



Technology Consent Form

*For a copy of the Internet and Network Usage Policy of EBRPSS, please visit
<https://ebrschoolsedtech.org/guiding-documents.html>*

I have read and agree to the following terms. I have read the District's Technology Usage policy, and the Internet and Network Usage Policy. I understand that as a student, if I violate the rules, my account can be terminated and I may face other disciplinary measures.

I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District computer system.

I also recognize it is impossible East Baton Rouge Parish Schools to restrict access to all controversial materials and I will not hold EBRPSS responsible for materials acquired on the network.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District's Technology Usage policy. I will emphasize to my child the importance of following the rules for personal safety.

Please check the appropriate box:

_____ My child may have an individual cloud access account.

_____ My child may not have an individual cloud access account.

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ **Date** _____

Student's Name _____

Student's Signature: _____ **Date:** _____



Parental/Legal Guardian Media Consent Form

I hereby consent to the use of any photographs/video tape taken of my child by the East Baton Rouge Parish School System or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the East Baton Rouge Parish School System in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, the East Baton Rouge Parish School System protects the privacy of the students and is prohibited from releasing students' personal information.

From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below and return to school.

☐ - Yes, I allow my child/children to be identified in any good news district or school publication.

☐ No, I do not want my child/children identified in any good news district or school publication.

PLEASE PRINT

Student's Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____

Parent or Guardian if above person is under 18:

Parent/Guardian's Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____
 Student Name: _____ ID#: _____ Gender: _____
 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.

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

- ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
- ☐ 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?
- ☐ 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 _____
- 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

East Baton Rouge Parish School System
Student Registration and Data Verification Form

SCHOOL OFFICE COPY: SCHOOLYEAR 2020-2021

SCHOOL USE ONLY:

Student ID Number	Grade	Entry Date	Teacher Name
Teacher #	School Number	School Use	

Parents: This is your child's registration form. Please complete all blank items in each section on ALL PAGES.

STUDENT INFORMATION Student's LEGAL Name _____

Student's Address _____

Zip Code _____

Birth Certificate Number _____

<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Other	Has the student ever attended a school in Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever attended a school in EBRPSS? <input type="checkbox"/> Yes <input type="checkbox"/> No Last school attended _____ School's address if not in EBRPSS _____ Is this student the subject of a court or custody order? ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the order to the school. Language spoken at home _____ Language first acquired by student _____ Language most often spoken by student _____
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Has this student ever received services as an Exceptional Student? ☐ Yes ☐ No
If yes, Please indicate the student's exceptionality: ☐ Gifted ☐ Talented ☐ Other

Brothers/Sisters in an EBR School this year	Date of Birth	School	Grade

PARENT/GUARDIAN

Relation _____ Does the student reside at this address? ☐ Yes ☐ No
Name _____ Home Phone _____
Address _____ Cell Phone _____ Other Phone _____
Place of Employment _____ Work Phone _____

Relation _____ Does the student reside at this address? ☐ Yes ☐ No
Name _____ Home Phone _____
Address _____ Cell Phone _____ Other Phone _____
Place of Employment _____ Work Phone _____

Person with whom the student lives if not the parent/guardian:
Name _____ Home Phone _____
Address _____ Cell Phone _____ Other Phone _____
Place of Employment _____ Work Phone _____

GENERAL STUDENT INFORMATION

Person Authorized to Pick up Your Child	Home Phone	Other Phone
Person Authorized to Pick up Your Child	Home Phone	Other Phone
Emergency Contact	Home Phone	Other Phone
Emergency Contact	Home Phone	Other Phone
After school, how does the student get home or to after school care:		
Student's Doctor/Clinic	Doctor's/Clinic's Phone	
Hospital of Choice		
Special medical conditions/allergies/procedures of which the school should be aware		

ALL OF THE ABOVE INFORMATION IS CORRECT PARENT/GUARDIAN SIGNATURE _____ DATE _____

HEALTH SERVICE OFFICE COPY: SCHOOL YEAR

Student's LEGAL Name

DOB

Student's Address

Zip Code

SSN

Contact Person RelationshipDoes the student reside at this address? ☐ Yes ☐ No

Name

Home Phone

Work Phone

Address

Zip

Cell Phone

Contact Person RelationshipDoes the student reside at this address? ☐ Yes ☐ No

Name

Home Phone

Work Phone

Address

Zip

Cell Phone

Student's Doctor/Clinic

Doctor's Phone

Special medical conditions/allergies/procedures of which the school should be aware

Medicines taken regularly at Home

Medicines taken regularly at School

Does the student have (check one) Private Insurance ☐ Yes ☐ No Medicaid ☐ Yes ☐ No LACHIP ☐ Yes ☐ NoParent/guardian request insurance information ☐ Yes ☐ No**ALL OF THE ABOVE INFORMATION IS CORRECT PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

ELECTRONIC COMMUNICATION SYSTEM: I hereby understand that students of the East Baton Rouge Parish School System will be granted access to the system's electronic communications system which includes access to the Internet and Worldwide Web. This access is a privilege, not a right. The system may suspend or revoke a system user's access upon violation of system policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus principal.

I have read the East Baton Rouge Parish School System electronic communications system policy and administrative regulation. These are provided at the time of registration as well as being available at each school. The information also may be found on the East Baton Rouge Parish School System website <http://www.ebrschools.org>.

I further understand that the East Baton Rouge Parish School System will not publish my child's individual photograph, video, and/or last name without my written permission.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENT E-MAIL ADDRESS (OPTIONAL): The system would like to communicate with you via e-mail should you wish. Provision of an e-mail address is not required. If you do not provide an address, the system will continue to communicate with you in its regular manner to assure continued provision of vital and important information.

My e-mail address is

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

DIRECTORY INFORMATION: The East Baton Rouge Parish School System regularly receives requests for directory information on students enrolled in the System. Director information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

☐ I GIVE ☐ I DON'T GIVE permission to release student directory information.**PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

STUDENT HEALTH SERVICES: I understand that Health Care Centers in Schools/EBRPSS School Health Team ("Health Team") will provide school health services in cooperation with EBRPSS staff as outlined in the attached summary, and give permission for the Health Team, or any EBRPSS employee or any other staff under the guidance of the Health Team, to provide the described services to the student as he/she may require while present in school. I understand that, if the student has a serious injury or illness, I will be contacted and the physician/clinic shown on the reverse side of this form and/or Emergency Medical Services (EMS) may be contacted if necessary. I understand and agree that neither Health Care Centers in Schools nor EBRPSS nor their staff will be responsible for any cost involved if the student needs emergency medical care. I understand and agree that in order to provide a coordinated system of care, the Health Team may exchange health care information about the student with the student's physician or other health care providers, upon approval by me. I understand and agree that the Health Team may share the student's health care information with EBRPSS personnel, in accordance with protocol, in order to provide appropriate attention to the Student's health needs.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____