



Northshore Charter School

111 Walker Street | Bogalusa, Louisiana 70427

Ph. 985-732-0005 | Fax 985-732-0580

Date : _____

School Year: _____

For Grade: _____

Date Received: _____

Date Entered: _____

Incoming Student:			
	Last Name	First Name	Middle Name

Please **DO NOT** turn in enrollment packet without **ALL** of the following:

Incomplete enrollment packets will not be accepted or held by the school

Your Checklist:		For Office Use Only:
	Copy of Birth Certificate If parent(s) on the birth certificate are not the student's legal guardian, please provide proof of guardianship.	
	Proof of Residency - Must be dated within 15 days - Name must match parent / guardian Accepted documents include: Photo I.D. or Driver's License of parent or guardian, Mortgage Statement, Lease agreement, Gas bill, Electric bill, Water bill, Cable bill or Notarized letter.	
	Emergency Contacts	
	Special Programs Please write N/A if none of these programs apply to your child	
	Photo Consent	
	Records Request	
	Home Language Survey	
	Residency Questionnaire	
	Health History Form	
	Transcript, most recent Report Card or Current class schedule	
	Copy of Social Security Card	
	Copy of Immunization Form with State Seal and Authorized Signature	

Information may be faxed to 985-205-3285

Enrollment Packet for _____ School Year

*Please complete one packet for each student to be admitted to the school. Please **print clearly** with blue or black ink.*

Student Information

Legal Name of Student: _____

(Last) (First) (Middle)

Preferred Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Home Phone: (____)____ - _____
MM/DD/YYYY

Ethnicity: ☐ Native American/Alaskan Native ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Hawaiian/Pacific Islander

Social Security Number (Required): _____

Grade level applying for: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Student's Mailing Address: ☐ Check here if same as residence address.)

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Is student's current school located in this district? ☐ Yes ☐ No

If No, fill in the district name: _____

Previous School Information

Name of Previous School: _____

Type of School: ☐ Public School ☐ Private School ☐ Registered Home School ☐ Charter School ☐ Not in School / Other

Address of Previous School:

Street: _____ City: _____ State: _____ Zip: _____

Sibling Information

Siblings enrolled at NCS

Date of Birth

Grade

1		
2		
3		

Parent / Guardian Information

Student lives with: ☐ Both Parents ☐ Both Parents alternately (Joint Custody) ☐ Mother ☐ Father ☐ Legal Guardian

Parent 1/Guardian Name: _____ **Relationship:** _____

Address same as student? ☐ Yes ☐ No (If not, complete address below)

If other than parent, appropriate guardianship paperwork must be provided.

Street: _____ **Apt #:** _____

City: _____ **Parish/County:** _____ **State:** _____ **Zip:** _____

Occupation: _____ **Name of Employer:** _____

Work Address | Street: _____ **Suite #:** _____

City: _____ **Parish/County:** _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____ **Work Phone:** (____) _____ - _____

E-mail address: _____ ☐ Check here to receive all correspondence for this student

Parent 2/Guardian Name: _____ **Relationship:** _____

Address same as student? ☐ Yes ☐ No (If not, complete address below)

Street: _____ **Apt #:** _____

City: _____ **Parish/County:** _____ **State:** _____ **Zip:** _____

Occupation: _____ **Name of Employer:** _____

Work Address | Street: _____ **Suite #:** _____

City: _____ **Parish/County:** _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____ **Work Phone:** (____) _____ - _____

E-mail address: _____ ☐ Check here to receive all correspondence for this student

Emergency Contact Information

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

FIRST person to contact if parents cannot be reached:

Name: _____ **Relationship:** _____

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____ **Work Phone:** (____) _____ - _____

☐ Please check here if this person has your permission to pick your child up from school.

SECOND person to contact if parents cannot be reached:

Name: _____ **Relationship:** _____

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____ **Work Phone:** (____) _____ - _____

☐ Please check here if this person has your permission to pick your child up from school.

Check-out Authorization (other than parents)

Only these individuals will be allowed to check your child/children out of school in case of illness or emergency. All individuals will be asked to present their Driver's License or State Issued ID.

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Persons Restricted From Picking up Student

These individuals are **NOT allowed under any circumstances** to leave campus with my child/children.

If a parent/guardian is restricted from picking up a child/children the appropriate paper work must be provided.

Name: _____

Name: _____

Name: _____

Name: _____

Transportation

Please select all that apply:

☐ Bus morning ☐ Bus afternoon ☐ Morning car drop off ☐ Afternoon car pick up

Medical Authorization

Legal Name of Student: _____ Date of Birth: _____
(Last) (First) (Middle)

I give permission for my child (named above) to attend the events, field trips, and service projects associated with Northshore Charter School. I further give my permission for my child to be transported to and from events by hired and volunteer drivers authorized by Northshore Charter School (NCS).

Emergency Release

NCS will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, NCS personnel have may permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER NCS NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

Medical Release

I hereby authorize the NCS administration and/or staff, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation available for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or Dentist Licensed under the Dental Practice Act for my child.

Parent /Guardian Signature: _____ Date: _____

SIGN
HERE

Parental Permission

Custody Release

I further authorize the administration and/or staff NCS to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult until such time that a parent/guardian arrives on the scene. **(This is not a change in permanent custody of the child.)** This just allows a health facility (hospital/clinic) to release the child to NCS staff while waiting for a parent/guardian to arrive.

Activity Release

I further give permission for my child to participate in all supervised activities except as noted below.

Parent /Guardian Signature: _____

Date: _____

**SIGN
HERE**

Special Programs

Has your child been evaluated for and /or participated in any of the following special services?

☐ Gifted & Talented ☐ Special Education (IEP) ☐ 504 (IAP) ☐ English as a Second Language (ESL) ☐ No Special Programs

If you checked Special Education (IEP), do you have the student's special education records? ☐ Yes ☐ No

Photo/Video Release

Dear Parent/Guardian: Throughout the year there are occasions when NCS will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in NCS publications, local newspapers, school website and/or homerooms, advertising, or on display at NCS. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

☐ I give my consent for NCS to use pictures/video of my child. ☐ I DO NOT give my consent for NCS to use pictures/video of my child.

Statement of Educational Equality and Enrollment Acceptance

NCS is committed to a policy of educational equality. Accordingly the program admits students and conducts educational programs, admits, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, The American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.

Please accept this signed and completed document to enroll _____ (student's name) in NCS for the _____ academic year. I understand that completing of this enrollment form does not guarantee admission into the school. NCS will send notification of receipt of enrollment forms.

Parent /Guardian Signature: _____

Date: _____

**SIGN
HERE**

Request for Records

Please complete all sections of this form. PLEASE PRINT CLEARLY!

Student Name: _____

Student's Date of Birth: _____

Grade: _____ Social Security Number: _____

Current School: _____

Current School Address: _____
Street City State Zip Code

Your signature below authorizes NCS to request records from your child's current school.

Parent /Guardian Signature: _____ Date: _____ SIGN
HERE

Please do not write below this line – This is for office use only!



Northshore Charter School

111 Walker Street | Bogalusa, Louisiana 70427

Ph. 985-732-0005 | Fax 985-732-0580

The student named above has applied to Northshore Charter School and is under review for admission.

Current School's Fax Number: _____

Please include contents of the student's cumulative records as checked off below:

- ☐ Report Card/Most Recent Grades
- ☐ Transcript
- ☐ Attendance Record
- ☐ Discipline Record
- ☐ Birth Certificate
- ☐ IEP/504 Plan Information
- ☐ Health Records

Please forward student records to:

Northshore Charter School
 111 Walker St.
 Bogalusa, LA. 70427
 Phone: 985-732-0005 | Fax: 985-205-3285

Thank you in advance!

Home Language Survey

Please complete this home language survey. This form must be signed and dated by the parent or guardian. It must be kept in the student's cumulative folder. This form will be used only for determining whether the student needs English Language Learner Services. The answer to question #4 will help us communicate with you regarding the student in all school matters in the language you prefer.

Por favor complete esta encuesta en el idioma del hogar. Este formulario debe estar firmado y fechado por el padre o tutor. Debe mantenerse en la carpeta acumulativa del estudiante. Este formulario se usará solo para determinar si el alumno necesita Servicios para Estudiantes del Idioma Inglés. La respuesta a la pregunta n.º 4 nos ayudará a comunicarnos con usted con respecto al alumno en todos los asuntos escolares en el idioma que prefiera.

فإن دل جم لاجى ر يلام للإعلاطن ساقغل لاقى فن م لاذھ. ب ج ي عى فو ن اذھ جذومن لارا نوھخ ي نم ق يقب د لاو لا و ا ي ص و لا. ب ج ي ظا ف ن حلا
ل ج نلا. ي م لان لاب لاطل ل. م ن ي س م ادخ ن س اذھ جذومن لاطق فد يدح ن لام اذ ن ا ك ب لاط لاق جاح ب لى إ ت ادخي ن م ل ع ن م لاقغل لاق ب
ن. فاض لها ال فن عى مج ق ناس م لاقى س ارد لاقغل لاق ب

فإن قص اون لالك م صوص خ ب ب لاط لاق

ي ن ا ندعاس ي س در لاقى ع لاؤس لام فر 4

Vui lòng hoàn thành bản khảo sát ngôn ngữ tại nhà này. Mẫu đơn này phải được chữ ký và ghi ngày tháng của phụ huynh hoặc người giám hộ. Nó phải được giữ trong thư mục tích lũy của học sinh. Mẫu đơn này sẽ chỉ được sử dụng để xác định xem học sinh có cần Dịch vụ Học tiếng Anh hay không. Câu trả lời cho câu hỏi số 4 sẽ giúp chúng tôi liên lạc với bạn về học sinh trong tất cả các vấn đề của trường bằng ngôn ngữ bạn muốn.

请完成这个家庭语言调查。此表格必须由家长或监护人签名并注明日期。它必须保存在学生的累积文件夹中。此表格仅用于确定学生是否需要英语语言学习者服务。问题 # 4 的答案将帮助我们以您喜欢的语言与您就所有学校事务的学生进行交流。

Student Name: _____ Grade: _____ Birthdate: _____

Nombre del estudiante: _____ Grado: _____ Fecha de nacimiento: _____

ال طالب اسم: _____ ال درجة: _____ ال م والد ن اى خ: _____

Tên học sinh: _____ Lớp: _____ Ngày sinh: _____

学生姓名: _____ 等级: _____ 出生日期: _____

Please enter the Language Preference Response (#4) must be recorded into JPAMS by the Data Coordinator.

ENGLISH

1. Is a language other than English spoken in your home? ☐ No ☐ Yes (what language) _____
2. Does your child communicate in a language other than English? ☐ No ☐ Yes (what language) _____
3. Which language did your child learn first? (what language) _____
4. In which language do you prefer to receive information from the school? (what language) _____
5. What is your relationship to the child? ☐ Father ☐ Mother ☐ Guardian ☐ Other (specify) _____

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

ESPAÑOL (SPANISH)

1. Es un idioma distinto del Inglés se habla en su casa? ☐ No ☐ Sí (idioma) _____
2. ¿Tiene su hijo a comunicarse en un idioma que no sea Inglés? ☐ No ☐ Sí (idioma) _____
3. ¿Qué idioma aprendió primero? (que lenguaje) _____
4. ¿En qué idioma prefiere recibir información de la escuela? (que lenguaje) _____
5. ¿Cuál es su relación con el niño? ☐ Padre ☐ Madre ☐ guardián ☐ Otra (especificar) _____

عربي (ARABIC)

1. لغة أخرى مختلفة من اللغة الإنجليزية تتحدث بها في المنزل؟ ☐ لا ☐ نعم (اللغة) _____

2. لغة أخرى مختلفة من اللغة الإنجليزية تتحدث بها في المدرسة؟ ☐ لا ☐ نعم (اللغة) _____

3. (اللغة) أولاً؟ نعم علم على طناً لك لم اللغة _____

4. (اللغة) أخرى (اللغة) _____ ☐ ☐ ☐ ☐

5. ما هي العلاقة بينك وبين الطفل؟ ☐ أب ☐ أم ☐ معلمة ☐ أخرى (الرجاء توضيح) _____

1. هل يتحدثون لغة أخرى غير اللغة الإنجليزية في المنزل؟ ☐ لا ☐ نعم (اللغة) _____

2. هل يتحدثون لغة أخرى غير اللغة الإنجليزية في المدرسة؟ ☐ لا ☐ نعم (اللغة) _____

TIẾNG VIỆT (VIETNAMESE)

1. Là một ngôn ngữ khác ngoài tiếng Anh nói trong nhà của bạn? Không Có (ngôn ngữ) _____
2. Liệu con bạn giao tiếp bằng một ngôn ngữ khác ngoài tiếng Anh? Không Có (ngôn ngữ) _____
3. Mà ngôn ngữ đã con quý vị học đầu tiên? (ngôn ngữ nào) _____ ☐

4. Trong đó ngôn ngữ nào bạn muốn nhận thông tin từ nhà trường? (ngôn ngữ nào) _____

5. mối quan hệ của bạn với trẻ em là gì? ☐ Cha ☐ Mẹ người bảo vệ Khác (ghi rõ) _____

中文 (CHINESE)

1. 比英语以外的语言在你家里说？ 没有 是（什么语言）_____ ☐ ☐
2. 您的孩子在英语以外的语言进行交流？ 没有 是（什么语言）_____ ☐ ☐
3. 哪种语言没有您的孩子学习第一？（什么语言）_____ ☐ ☐ ☐
4. 在哪种语言你喜欢接收来自学校的信息？（什么语言）_____
5. 什么是你的孩子的关系？ 父亲 母亲 监护人 其他说明) _____

Nombre del padre / tutor (imprimir)

مسؤول / ولي الأمر (ط)
Tên phụ huynh / người giám hộ (bản in)

Firma del Padre / Tutor

عقود / ولي الأمر
Chữ ký của cha mẹ / người giám hộ
Firma del 家

Fecha

التاريخ
Ngày

LOUISIANA STUDENT RESIDENCY QUESTIONNAIRE
(Form Must Be Included In School Enrollment Packet)

Date _____ District _____ School Name _____

Student Name: _____ SSN/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 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
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(Area Code) Phone Number	Street Address	City	State	Zip Code
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School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

Homeless Liaison Use Only – Check All that Apply:

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO

Print School Contact Name	Title	Signature	Date
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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:	
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 a 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 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._____
School Nurse Signature_____
Date

Notes:

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