



Vernon Parish School Board New Student Enrollment Packet

Mr. James Williams, Superintendent

201 Belview Road

Leesville, LA 71446

(337) 239-3401

Please bring the following with you to register at a Vernon Parish School:

School Name:

Completed registration packet.

Withdrawal sheet from previous school.

Student's last report card.

Current transcript for students going into the 10th, 11th, or 12th grades.

Most current electric bill to show as proof of residence.

LA4 Parents must bring proof of income.

The following documents for your child:

Birth Certificate

Shot Record

Social Security Card

Custody Papers, if applicable

Vernon Parish Schools Registration Form

Every Child. Every Day. Whatever It Takes....

School:				Date of Enrollment:			
Student Name: (L, F, M.I.)						Grade:	
Homeroom Teacher:				Bus#		SSN:	
Student Physical Address:							
Student Mailing Address:							
Gender: M F		Birthdate:		Military Dependent: Y N		SID:	
Place of Birth:				Country of Birth:			
Date Entered the U.S.:				Student's First Language:			
Other Languages Spoken in the Home:							
Language Used Most Often:							
Primary Race(s):				Secondary Race(s):			
	White				White		
	Black/African American				Black/African American		
	Hispanic				Hispanic		
	Asian				Asian		
	Native American/Alaskan Native				Native American/Alaskan Native		
	Hawaiian/Pacific Islander				Hawaiian/Pacific Islander		
Last School Attended:						Pre-School Program Attended	
Mailing Address:							Home (not pre-k)
City, St., Zip							Headstart
Person Student Resides With:							Daycare (Licensed)

PLEASE COMPLETE Page 2 (back) OF THIS FORM

Contact Information

Father's/Guardian Information:		
Name:		
Address:		
City, State, Zip:		
Home Phone:	Mobile Phone:	Work Phone:
Employer:		
Email		
Mother's/Guardian Information:		
Name:		
Address:		
City, State, Zip:		
Home Phone:	Mobile Phone:	Work Phone:
Employer:		
Email		
Emergency Contact Information:		
Name:		
Address:		
City, State, Zip:		
Home Phone:	Mobile Phone:	Work Phone:
Employer:		
Email:		

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL 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:	School Year:
Student's Name: Last		First	M.I.
Student's Date of Birth:	Sex: M F	State or Country of Birth:	
Mailing Address:	City:	State:	Zip Code:
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:	

X

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 a medical, mental, or behavioral condition that may affect his/her school day: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, 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 food(s)) _____
- ☐ Insect sting (list insect(s)) _____
- ☐ Medication (list medication(s)) _____
- ☐ Other (list) _____

Reactions: (Date of last occurrence if yes.)

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

Currently prescribed medications 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

☐ 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

Medication(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.**X**_____
School Nurse Signature_____
Date

Notes:

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

Vernon Parish School Board School Health

O - 337-239-1697

F - 337-238-1281

Every Child. Every Day. Whatever It Takes

Immunization requirements

Dear Parent/Guardian: Your child will need to have an updated/completed immunization (shot) record on file in our office.

According to Louisiana State law, all children must be properly immunized in order attend any school, in the State. The immunization requirements are as follows:

- 4 - Dtap (one must be after the 4th birthday)
- 3 – Polio (one must be after the 4th birthday)
- 2 – MMR
- 3 – HBV
- 2 – VARICELLA (or history of the chicken pox disease)
- 1 – MENINGOCOCCAL (age 11 and up)
- 1 – Tdap (age 11 and up)

THE LAW REQUIRES YOU TO SHOW PROOF OF COMPLETE IMMUNIZATIONS PRIOR TO ATTENDING SCHOOL. WE WILL ALLOW YOU TO HAVE **30 DAYS** TO PROVIDE THIS UPDATED/COMPLETED IMMUNIZATION RECORD. AFTER THE 30 DAYS YOUR CHILD WILL NOT BE ABLE TO ATTEND SCHOOL UNTIL IMMUNIZATIONS ARE UPDATED/COMPLETED.

Thank you for taking care of this in a timely manner.

Mandy Johnson, School Nurse Supervisor
Hub Jordan, Child Welfare and Attendance

KEEP THIS SHEET FOR YOUR INFORMATION

Vernon Parish Schools

Special Services Enrollment Information

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School:		Date of Enrollment:	
Student Name: (L, F, M.I.)			Grade:
Former School or School District:			
Former District Address:			
City, State, Zip:			
Person to Contact:			Phone:
Has your child ever been retained in any grade? Yes No			
If yes, which grade(s)?			
Was your child receiving special services at his/her previous school? Yes No			
Please check the special services that your child was receiving at the previous school:			
	504		Inclusion
	Resource Room		Self Contained Class
	Gifted		Talented
	Speech Therapy		Physical Therapy
	Occupational Therapy		Hearing Impaired
	Visual Impaired		ESL
Please list any important information concerning your child which you feel may aid Vernon Parish Schools in making your child's school year a success:			
Parent Guardian Signature: X			Phone Number:

VERNON PARISH SCHOOL TRANSPORTATION DEPARTMENT

Bus Rules and Regulations for Students

Formal classroom behavior need not, of course, be practiced of pupils on a school bus. An informal atmosphere, which encourages pupils to relax and enjoy the ride, is desirable. There are, however, certain limits within which pupil activity must be confined. What are these limits?

1. Students will enter and leave the bus at school loading stations and at highway bus stops in an orderly fashion and in accordance with instructions. Students will load and unload only at designated stops. Students are required to proceed at all times:
 - a. Without haste and without loitering.
 - b. Without crowding and without pushing.
 - c. With each pupil showing due regard for his own safety and the safety of others.
2. Students will remain quiet so as not to distract the driver. Pupils must, at all times:
 - a. Refrain from shouting and other boisterous activities.
 - b. Refrain from talking to the driver while the bus is in motion.
 - c. Show due consideration for the driver and his problems.

In general, any activity which distracts the driver is objectionable. The driver needs to keep his mind on the driving and the traffic situation. If he is concerned about the activity on the bus, he can not be a safe driver.

3. Students will remain seated while the bus is in motion.
 - a. Each pupil must go directly to his seat upon entering the bus.
 - b. Each pupil must remain seated until the bus has stopped.
4. Students will cross the road in accordance with instructions and the Provisions of state law.
5. Students will neither purposely not carelessly destroy property. Transportation equipment represents a large capital investment. Pupils are expected to cooperate in its maintenance and preservation.
 - a. Orderly behavior on the bus, at all times, is essential. Rough housing is not only hard on the seats and the interior finish; it also makes it difficult for the driver to drive safely.

Bus Rules and Regulations for Students contd...

- b. Pupils should keep feet off seats.
 - c. Pupils should keep sharp objects off upholstery.
- 6. Students will not extend arms or other parts of body through windows.
 - a. Waste paper and other refuse may not be scattered along the highway.
 - b. Books and other property should be properly stored on laps.
 - c. The aisle should be clear.
 - d. Shooting “paper wads” or other material on the bus is not permissible.
- 7. There will be no smoking or use of tobacco, of any form, on the school bus. In addition to the items listed above, the student is encouraged to:
 - a. Follow the driver’s instructions promptly and cheerfully.
 - b. Be on time at the bus stop location.
 - c. Be on time at the school loading station.
 - d. If a bus is late, avoid playing or loitering on the highway while waiting for bus.
 - e. Follow correct safety procedures when walking on the highway to and from a bus stop.

APPENDIX D

PUPIL AND PARENT VERIFICATION FORM

TO: PARENTS OF CHILDREN RIDING THE SCHOOL BUS
FROM: VERNON PARISH SCHOOL BOARD TRANSPORTATION SECTION

Dear Parents:

In order for you to understand the regulations covering the conduct of your child riding a parish school bus, we are sending you a copy of REGULATIONS FOR PUPILS RIDING SCHOOL BUSES. It is requested that YOU and YOUR CHILD read these regulations.

This will be used as a permanent record throughout your child's enrollment in the Parish Schools. Your cooperation with us will make it possible to provide a SAFER AND MORE EFFICIENT TRANSPORTATION PROGRAM.

PLEASE SIGN AND RETURN TO THE PRINCIPAL BY _____ IN
ORDER FOR YOUR CHILD TO CONTINUE RIDING THE SCHOOL BUS.

FOR ALL STUDENTS

I have read the REGULATIONS FOR PUPILS RIDING SCHOOL BUSES, and agree, as a passenger, to abide by said regulations.

X

Student Signature

FOR PARENT OR GUARDIAN

I have read the REGULATIONS FOR PUPILS RIDING SCHOOL BUSES and agree, to assume full responsibility for my child's conduct on said buses.


X

Parent/Guardian Signature

Vernon Parish School Board Military Information Card

Every Child. Every Day. Whatever It Takes

Complete for 1 military parent only

School:	Grade:
Student Name: (Last, First, M.I):	
Military Parent's Name: (L, F, MI):	Rank:
Student's Physical Address:	Branch:
City, State, Zip:	Please Check one: Father Mother: Guardian:
Does the student live on Federal Property? Yes No	
Military Unit: _____	
Signature: 	Date:
Please check here if you are Retired Military or no longer Military:	

Vernon Parish School Board

Impact Aid Survey Form

Non-Military – Civilian Employment Information Card

Every Child. Every Day. Whatever It Takes

Complete for 1 Civilian Employment parent only

School:	Grade:
Student Name: (Last, First, M.I):	
Parent's Name: (L, F, MI):	
Student's Physical Address:	Branch:
City, State, Zip:	Please Check one: Father: Mother: Guardian:
Does the parent work on Federal Property? <div style="display: inline-block; width: 100px; text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
Name of Employer:	
Address of Employer:	
City, State, Zip:	
Signature: X	Date:
Impact Aid helps all students in the Vernon Parish School District. Your cooperation in helping our District receive the full entitlement will be greatly appreciated!	

Vernon Parish School Board

Personally Identifiable Information Consent Form

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PARENTAL CONSENT FOR RELEASE OF STUDENT INFORMATION CONCERNING ATHLETIC PROGRAMS, AWARDS, HONOR ROLL LISTS, ONLINE RESOURCES, TOPS, COLLEGE SCHOLARSHIPS, NCAA, GRANTS, AID PROGRAMS, COLLEGE/UNIVERSITY ADMISSIONS, ETC.

With your consent, some of your child's information may be shared with the Louisiana Office of Student Financial Assistance (LOSFA), Louisiana High School Athletic Association (LHSAA), various clubs and organizations that your child will join (BETA, FCA, FHA, etc.), local news media (Athletics, honor roll, events, and awards), event programs (football and other sporting events, music and theatrical performances, graduation and award ceremonies, etc.), yearbooks, online resources and educational tools (digital library resources, homework help, etc.), any post secondary education institution(s) to which your child applies, school photography providers, and some others as permitted by law or Board policy.

To allow your child to appear in event programs, and be recognized for awards and achievements, take pictures for ID badges, take advantage of online resources, and to insure eligibility for TOPS, you must sign to provide your consent.

VPSD will follow all local, state, and federal data security rules and only share the data that is required for the purpose stated or allowed by the Directory Information Notice in the VPSB Policies Handbook, Student Code of Conduct, or Board policy.

COLLECTION AND RELEASE OF GENERAL DIRECTORY INFORMATION CONCERNING MY CHILD

So that my child's participation can be recognized in school organizations, athletics, graduation and award ceremonies, recognition in yearbooks, academic awards, event programs and other like traditional school activities, I consent to the school collecting and releasing to local news media, program and yearbook printers, school clubs and organizations that my child joins or participates in, and other like appropriate persons or entities the following general or directory information:

1. Students name and grade level;
2. Students major field of study;
3. Students participation in officially recognized activities and sports;
4. Students weight and height as members of athletic teams;
5. School attended by the student and degrees and awards received;
6. Photographs or videos taken in connection with the activities, awards, etc. mentioned above.

X

SIGNATURE OF PARENT/LEGAL GUARDIAN

CHILD'S FULL NAME

SCHOOL

GRADE

Vernon Parish School Board

Career Compass

Consent Form

GRADES 8-12 ONLY

Every Child, Every Day, Whatever It Takes

Dear Parents and Guardians,

You are receiving this consent form because your child has been recommended to participate in the Career Compass Program. The Career Compass program, funded through the Orchard Foundation and CLTCC will assist your student with:

- Understanding career opportunities, education requirements and available jobs and accompanying salaries.
- Taking an active role in promoting trades to students who will not immediately attend postsecondary education.
- Navigating career assessments and applying for entry into postsecondary education.
- Developing a realistic Plan A and Plan B of action upon exiting high school based on their interests, qualifications, and capabilities.
- Helping all students make informed decisions regarding their futures.
- Completing required application forms and documents for technical or career institutions and colleges.
- Evaluating student's career and academic needs following high school graduation.
- Document each student and the services provided for each student that received college and career coaching, and provide a final report to reflect the percentage of post secondary applications completed for the first year.

To register your child in the Career Compass program, your school must provide information about your student to the Career Compass Program.

I understand that:

- To offer these opportunities to my child, my school will pursue registering my student in the Career Compass program.
- Career Compass will maintain the confidentiality of my student's personally identifiable information in accordance with law.
- To ensure that Career Compass register the appropriate students, the following student data must be shared:
 - First and last name
 - School and district name
 - Grade
 - Class Schedules
 - Contact information including email

No additional data elements beyond those listed above will be requested or shared.

I CONSENT to the Vernon Parish School Board and _____ (Name of school) disclosing my child's personal information listed above to Career Compass for the purposes stated above.

X

Signature of Parent/Legal Guardian

My Full Name (Please Print)

Date

My Child's Full Name (Please Print)

Vernon Parish School Board

Every Child, Every Day, Whatever It Takes

Consent Form

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS Grades 8-12 ONLY

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 by having an account on Louisiana Connect (www.LouisianaConnect.org).
- 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 LAS (www.osfa.la.gov/AwardSystem/).
- LOSFA to **make TOPS and other aid payments**.
- The Institution(s) to process his/her application for admission.

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 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.

X

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 at a later date 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

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

Post Secondary Institution/Military Recruiter Opt-Out Form

Grades 8-12 ONLY

Pursuant to United States Code Title 20, Chapter 70, Subchapter IX, Part E, and in compliance with Every Student Succeeds Act (ESSA), public high schools are required to afford the same access to certain student records as are afforded post- secondary institutions. Allowances in the law are made for a parent to "opt out" for their student, until the student's 18th birthday. At 18 the right to opt out passes to the student. If the parent/ student chooses to opt out, any information provided to colleges, universities, or military recruiters will require specific instructions, in writing, as to which specific institutions may receive the student's information, consisting of name, address, and telephone contact.

By signing this document, I understand that no contact information of any kind will be provided to any institution for recruitment or scholarship purposes, in compliance with aforementioned code.

Parent

Student

Date

Vernon Parish School Board Out of Parish Student Release Form

Every Child. Every Day. Whatever It Takes

I, _____, as a representative of the
_____ School District, release the following student to
attend school in Vernon Parish, Louisiana.

Childs Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

X

Authorizing Agent of School District

Date

Title of Authorizing Agent

Vernon Parish School Board Out of Parish Student Enrollment Guidelines

Every Child. Every Day. Whatever It Takes

Students residing in a parish other than Vernon and seeking enrollment at Vernon Parish Schools, should meet the following criteria before being considered for enrollment:

If the student's previous, consecutive year of records indicate:

- A GPA of 3.0 or higher
- Standardized test scores of nothing lower than Basic and at least one subject area above Basic
- Limited behavioral referrals as defined by the principal; good discipline record
- No more than 10 unexcused absences per year (HS 5 per semester)

and

- Student enrollment does not cause undue hardship on the school or overcrowding
- A student with extenuating circumstances could be considered by the Principal and the Child Welfare & Attendance Director
- Student would have to bring a release from the School District which he/she is transferring from

Parents would then agree to and sign the following out of parish attendance zone policy:

Although _____ does not reside in the Vernon Parish School District attendance Zone, he/she will be permitted to enroll at a Vernon Parish School provided the following conditions are met:

1. Provide transportation to and from school daily
2. Limit absences, late arrivals (tardies) and early departures
3. Honor all Vernon Parish rules and regulations and all other reasonable requests
4. The school and the home will work cooperatively for the success of the child
5. Parents and students fully understand that the student is not eligible to participate in athletics as prescribed by the LHSAA.

Should a situation arise which contribute to the above criteria not being met, the child will be required to withdraw from Vernon Parish Schools.

X

Parent/Guardian Signature

Date

X

Principal

Date


Vernon Parish School Board Transportation Policy Outside of Attendance Zone


Every Child, Every Day, Whatever It Takes

I understand that I do not reside within the _____ attendance zone and that by agreeing to enroll my child or children at _____, I assume full responsibility for my children to and from school. Should a hardship of any kind develop and I am unable to continue my own transportation, I understand that no attempts will be made by the Vernon Parish School to provide transportation for my child or children. I also understand that I do not currently reside where _____ bus transportation is available. I also fully understand that it is my responsibility, as parent or guardian, to ensure that my child or children arrive to school on time and are in full compliance with district attendance policies. Should situations arise which contribute to my child accumulating excessive tardies or experiencing attendance issues because of transportation, I will be required to enroll my child in the school that is in my attendance zone.

I have read and agree to the above requirements:

Name: _____ Date: _____

Signature:  _____

Principal:  _____

Vernon Parish Schools

Authorization for Release of Records

Every Child. Every Day. Whatever It Takes....

Name of Student:		
Date of Birth:	SSN:	Grade:
Last School Attended:		
Last School Address:		
City, State, Zip:		
Phone:	Fax:	

Please include the following information

- 1) Date of Entrance and Withdrawal
- 2) Health/Immunization records
- 3) We request partial grades if the student named above withdrew prior to completing the semester/quarter/end of year.
- 4) Transcript and key to grading system
- 5) Birth Certificate and Copy of Social Security Card
- 6) Attendance Records
- 7) Disciplinary records
- 8) Any Special Education Records (IEP, Evaluation) or 504 records. If you are not the reporting system for these records, please furnish us with a name and phone number of an appropriate contact

Signature of Parent/Guardian: X	Date:
Signature of Principal: X	Date:
Please mail or fax the requested information to:	
School Name:	Fax Number:
Address:	
Attention:	Phone:
If you have any questions concerning this request, please contact the name listed in the line above.	

Vernon Parish School Board

PUBLIC CONDUCT ON SCHOOL PROPERTY

The Vernon Parish School Board shall require any person attending any school event or school-related function on or off campus to conduct themselves with politeness, decorum, and proper sportsmanship. Any person entering any school campus or School Board property shall be required to conduct himself/herself in accordance with acceptable standards of conduct and show respect for the law and rights of others. Any person who disrupts the orderly educational process while on a school campus or School Board property may be restricted or banned from such property by the school or building administrator.

In addition, any person, including an adult, who behaves in an unsportsmanlike manner during an athletic or co-curricular event, may be ejected from the event the person is attending and/or be denied admission to other school events for up to a year. Should a person's conduct while on school property become so disruptive that it threatens the safety of an employee or student, school personnel shall be authorized to notify law enforcement personnel for assistance.

The Superintendent or his/her designee shall have the authority to review the circumstances and make the final decision regarding attendance of the individual at any school or school function. Examples of unacceptable conduct include, but are not limited to:

1. Using vulgar or obscene language or gestures
2. Possessing or being under the influence of any alcoholic beverage or illegal substance
3. Possessing a weapon
4. Fighting or otherwise striking or threatening another person
5. Failing to obey the instructions of a security officer or school district employee
6. Interfering in any way with an athletic or co-curricular event
7. Engaging in any activity which is disruptive or illegal

Students demonstrating any of the above conduct shall be subject to disciplinary action in accordance with Board policy.

Employees exhibiting any of the above conduct may be subject to suspension or termination.