (list insect(s)) _____

Medication (list medication(s)) _____

Other (list) _____

Reactions: (Date of last occurrence if yes,)

Couching (Date:_____) Hives(Date:_____) Rash (Date:_____)

Difficulty breathing (Date:_____) Local swelling (Date:_____) Wheezing(Date:_____)

Generalized swelling (Date: _____) Nausea (Date:_____) Other _____(Date:_____)

Currently prescribed medication and treatments:

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

☐ **ASTHMA**

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

Does your child experience asthma symptoms with exercise? No Yes

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 your child have a written asthma management plan? No Yes

Is peak 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) _____

Is special scheduling of lunch or Physical Education required? No Yes

☐ **SEIZURE DISORDER**

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

Physical Education Restrictions: No Yes

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

Date 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): _____

Physical Education Restrictions: No Yes(explain): _____

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

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**
Contacts/glasses
Other _____

☐ **HEARING CONDITIONS**
Hearing aid(s)
Other _____

☐ **ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION**

Special school environmental adjustments of the school environment or schedule: No Yes (explain): _____
(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

Special school environmental adjustments to classroom or school facilities: No Yes (explain): _____
(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations: No Yes (explain): _____
(i.e., special precautions in lifting, positioning, special transportation emergency plan, special safety equipment, special techniques for positioning, feeding)

Special assistance with activities of daily living: No Yes (explain): _____
(i.e., eating, toileting, walking)

PART 3: SCHOOL NURSE TO COMPLETE if parent/legal guardian indicates medical condition.

_____ _____
School Nurse Signature Date

Notes:

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

West Ouachita High School

GUIDANCE DEPARTMENT INTAKE FORM

Legal Name of Student: _____

Last First Middle

o Male Birthdate: _____/_____/_____

o Female Grade: 9 10 11 12

Parents/Guardians Living Within the Household With Student

Last Name:_____
First Name:_____
Sex:_____ Relationship to Student:_____
Phone(s): _____HOME _____WORK
_____CELL _____OTHER
Place of Employment:_____
Email Address: _____

Last Name:_____
First Name:_____
Sex:_____ Relationship to Student:_____
Phone(s): _____HOME _____WORK
_____CELL _____OTHER
Place of Employment:_____
Email Address: _____

Siblings Living Within Household

Last Name:_____
First Name:_____ Middle Name: _____
Birthdate: _____/_____/_____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently attending a Ouachita Parish School? ____Yes ____No
Name of School: _____

Last Name:_____
First Name:_____ Middle Name: _____
Birthdate: _____/_____/_____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently attending a Ouachita Parish School? ____Yes ____No
Name of School: _____

Last Name:_____
First Name:_____ Middle Name: _____
Birthdate: _____/_____/_____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently attending a Ouachita Parish School? ____Yes ____No
Name of School: _____

Last Name:_____
First Name:_____ Middle Name: _____
Birthdate: _____/_____/_____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently attending a Ouachita Parish School? ____Yes ____No
Name of School: _____

Parents/Guardians Living at Another Address

Does this parent/guardian have joint custody? ____Yes ____No
Should this parent/guardian receive school mailings? ____Yes_____No
Last Name: _____
First Name: _____
Sex: _____ Relationship to Student: _____
Address: _____
City: _____ Zip: _____
Phone(s): _____HOME _____WORK
_____CELL _____OTHER
Email Address: _____
Is there a court order restricting this parent/guardian's access to the student and/or student records? _____YES _____NO
A COPY OF CURRENT COURT DOCUMENTS MUST BE PROVIDED

Does this parent/guardian have joint custody? ____Yes ____No
Should this parent/guardian receive school mailings? ____Yes_____No
Last Name: _____
First Name: _____
Sex: _____ Relationship to Student: _____
Address: _____
City: _____ Zip: _____
Phone(s): _____HOME _____WORK
_____CELL _____OTHER
Email Address: _____
Is there a court order restricting this parent/guardian's access to the student and/or student records? _____YES _____NO
A COPY OF CURRENT COURT DOCUMENTS MUST BE PROVIDED

PLEASE NOTE: Information on this page will remain confidential. The intent is to provide the student's counselor with necessary background information so each student's educational and emotional needs can be addressed.

- Please list any particular interests/talents/strengths/weaknesses of the student:

- Has the student ever been identified as eligible for gifted/talented services? YES NO
  (If yes, when and what school?)

- Has the student ever been identified as eligible for special education services? YES NO
  (If yes, when and what school? Does the student have a current IEP?)

- Has the student ever been identified as eligible for 504 accommodations? YES NO
  (If yes, when and what school? Does the student have a current IAP?)

- Additional comments about any of the above information:

- Has the student ever been retained? YES NO
  (If yes, what grade?)

- Has the student ever been expelled? YES NO
  (If yes, when and what school? Please briefly explain circumstances.)

- Has the student ever acquired too many absences to earn credits? YES NO
  (If yes, when and what school? Please briefly explain circumstances.)

- Has the student ever been treated for a serious medical condition? YES NO
  (If yes, when? Please briefly explain.)

- Has the student ever experienced circumstances that would affect his/her mental well-being? (ex: trauma, depression, grief, anxiety, other issues) YES NO
  (If yes, when? Please briefly explain.)

Louisiana Migrant Education Program

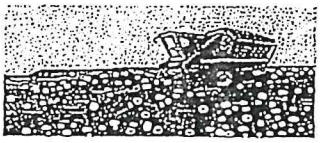
Migrant Family Search Form

School District: Ouachita Parish School Name: West Ouachita High School

Dear Parents,
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.

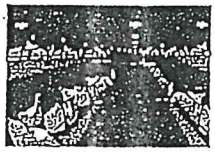
Have you moved/traveled in the past three years in order to do agriculture/fishing work?

☐ **NO** ☐ **YES** (Please check all that apply below & complete contact information)



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

☐



Working in a poultry farm

☐



Working in a dairy farm

☐



Working with timber

☐



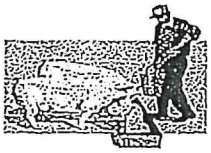
Working in a plant nursery, orchard, tree growing or harvesting

☐



Working in a commercial fishing, shrimping, crabbing or crawfish ponds

☐



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

☐

Other similar work? Please explain:

_____

_____

_____

_____

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

Telephone No._____

For School Use Only: Please return completed surveys to:

Anthony Killian
Federal Programs Director

Benita L. Mayfield
Migrant Program Coordinator

Form Updated 4/2019

Louisiana Migrant Education Program

Migrant Family Search Form

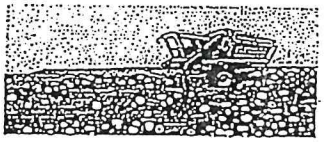
Distrito Escolar: Ouachita Parish Escuela: West Ouachita High School

Queridos padres,

Para atender mejor las necesidades académicas de sus hijos, nuestro programa quiere identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales. **La información que proporcione será usada solo para propósitos del programa.** Por favor responda las siguientes preguntas y devuelva este formulario a la escuela de su hijo/a.

¿Se ha mudado/ viajado en los últimos tres años para realizar trabajos agrícolas/de pesca?

☐ **NO** ☐ **SÍ** (Marque todos los que se aplican a continuación y complete la información de contacto)



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

☐



Trabajando en una granja de pollos (pollera)

☐



Trabajando en una granja lechera (con ganado)

☐



Trabajando con madera/arboles

☐



Trabajando en un vivero de plantas, huerto, cultivo de árboles o cosecha

☐



Trabajando en la pesca comercial, camarones, cangrejos o estanques de cangrejos

☐



Trabajando con ganado como ganado, cerdos, cocodrilos, grillos o tortugas

☐

¿Otro trabajo similar? Por favor explique:

_____

_____

_____

_____

Nombre del padre/madre (encargado): _____

La mejor hora para contaactarle:_____ Número de telefónico _____

Para uso de la escuela solamente: Please return completed surveys to

(envíe esta forma a...):

Anthony Killian

Federal Programs Director

Benita L. Mayfield

Migrant Program Coordinator

OUACHITA
PARISH SCHOOL BOARD
Building Bridges to the Future

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. 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.

School:_____ Student Name: _____

Date of Birth: _____ USA Entry Date (If born outside USA): _____

Country of Birth: _____

I will need ☐ translation (written) ☐ interpretation (spoken) services ☐ N/A If YES, which language? _____

Has your child received ESL/ELL services previously? Yes No N/A

By signing below, you confirm that the answers to the questions pertain specifically to your student. These questions aim to assess whether a student's exposure to a language other than English might qualify them for additional English Learner support. If a language other than English is identified, your student will complete a screening assessment to determine eligibility for language support services aimed at achieving fluency in English. Students who qualify for these services will receive support as English learners and will undergo annual assessments to measure their English language proficiency, as mandated by ESSA. 1111(b)(2)(G).

Parent/Guardian Signature: _____ Date: _____

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 when he/she began to talk? _____ (specify language)
4. What language does your child use with friends? _____ (specify language)
5. In which language do you prefer to receive information from the school? _____ (specify language)
6. What is your relationship to the child? Father Mother Guardian Other (specify)_____

ESPAÑOL (SPANISH)

1. ¿Se habla otro idioma además del inglés en su hogar? No Sí _____ (especifique idioma)
2. ¿Su hijo se comunica en otro idioma además del inglés? No Sí _____ (especifique idioma)
3. ¿Qué idioma aprendió su hijo cuando empezó a hablar? _____ (especifique idioma)
4. ¿Qué idioma usa su hijo con sus amigos? _____ (especifique idioma)
5. ¿En qué idioma prefieres recibir información del colegio? _____ (especifique idioma)
6. ¿Cuál es su relación con el niño? Padre Madre Tutor Otro (especifique)_____

FRANÇAIS (FRENCH)

1. Une langue autre que l'anglais est-elle parlée à la maison ? Non Oui _____ (préciser la langue)
2. Votre enfant communique-t-il dans une langue autre que l'anglais ? Non Oui _____ (préciser la langue)
3. Quelle langue votre enfant a-t-il appris lorsqu'il a commencé à parler ? _____ (préciser la langue)
4. Quelle langue votre enfant utilise-t-il avec ses amis ? _____ (préciser la langue)
5. Dans quelle langue préférez-vous recevoir des informations de l'école ? _____ (préciser la langue)
6. Quelle est votre relation avec l'enfant ? Père Mère Tuteur Autre (préciser)_____

Tiếng Việt (VIETNAMESE)

1. Ở nhà bạn có nói ngôn ngữ nào khác ngoài tiếng Anh không? Không Có _____ (ghi rõ ngôn ngữ)
2. Con bạn có giao tiếp bằng ngôn ngữ khác ngoài tiếng Anh không? Không Có _____ (ghi rõ ngôn ngữ)
3. Con bạn học ngôn ngữ nào khi bắt đầu biết nói? _____ (ghi rõ ngôn ngữ)
4. Con bạn sử dụng ngôn ngữ gì với bạn bè? _____ (ghi rõ ngôn ngữ)
5. Bạn muốn nhận thông tin từ nhà trường bằng ngôn ngữ nào? _____ (ghi rõ ngôn ngữ)
6. Mối quan hệ của bạn với đứa trẻ là gì? Cha Mẹ Người giám hộ Khác (ghi rõ)_____

CHINESE

1. 您的家里除了英语以外还讲其他语言吗？ 否 是 _____ （请说明语言）
2. 您的孩子是否使用英语以外的语言交流？ 否 是 _____ （请说明语言）
3. 您的孩子开始说话时学习的是哪种语言？ _____ （请说明语言）
4. 您的孩子和朋友说话时使用什么语言？ _____ （请说明语言）
5. 您希望以哪种语言接收学校的信息？ _____ （请指定语言）
6. 您和孩子是什么关系？ 父亲 母亲 监护人 其他（请说明） _____

ARABIC

1. هل يتم التحدث بلغة أخرى غير الإنجليزية في منزلك؟ لا نعم _____ (حدد اللغة)
2. هل يتواصل طفلك بلغة غير الإنجليزية؟ لا نعم _____ (حدد اللغة)
3. ما هي اللغة التي تعلمها طفلك عندما بدأ الحديث؟ _____ (حدد اللغة)
4. ما هي اللغة التي يستخدمها طفلك مع الأصدقاء؟ _____ (حدد اللغة)
5. بأي لغة تفضل تلقي المعلومات من المدرسة؟ _____ (حدد اللغة)
6. ما هي علاقتك بالطفل؟ الأب الأم الوصي أخرى (حدد) _____

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

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