

Kindergarten Registration Checklist

2023--2024

****This form is to be completed at checkout by a MPSB Employee****

Child's Name _____

Address _____

School _____

By _____ (Initials of MPSB Employee)

_____ Student's Official Birth Certificate

_____ Student's Official Social Security Card

_____ Student's Up-To-Date Immunization Record

_____ Acceptable Proof of Residence (**Need 2 Proofs**)

Examples:

Filed Homestead Exemption

Home mortgage documents or property deed

Rental/Lease Agreement for house or property

Utility Bill – Gas, Water or Electric – current (within 2 months) Only 1 may be submitted

Automobile Registration

Food Stamp Certification

Medicare or Medicaid Information

Insurance Policy for house or apartment

Certified copy of filed petition for custody

Any other official document which would indicate your residence – driver's license or a voter registration card will not be accepted unless issued not more than two (2) months before registering your child.

Any other Proof of Residence must be approved by the MPSB Office of Child Welfare and Attendance.

Initial each item. Inappropriate registrations will not be assigned to a school and will be placed in the pending file.

Morehouse Parish Schools

STUDENT ENROLLMENT FORM

School: _____
Year: _____ Grade: _____

Student Demographic Information

Last Name: _____ Suffix: _____
First Name: _____ Middle: _____
Physical Address: _____
Mailing Address: _____
City/State/Zip: _____
Gender (M/F): _____ Birth Date: _____
Phone: _____
SSN: _____

Are you Hispanic? Yes No

If No, select a primary race. Select all applicable secondary races.

Primary Race: _____ Secondary Race: _____
White _____ White _____
Black _____ Black _____
Asian _____ Asian _____
Native American/Alaskan Native _____ Native American/Alaskan Native _____
Hawaiian/Pacific Islander _____ Hawaiian/Pacific Islander _____

Does child receive Special Education Services? Yes No
Does child receive Speech Services? Yes No
Does child receive Early Intervention Services? Yes No
Has child been referred/tested by Psychological Services? Yes No

Attended Pre-K ___ Yes ___ No
If yes, Where? ___ Public Pre-K ___ Private Pre-K
___ Day Care ___ Head Start ___ Tribal
___ Home/No Day Care

Is student in Foster Care? YES NO

Father's Information

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-mail: _____
Employer: _____

Mother's Information

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-mail: _____
Employer: _____

Emergency Information

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
Relationship: _____

Guardian's Information

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-mail: _____
Employer: _____
Relationship: _____

PERSON STUDENT RESIDES WITH: _____

Transportation to School: Walk _____ Private Vehicle _____ Bus # _____ Day Care _____

List other siblings that attend this school and their grade. _____

Last School Attended: _____ Date Last Attended: _____

School Mailing Address: _____ Phone #: _____

City/State/Zip: _____ Fax #: _____

Parent Signature: _____ Date: _____

Morehouse Parish School Board
Nursing Department
4099 Naff Street Bastrop, LA 71220
Fax: 318-283-3072

Darlene Blackard, RN (318)376-8773
April Chafford, RN (318)376-7468
Krista Benson, RN (318)366-2754

Student Health Information

Date _____

Student's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

School _____ Teacher _____

Food Allergies: Yes _____ No _____

List: _____

Medication Allergies: Yes: _____ No _____

List: _____

Physican's Name: _____ Phone # _____

Please list below any medical problems your child has or medications your child takes at home:

In Case of Emergency Contact:

_____ Phone # _____

_____ Phone # _____

Would you like to have a conference with the school nurse at this time? Yes _____ No _____

Thank you for your time and question in this matter.

Darlene Blackard, RN



Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ 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 Did the student receive McKinney Vento (Homeless) Services in a previous school district?
2. 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.)
3. YES NO Is the temporary living arrangement due to loss of housing or economic hardship?
4. YES NO Does the student have a disability or receive any special education-related services? (Check one)
5. 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: _____

6. YES NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
7. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
8. 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?
9. 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 _____
10. 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

ENGLISH HOME LANGUAGE SURVEY

DATE REGISTERED _____

School _____

Student's name _____

Grade _____ Date of Birth _____

First language learned by student _____

Language student uses most often at home _____

Language student uses most often with other students _____

Parent's name: Father _____

Mother _____

Legal guardian _____

Parent's signature _____ (if other than above)

Address _____

Telephone _____

Language parents use most often at home _____

SPANISH

ENCUESTA DEL IDIOMA EN EL HOGAR

Escuela _____

Nombre del alumno _____

Grado _____

Fecha de nacimiento _____

Primer idioma aprendido por el alumno _____

Idioma usado mas a menudo en el hogar _____

Idioma usado mas frecuentemente por el alumno con los otros _____

Nombre del Padre _____

Madre _____

Acudiente _____

Firma de los padres _____ (if other than above)

Direccion _____

Telefono _____

Idioma del hogar _____

FRENCH NOUËTE SUR LA LANGUE PARLÉE LA MAISON

Nom de l'école _____

Nom de l'élève _____

Grade _____

Date de Naissance _____

Première langue apprise par l'élève _____

La langue parlée le plus fréquemment à la maison _____

Langue le plus souvent parlée par l'élève avec les autres élèves _____

Nom des parents: Père _____

Mère _____

Gardien légal _____

(if other than above)

Signature du parent _____

L'adresse _____

Numéro de téléphone _____

Quelle langue parle-t-on à la maison _____

VIETNAMESE

BIỂU NGHIÊN NGÔN NGỮ CÔNG ĐỒNG

Trường _____

Họ và tên học sinh: _____

Lớp _____

NGÀY SINH _____

Ngôn ngữ đầu tiên học sinh học: _____

Ngôn ngữ được sử dụng tại gia: _____

Ngôn ngữ mà học sinh thường sử dụng với những học sinh khác: _____

Tên phụ huynh-cháu: _____

Mẹ: _____

Người bảo trợ: _____

(Nếu không có bảo trợ)

Chữ ký của phụ huynh: _____

Địa chỉ: _____

Điện thoại: _____

Ngôn ngữ tại gia: _____



Louisiana Migrant Education Program

Family Search Form

School District/Parish: _____ School: _____ School Year: _____

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive **FREE** additional educational services. The information you provide will only be used for program purposes. Please answer both questions below and return this form to your child's school.

1. **Have you or another person in your home worked in agriculture or fishing in the past 3 years?**
(Please check all that apply below & complete contact information)

YES

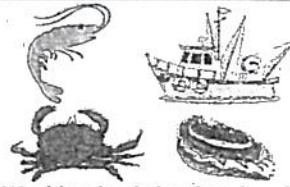
NO



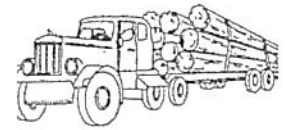
Picking vegetables, fruit, pecans, hay, soybeans, sugarcane, sweet potatoes, etc.



Working in a poultry farm



Working in shrimping / crabbing / oyster fishing



Working in forestry / timber logging



Working in a plant nursery, orchard, tree growing or harvesting



Working with livestock such as cattle, hogs, alligator, crickets, or turtle farming



Working in rice, crawfish ponds



Other **AGRICULTURAL** or **FISHING** work? Please explain:

2. **Have your children moved or traveled across school district lines in the past 3 years?**

This may include overnight or extended trips, at any time of the year, including the summer, to do shrimping, crabbing, oyster fishing, or agricultural work.

YES

NO

Parent (Guardian) Name: _____ Best time to contact you: _____

Phone Number(s): _____

Address: _____ Email Address: _____

Language/Lenguaje/Ngôn ngữ: English Español Tiếng Việt Other: _____

The purpose of this form is to help the state determine if the child(ren) in this family are eligible for the Louisiana Migrant Education Program. One of the individuals listed below may contact you to determine eligibility for the Louisiana Migrant Education Program:

Laurie Stewart - 225-369-0560 laurie.stewart@louisiana-mep.org	Tomi Soto - 956-740-8077 tomi.soto@louisiana-mep.org
Clare Ortiz - 870-820-6177 clare.ortiz@louisiana-mep.org	Lorena Andrea Roberts -225-372-0419 lorena.roberts@louisiana-mep.org

For School Use Only: Please return completed forms to: idr.team@louisiana-mep.org

For Spanish or Vietnamese search forms, please visit: <https://louisianamigrantidr.com/documents.php>. For any further questions, please reach out to the Louisiana Migrant Education Program Identification & Recruitment Team at: idr.team@louisiana-mep.org.