

ST. TAMMANY PARISH PUBLIC SCHOOL
SCHOOL REGISTRATION FORM

STUDENT LAST NAME _____

Bus # _____

School's Name: _____ School #: _____ Entry Date: _____

Student's Name: _____ Last _____ First _____ Middle _____ Suffix (Jr., III): _____ Birth Date: _____

Student's Local ID #: _____ Grade: _____ Age: _____ Male: _____ Female: _____ Social Security #: _____

Birth Certificate #: _____ Birth Place (State/Country): _____ Birth Parish / County: _____

Date of Entry into the United States (if not born in the U.S.): _____ Race/Ethnicity (Choose one or more): Are you Hispanic/Latino Yes ___ No ___
American/Alaskan Native ___ Asian ___ Black / African American ___
White ___ Native Hawaiian/Other Pacific Islander ___

Last School Attended: _____ City/State: _____ Phone: _____

Has this student ever been expelled/suspended or recommended for expulsion from any previous school attended Yes ___ No ___ If Yes, please explain: _____

Legal Guardian/s: _____ Last _____ First _____ Middle _____ Guardian/Relationship to student _____

Physical Address _____ Last _____ First _____ Middle _____ Zip _____ Physical Location: _____
(Subdivision, Trailer Park, etc)

Home Phone # _____ Cell # _____ Work # _____

Father's Name: _____ Last _____ First _____ Middle _____ Suffix (Jr. III): _____
(As listed on Birth Certificate)

Home Phone # _____ Cell # _____ Work # _____

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

Home Phone # _____ Cell # _____ Work # _____

Student lives with: Mother ___ Father ___ Guardian ___ Who has legal custody? _____
(If applicable, a copy of custody papers is required for student's file.)

Do you have a concern that the School Nurse should be made aware of? Yes ___ No ___ Primary Language: _____
If other than English spoken at home, complete the HOME LANGUAGE SURVEY

Lunch: ___ Free ___ Reduced ___ Migrant: ___ Yes ___ No ___ Homeless: ___ Yes ___ No ___ LA Student Health Form Submitted? Yes ___ No ___

Is your child eligible to receive Special Education Services? Yes ___ No ___ Not sure ___ 504 ___ If yes, complete a SPECIAL EDUCATION REGISTRATION FORM.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE

Parent /Guardian Signature: _____ Date: _____

St. Tammany Parish School Board



STUDENT NAME (PLEASE PRINT): _____
LAST FIRST

STUDENT/PARENT/GUARDIAN COMPLIANCE STATEMENT

SCHOOL: _____ SCHOOL YEAR: _____

STUDENT AGREEMENT

During the present school year I commit to...

- Attend school daily, except when absent for reasons due to illness or other excused absence.
- Arrive at school on time each day.
- Demonstrate significant effort toward completing all required homework assignments.
- Follow school and classroom rules.

STUDENT
SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN AGREEMENT

During the present school year I commit to...

- Ensure that my child attends school daily except for reasons due to illness or other excused absence.
- Ensure that my child arrives at school on time each day.
- Ensure that my child completes all required homework assignments.
- Attend all required parent and teacher or principal conferences.
- Ensure that my child follows school and classroom rules.

PARENT/GUARDIAN
SIGNATURE: _____ DATE: _____

ORIGINAL - SCHOOL

COPY - PARENT



RELEASE OF STUDENT INFORMATION CONSENT FORM

In order to provide the highest degree of service possible to the students of St. Tammany Parish Schools, the St. Tammany Parish School Board ("STPSB") shares information with various entities and organizations who perform a wide array of services intended to enhance the educational experience of our school children. The collection and maintenance of a student's personally identifiable information requires special care to ensure the privacy rights of students and compliance with legal requirements governing these records, including the Family Educational Rights and Privacy Act (FERPA) and LRS 17:3914. The St. Tammany Parish School Board will maintain student records and personally identifiable information as confidential and will use reasonable commercially available steps to maintain as such. St. Tammany Parish School Board will follow all local, state and federal data security laws and policies and only share the data that is required for the purpose stated. Some of your child's personally identifiable information may be shared with the following types of services:

- Louisiana Office of Student Financial Assistance – Full name, Date of birth, Social Security number and cumulative transcript data will be released for TOPS eligibility and processing of applications for admissions and state and federal financial aid. **Failure to provide written consent for the collection and disclosure of the student's information will result in delays or may prevent successful application for admission to a post-secondary institution and for state and federal student financial aid.**
- News media, print publications, press releases, audiovisuals, and web sites as detailed in the current year's handbook, which can be found at <http://www.stpsb.org/DisciplineHandbook/DistrictHandbook.pdf>.

I understand and acknowledge that the consent provided herein shall be valid for my child's personally identifiable information as of the date of signature and shall remain valid and in effect unless written notice of termination is provided to the school my child is attending at the time of consent termination. Such termination does not apply to information generated or released prior to receipt of consent termination. Termination is effective beginning at 4:30 p.m. local time the day after receipt.

I HEREBY CONSENT to the release and use by St. Tammany Parish School Board of my child's personally identifiable information to any person or entity providing services to St. Tammany Parish School Board and who requires my child's personally identifiable information in order to perform those services.

Signature of Parent/Legal Guardian

Child's Full Name

Printed Name of Parent/Legal Guardian

Date