

Chris M. Kimball
Superintendent

Raymond Gros, President
District 7

Sue Beier Vice- President,
District 3



ST. JAMES PARISH SCHOOLS

Inspiring Hope and Purpose

1876 West Main Street
P.O. Box 338
Lutcher, LA 70071
(225) 258-4500
www.stjames.k12.la.us

Diana Cantillo, District 1
Tim Detillier, District 2
Marty Poche, District 4
Angela Washington,
District 5
Nicole Florent Charles,
District 6

Student Registration Packet Document Checklist

Please have **all** of the required documents before registering your child (ren). Thank you.

Has anyone in your household ever registered in St. James Parish? Yes _____ No _____

If Yes, what school year _____

1. _____ **Verification of Residency**

Acceptable forms of proof of residency, include two of the following:

- an Act of Sale/Mortgage for home or lease agreement/rental contract on company letterhead
- a Voter's Registration Card (showing name and address)
- driver's license
- Tax Assessor's bill
- a water **or** electric bill (must be dated within 30 days of submission)

*If a parent/guardian is residing with a friend or relative on a temporary or permanent basis, a St. James Parish School Board Affidavit of Place of Residence must be completed.

2. _____ **Student's Birth Certificate**

3. _____ **Withdrawal Form from Previous School** (officially withdrawing from your prior school)

4. _____ **Last Report Card**

5. _____ **Transcript (High School Only) – current**

6. _____ **Leap Results** (if coming from a Louisiana School)

7. _____ **Immunization Records**

8. _____ **Social Security Card**

9. _____ **Legal Custody Papers** (If parents are separated, divorced, or if guardian is other than biological parents, *Legal Custody Papers, signed by a judge with docket number, is required.*)

10. _____ **Discipline and Expulsion Records** (current school year)

11. _____ **Authorization for Release of Information Form** (required for ALL students transferring into the district)

For answers to your question regarding address verification or custody, you may call the Child Welfare and Attendance Office at the St. James Parish School Board at 225-258-4500

Student's Name (Print) _____

I understand that Provisionally Enrolling my child at _____ School does not guarantee continued admission. I am required to provide **all** of the necessary documentation to finalize enrollment within **30 days** of registration.

Parent/Guardian Signature: _____ Date: _____

The following documents are needed:

Document(s) Due Date: _____

School Official: _____

Chris M. Kimball
Superintendent

Raymond Gros, President
District 7

Sue Beier, Vice- President,
District 3



ST. JAMES PARISH SCHOOLS

Inspiring Hope and Purpose

1876 West Main Street
P.O. Box 338
Lutcher, LA 70071
(225) 258-4500
www.stjames.k12.la.us

Diana Cantillo, District 1
Tim Detillier, District 2
Marty Poche, District 4
Angela Washington,
District 5
Nicole Florent Charles,
District 6

Student Registration Packet

Student's Name	Age	Date of Birth (Month, Day, Year)	Gender: Male/Female			
Race (Please check one):						
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino/Spanish	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	<input type="checkbox"/> Other, please specify	
Grade Level in which your child will enroll:						
<input type="checkbox"/> PK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

School in which your child was last enrolled. Please provide full name and address.

Does the student have a 504 plan or an IEP? (Please check if apply)

☐ 504 Plan

☐ IEP

Relationship to Child: (please select one).

☐ Parent

☐ Legal Guardian

**** Legal- Residence Attendance Zone Address:**

Street Address

Mailing Address (if different from street address)

City State Zip Code

Telephone Number

Parent/Guardian Signature

Date

Title III: Home Language Survey (Please answer questions to the best of your ability):

First entry date in the U.S.: _____

Country of Birth: _____

Home Language: _____

First Language learned by student: _____

Language used most often at home: _____

Language student uses most often with other students: _____

Parent/Guardian Information (Please answer questions to the best of your ability):

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

Father's Name: _____
Last Name First Name Middle Name

Father's Race: ___ White ___ Black ___ Asian ___ Native American ___ Other (specify _____)

Father's Address: _____
Address City State Zip Code

Father's Phone Number: _____
Home Work Cell

Father's Email Address: _____

Mother's Name: _____
Last Name First Name Maiden Name

Mother's Race: ___ White ___ Black ___ Asian ___ Native American ___ Other (specify _____)

Mother's Address: _____
Address City State Zip Code

Mother's Phone Number: _____
Home Work Cell

Mother's Email Address: _____

Guardian's Name: _____
Last Name First Name Middle Name

Guardian's Race: ___ White ___ Black ___ Asian ___ Native American ___ Other (specify _____)

Guardian's Address: _____
Address City State Zip Code

Guardian's Phone Number: _____
Home Work Cell

Guardian's Email Address: _____

Guardian Data

Whom does the child reside with? _____
Mother Father Guardian Other, please specify

Emergency Contact Information (Please answer questions to the best of your ability):

Please list a minimum of three (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: _____

Emergency Contact #1 Phone Number: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Phone Number: _____

Emergency Contact #3 Name: _____

Emergency Contact #3 Phone Number: _____

Emergency Contact #4 Name: _____

Emergency Contact #4 Phone Number: _____

Emergency Contact #5 Name: _____

Emergency Contact #5 Phone Number: _____

Emergency Contact #6 Name: _____

Emergency Contact #6 Phone Number: _____

Emergency Contact #7 Name: _____

Emergency Contact #7 Phone Number: _____

Medical Information: (Please answer questions to the best of your ability):

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

Student Address: _____

Phone Numbers: H/C/W (Home/Cell/Work). We MUST be able to contact you in an emergency.

Mom: _____ H/C/W: _____ H/C/W: _____
Dad: _____ H/C/W: _____ H/C/W: _____

Responsible adult who will assume responsibility for student in your absence.

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

Student Medical History:(Please select all that apply)

- ☐ Asthma (Last attack: _____)
- ☐ Heart Disease
- ☐ Seizures/Epilepsy (Last Seizure: _____)
- ☐ Ear Infections
- ☐ Tonsillitis
- ☐ Other (specify) _____
- ☐ Allergies
- ☐ Diabetes
- ☐ Spina Bifida
- ☐ Sickle Cell Disease
- ☐ Pregnancy
- ☐ Behavior/School Problems
- ☐ Speech Problems
- ☐ Medication
- ☐ Skin Disease/Skin Issues
- ☐ Orthopedic Injury/Problems
- ☐ Cerebral Palsy

Comments on medical if any category has a check above: _____

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

_____	_____
_____	_____
_____	_____

Does student play sports at school and/or cheer, dance, flag, majorettes, band, JROTC? Please list?

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

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

Any dietary needs for food allergy or special diet requires a DOCTOR ORDER and approval from the Child Nutrition Department for substitution. An Individualized Health Plan will be written only if previously stated is provided. The MD form is on the district's website or in the school's office.

Bus: _____ Car: _____ Walks: _____

For the health and safety of your child, information related to your child's health condition may be shared with school personnel involved with your child during the school day.

Parent Signature: _____ Date: _____

Special Diet & Food Allergy Request

If your child requires a special diet or needs an omission of certain foods due to a food allergy, please read below. The school secretary, the cafeteria manager, or the nurse may be contacted to receive a DIET PRESCRIPTION FOR MEALS AT SCHOOL for. When the form is returned and correctly completed by the physician, the diet request will be forwarded to the Child Nutrition Department for evaluation. A determination will be made as to whether or not substitutions will be made. Until such determination is made, parents may be required to send their child's meals to school. Diet prescription requests must be made each school year. An Individualized Health Plan will not be written for Special Diets and Food Allergies until a School RN receives a Diet prescription that has been received and approved by the Child Nutrition Department.

Revised 4/2020

**LOUISIANA DEPARTMENT OF EDUCATION
SCHOOL FOOD SERVICE SECTION**

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 a MD and approved by the Child Nutrition Department.****

DIET PRESCRIPTION for MEALS at SCHOOL

Student's Name _____ Age _____

School _____ Grade/Classroom _____

Parent's Name _____

Address _____ Telephone _____
Street or P. O. Box City State

Does the student have a disability that requires a special diet? Yes _____ No _____

If Yes, describe the major life activities affected by the disability on back.

If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Diet Prescription (Check all that apply.):

____ Diabetic _____ Increased Calorie _____ #kcal
____ Food Allergy _____ Reduced Calorie _____ #kcal
____ Hypoglycemic _____ Texture Modification
____ PKU Chopped _____ Ground _____
Pureed _____ Liquefied _____
____ Other _____ Tube Feeding
Liquefied Meal _____ Formula _____

Foods Omitted and Substitutions

(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. If necessary, attach additional information or instructions regarding the diet or feeding.)

Food Groups to Omit _____ Meat and Meat Alternatives _____ Milk and Milk Products
_____ Bread and Cereal Products _____ Fruits and Vegetables

Specific Foods to Omit

Specific Foods to Substitute

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

MUST BE SIGNED BY A DOCTOR

Office Telephone # () _____

Date: _____

Licensed Physician/Recognized Medical Authority **PRINT**

Licensed Physician/Recognized Medical Authority **SIGNATURE**

Revised 4/2016

IMMUNIZATION REMINDER

Dear Parents,

Louisiana Law makes it mandatory that any PK grade student that is 4 years old shall provide evidence of current immunizations against MMR, DTdap, chicken pox, polio, and any other age-appropriate vaccination or submit a written statement from a doctor stating that the procedure is contraindicated for medical reasons, or submit a written dissent from parents.

Please check your child's immunization status and have them up to date prior to the start of the next school year. Immunizations may be received at the Health Unit or the child's doctor.

Thanks for your cooperation,

School Nurses
(225) 258-4575



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
- ☐ 99 – Other: _____

COMMENTS:

Other Children in Home: _____

School Personnel Signature

Date

Homeless Liaison Signature

Date

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

____ Copy Sent to District Homeless Liaison

____ Copy Placed in Student's Cumulative Record

(Revised 06/2020)

Chris M. Kimball Superintendent

Raymond Gros, President
District 7

Sue Beier, Vice-President, District 3



ST. JAMES
PARISH SCHOOLS
Inspiring Hope and Purpose

1876 West Main Street
P.O. Box 338
Lutcher, LA 70071
(225) 258-4500
www.stjames.k12.la.us

Diana Cantillo, District 1
Tim Detiller, District 2
Marty Poche, District 4
Angela Washington, District 5
Nicole Florent Charles,
District 6

Louisiana Student Residency Questionnaire
(Form Must Be Included in School Enrollment Packet)

Date: _____ District: _____ 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 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.)
2. ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
3. ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
4. 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: _____

5. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
7. ☐ 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?
8. ☐ 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 _____
9. 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
School Use Only: ☐ Free or Reduced- Priced Meals Form submitted/signed

Unaccompanied Youth: ☐ YES ☐ NO
☐ Copy Placed in Student's Cumulative Record



Caregiver Authorization Form

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The Caregiver Authorization Form is not required, nor is it a condition for enrollment; rather it serves to assist your district and/or schools in following federal requirements to authorize access to education and other services for which unaccompanied children/youth are eligible during the homelessness determination period.

Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while *not* in the physical custody of a parent or guardian.

- To authorize the enrollment in school of a minor, complete items I through 4 and sign the form.
- To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below .

1. Name of minor: _____
2. Minor's date of birth: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. Check one or both (for example, if one parent was advised and the other could not be located):

___ I have advised the parent(s) or other person(s) having legal custody of the minor as to my Intent to authorize medical care and have received no objection.

___ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
6. My date of birth: _____
7. My state driver's license or identification card number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature: _____ Date: _____

NOTE: This form may be used to obtain information on the "Caregiver". It does not need to be notarized nor is it legally binding.



St. James Parish School System
REVISED School Bus Transportation Request Form
2022-2023 School Year
One Student Per Form



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 www.stjames.k12.la.us and click on the "Transportation Request Form" quick link. **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: _____ Phone Number: _____

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.

ST. JAMES PARISH SCHOOL BOARD
AFFIDAVIT BY PARENT/GUARDIAN VERIFYING PLACE OF RESIDENCE
School Year: 2021-2022

(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, **please attach two (2) proofs of residency in the resident's name showing residence (owner of property) address. Acceptable forms of proof of residency include two of the following:**

- an Act of Sale/Mortgage for home or lease agreement/rental contract on company letterhead,
- a Voter's Registration Card (showing name and address),
- driver's license,
- Tax Assessor's bill, and
- a water or electric bill. (Must be dated within 30 days of submission)

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.

[illegible]

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

Printed Name of Notary: _____

NOTE: Notary must be located in St. James Parish.

(Place Notary Seal or Stamp below)

Signature of Principal

Date: _____ School: _____

Signature of Student Services Representative

Date: _____ School: _____