

Student Name _____ Grade _____ Today's Date: _____

- | | |
|---|--|
| <input type="checkbox"/> ReNEW Laurel Elementary
<input type="checkbox"/> ReNEW Dolores T. Aaron Academy
<input type="checkbox"/> ReNEW Therapeutic Program | <input type="checkbox"/> ReNEW Schaumburg Elementary School
<input type="checkbox"/> ReNEW Early Childhood Center |
|---|--|

Name of the person completing the registration: _____

Relationship to Student: _____ Phone number: _____

Email address: _____

FILE CHECKLIST

Office Use Only

Required Documents (Copies Only):

- RSD Placement Letter
- Verifiable proof of age (i.e. birth certificate or passport)
- Immunization Records
- Parent(s) / Guardian(s) Photo Identification
- Verifiable proof of residence (Utility Bill, Voter Registration Card, Notarized letter, etc.)
- Last Report Card

If applicable:

- 4th or 8th Waiver
- 504 Accommodation Plan
- IEP (Individualized Education Plan)
- Previous transcripts for high school students
- LEAP and iLEAP Scores
- Social Security Card (optional)
- Previous Year's Report Cards
- Medicaid Card / other health insurance card
- Caregiver Authorization Form
- Income Verification (Pre-K 4 only)

Registration Packet Pages:

Student File

- File Checklist
- Demographic Information
- Emergency Contacts & Student Release Permissions
- Academic Needs Questionnaire
- Records Request Form
- Transportation Request Form
- Waivers & Policies
 - Uniform Policy
 - Attendance Policy
 - Media Release Form
 - FERPA Release
 - Transportation Ridership Agreement
 - PreK Enrollment Requirements

Nurse

- State of Louisiana Health Information
- Medicaid Consent (copy)

Social Worker/Counselor

- Louisiana Student Resident Questionnaire

ELL Teacher

- Home Language Survey

SEC

- Medicaid Consent (copy)
- Academic Needs Questionnaire

Finance

- Medicaid Consent

ECC Master Card

Child's Name: _____ Gender: _____ Birthdate: _____

	Mother/Guardian	Father/Guardian
Name		
Address		
Cell Phone #		
Email Address		
Employer		
Work Phone #		

Person with whom the child lives: _____

Child's Primary Physician: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Individuals to contact in case of an Emergency:

_____ Phone #: _____
 _____ Phone #: _____
 _____ Phone #: _____
 _____ Phone #: _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answers here: _____

My child has permission to be released to the following individuals, child care facilities, or transportation services in addition to emergency contact persons listed above. Please notify these individuals that they MUST show proof of identity and will be asked for picture identification when they arrive at the center.

Date of Admission: _____

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent/Guardian Signature: _____ Date: _____

ECC Emergency Medical Treatment Form

Name: _____ Date of Birth: _____

Gender: _____ Date of Admission: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Dietary Restrictions: _____ Allergies: _____

Special Needs/Health Concerns: _____

I, _____, give permission for my child,
(print Parent/Guardian Name)

_____, to receive emergency
(print your child's name)

medical treatment if needed and also to be transported by EMS to the closest

children's hospital.

Parent/Guardian Signature

Date

ECC Media Release Form

Occasionally your child may be on a field trip or participate in a school activity or event that requires video recording or media coverage. Please review the Media Release Form below. Should your preference change at any time, you are responsible for contacting the center in writing. Agreeing to video or media coverage does not in any way guarantee that your child will be videotaped, photographed, or interviewed. Instead, it simply indicates that you have agreed to allow your child to participate in such activities. Initial next to the option you choose.

_____ **YES - I hereby agree** to allow my child to be videotaped, photographed, or interviewed for all school-related projects and media coverage. It is my understanding that all photographs, interviews, or portions thereof may be used for public view (including postings on video sharing websites) and that neither my child nor I will receive any financial remuneration related to this release. I consent to me/my child being photographed, videotaped, or interviewed and my/his/her name and image used in school or board publications and media coverage of school related events. I consent to me/my child's work, name, or photo/image/video image being used on the school and network website or social media site(s).

_____ **NO - I do not agree** to allow my child to be videotaped, photographed, or interviewed for all school-related projects and media coverage.

By approving this waiver/policy, I verify that I understand the above release and that I have indicated my preference. If my preference changes, I will contact the school. I realize that this release authorization remains in effect as long as my child is a student at a ReNEW school or until I revoke this authorization in writing. I have carefully read the foregoing authorization and fully understand the meaning of this waiver form. I affirm that I have selected this authorization voluntarily.

Parent/Guardian Signature

Date

ECC Non-Vehicular Excursions Authorization Form

My child, _____, has my permission
(print your child's name)
to participate in the following off-site activities when the children are walking
and accompanied by staff of the center.

Type of Activity:

Location of Activity:

Nature Walk

Surrounding Neighborhood

Walk to the Library

Children's Resource Center
913 Napoleon Ave.

This authorization is valid for one year.

Parent/Guardian Signature

Date

*Examples of this type of field trip would be a nature walk around the neighborhood, walking to the library, etc.

ECC Regularly Scheduled Transportation
Authorization Form

I give permission for my child, _____,
(print your child's name)
to be transported to and from school in the vehicle contracted
through Apple Bus Company and ReNEW Early Childhood
Centers.

Parent/Guardian Signature

Date

Authorization for the Application of Topical Products

Child's Name: _____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

- | Yes | No |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> sunscreen |
| <input type="checkbox"/> | <input type="checkbox"/> insect repellent |
| <input type="checkbox"/> | <input type="checkbox"/> diaper rash ointment |
| <input type="checkbox"/> | <input type="checkbox"/> other _____
(name) |

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date

DEMOGRAPHIC INFORMATION

Today's Date: _____

Student's Name _____ Gender [] M [] F
Last *First* *Middle* *Suffix*

Entering Grade _____ Date of Birth _____ Social Security Number (optional) _____ - _____ - _____

Physical Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Guardian's Phone 1 _____ Guardian's Phone 2 _____

Guardian's Email 1 _____ Guardian's Email 2 _____

Mailing Address (if different) _____

Street City State Zip Code

KINDERGARTEN APPLICANTS ONLY

Before Kindergarten, my child has attended one of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Public School - Pre-Kindergarten | <input type="checkbox"/> Family Daycare Home Program | <input type="checkbox"/> Home School |
| <input type="checkbox"/> Non-Public School - Pre-Kindergarten | <input type="checkbox"/> Head Start Programs | <input type="checkbox"/> Has not attended school |
| <input type="checkbox"/> Licensed Childcare | <input type="checkbox"/> Tribal Schools | |

Does this student have brothers or sisters who attend this school: [] YES [] NO

Sibling Name: _____ Current Grade: _____

Sibling Name: _____ Current Grade: _____

Sibling Name: _____ Current Grade: _____

Does this student have a sibling who attends *another* ReNEW school: [] YES [] NO

Sibling Name: _____ Current Grade: _____ School: _____

Sibling Name: _____ Current Grade: _____ School: _____

RACE & ETHNICITY

The state of Louisiana requires this information for state funding

Is this student Hispanic / Latino? (Choose only one) [] No, not Hispanic or Latino
 Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

This question is regarding ethnicity not race. No matter what you have selected above please answer the following question by choosing one or more boxes to indicate what you consider your child's race to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other/Multiracial |

Parent or Guardian (print name) Parent or Guardian (Signature) Dat

Information entered into PS - [] OPS [] NURSE [] ELL [] SOCIAL WORKER/COUNSELOR [] SEC

EMERGENCY CONTACTS & STUDENT RELEASE PERMISSIONS

Student's Name _____
Last
First
Middle
Suffix

Guardian #1

Guardian #2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Alternative Phone: _____

Alternative Phone: _____

Email Address: _____

Email Address: _____

Emergency Contacts

1. _____
Telephone Number (_____) _____ - _____
 Mother or Father Grandparent Sibling
 Aunt or Uncle Other: _____
 Work Phone: (_____) _____ - _____
 Email Address _____

2. _____
Telephone Number (_____) _____ - _____
 Mother or Father Grandparent Sibling
 Aunt or Uncle Other: _____
 Work Phone: (_____) _____ - _____
 Email Address _____

3. _____
Telephone Number (_____) _____ - _____
 Mother or Father Grandparent Sibling
 Aunt or Uncle Other: _____
 Work Phone: (_____) _____ - _____
 Email Address _____

Persons authorized to remove student from school in addition to the Emergency Contacts listed above:

Primary: Last Name, First Name	Relationship to Child	Phone #1	Phone #2
Second: Last Name, First Name	Relationship to Child	Phone #1	Phone #2
Third: Last Name, First Name	Relationship to Child	Phone #1	Phone #2
Fourth: Last Name, First Name	Relationship to Child	Phone #1	Phone #2

*** Please be advised that anyone not listed above will not be allowed to pick up your child from school. In the event that the school is unable to contact me, I authorize my child (named at the top of this form) to be released to any of the person(s) listed above.**

 Parent or Guardian (print name) Parent or Guardian (Signature) Date

RECORDS RELEASE **(If Applicable)**

The purpose of this form is for you (the parent) to give permission to ReNEW Schools to request educational and immunization records from your child's previous school(s).

Student Name _____ Grade _____ Today's Date: _____

DOB: _____ SSN: _____ First Day: _____

SCHOOL HISTORY (Please print clearly.)

Year	Grade	School Name	City, State, Zip Code	<i>Please check one</i>
2021-22				<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Home School
2020-21				<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Home School
2019-20				<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Home School
2018-19				<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Home School
2017-18				<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Home School
2016-17				<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Home School
2015-16				<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Home School

I authorize the staff of ReNEW Schools to request educational records and immunization records for my student named above from his or her previous school(s).

Parent or Guardian (print name)

Parent or Guardian (Signature)

Date



Student Registration 2022-2023



PK3 Students with IEPs ONLY

SPECIAL TRANSPORTATION FORM

Student Name _____ Grade _____ Today's Date: _____

ReNEW Laurel Elementary

ReNEW Schaumburg Elementary School

ReNEW Dolores T. Aaron Academy

ReNEW Early Childhood Center

ReNEW Therapeutic Program

You must submit this form to receive a bus stop for the 2022-20223 school year. Current bus stop information will not automatically carry over to the next year.

Desired Method of transportation (please check each one)

TO SCHOOL:

FROM SCHOOL:

___ Car (parent / guardian or carpool)

___ Car (parent / guardian or carpool)

___ Walk

___ Walk

___ Yellow School Bus

___ Yellow School Bus

If the street address where your child resides is different from your home address, please let us know where your child will need transportation to and from below.

Number	Street	City	State	Zip Code
--------	--------	------	-------	----------

If there are any special needs for your student regarding transportation, please write them below.

All bus route information will be provided during the summer. Please contact the school on July 30th if you have not received your bus stop information.

If you move to a new address after submitting this form, please contact the school immediately.

ACADEMIC NEEDS QUESTIONNAIRE

Student Name _____ Grade _____ Today's Date: _____

We need to know as much as possible about your child so that we can provide the most appropriate educational program. ReNEW Schools does not discriminate on the basis of disability and this information is not related to the admissions process as your child has already been accepted into the school.

STRENGTHS - Please let us know some of your child's strengths or accomplishments.

CONCERNS - Please let us know of any concerns related to your child.

My child has...

Been *retained/held back* in the following grades: ___ K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th

Been *suspended* from school _____ times for _____ (reason).

Been *expelled* from school _____ times for _____ (reason).

SPECIAL EDUCATION / Individualized Education Plan / 504 Accommodation Plan and Intervention.

Please check any statement that applies to your child.

My child has never received any special education services.

My child has been evaluated for special education services. When: _____ What School: _____

My child is receiving services according to his/her _____ IEP _____ 504

My child has testing accommodations

My child receives small group instruction

Has your child experienced any traumatic events (such as illness or death of close relative or friend, divorce, crisis)?

___ yes ___no

Parent or Guardian (print name)

Parent or Guardian (Signature)

Date

HOME LANGUAGE SURVEY

Student Name _____ Grade _____ Today's Date: _____

DOB: _____ SSN: _____ Home Phone: _____

The Louisiana Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

PART A:

1. What language is spoken in your home most of the time?
 English Spanish Other (Specify) _____
2. What language does the student speak most of the time?
 English Spanish Other (Specify) _____
3. In what language would you prefer to receive information from the school? _____
4. Has your child received ESL/EL services previously? Yes No

PART B:

Place of Birth (city and country of origin) _____

Please complete this question if the student was not born in the United States of America

Date of initial entry into U.S.A: Month _____ Day _____ Year _____

Number of complete academic years in the USA: _____

When your child lived outside the U.S.A, did he or she attend school regularly? (Check one.)

- Yes, my child attended school regularly in all previous grades outside the U.S.A.
 No, my child missed significant portions of one or more school years, as specified:

Specify grade and time period, including month and year (example: Grade2, Jan. 2022 through May 2002) the student has lived outside of the USA. **Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.**

PART C:

Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years?

- Yes No

Parent or Guardian (print name)

Parent or Guardian (Signature)

Date

Information entered into PS - OPS NURSE ELL SOCIAL WORKER/COUNSELOR SEC



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 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 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?
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 _____

(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

FINAL 11/06

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: <input type="checkbox"/> M <input type="checkbox"/> 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: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid/LaCHIP <input type="checkbox"/> None				
If your child does not have health insurance, would you like information on no cost health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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.				
<input type="checkbox"/> ALLERGIES				
Allergy Type:				
<input type="checkbox"/> Food (list food(s)) _____				
<input type="checkbox"/> Insect sting (list insect(s)) _____				
<input type="checkbox"/> Medication (list medication(s)) _____				
<input type="checkbox"/> Other (list) _____				
Reactions: (Date of last occurrence if yes.)				
<input type="checkbox"/> Coughing (Date: _____)		<input type="checkbox"/> Hives (Date: _____)		<input type="checkbox"/> Rash (Date: _____)
<input type="checkbox"/> Difficulty breathing (Date: _____)		<input type="checkbox"/> Local swelling (Date: _____)		<input type="checkbox"/> Wheezing (Date: _____)
<input type="checkbox"/> Generalized swelling (Date: _____)		<input type="checkbox"/> Nausea (Date: _____)		<input type="checkbox"/> Other _____ (Date: _____)
Currently prescribed medications and treatments:				
<input type="checkbox"/> Oral antihistamine (Benadryl, etc.)		<input type="checkbox"/> Epi-pen		<input type="checkbox"/> Other _____
<input type="checkbox"/> ASTHMA				
Triggers: <input type="checkbox"/> Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ <input type="checkbox"/> Other (list) _____				
Does your child experience asthma symptoms with exercise? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Symptoms:				
<input type="checkbox"/> Chest tightness, discomfort, or pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Is peak flow monitoring used? <input type="checkbox"/> No <input type="checkbox"/> Yes				

FINAL 11/06

Name: _____

DOB: _____

<input type="checkbox"/> DIABETES	
Currently prescribed medications and treatments:	
<input type="checkbox"/> Insulin:	<input type="checkbox"/> Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Pump
<input type="checkbox"/> Blood sugar testing	
<input type="checkbox"/> Glucagon	
<input type="checkbox"/> Oral medication(s) List medication(s) _____	
Is special scheduling of lunch or Physical Education required? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> SEIZURE DISORDER	
Type of seizure:	
<input type="checkbox"/> Absence (staring, unresponsive) <input type="checkbox"/> Complex Partial <input type="checkbox"/> Generalized Tonic-Clonic (Grand Mal/Convulsive)	
<input type="checkbox"/> Other (explain) _____	
Physical Education Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Medication(s): <input type="checkbox"/> No <input type="checkbox"/> Yes List medication(s) _____	
Date of last seizure _____ Length of seizure _____	
<input type="checkbox"/> OTHER HEALTH CONDITIONS	
<input type="checkbox"/> Anemia <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Cystic Fibrosis	
<input type="checkbox"/> Depression <input type="checkbox"/> Digestive disorders <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/> Juvenile Rheumatoid Arthritis	
<input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart condition <input type="checkbox"/> Physical disability <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Skin disorders	
<input type="checkbox"/> Speech problems <input type="checkbox"/> Other (explain) _____	
Physical Education Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain): _____	
Medication(s): <input type="checkbox"/> No <input type="checkbox"/> Yes List medication(s) _____	
Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): <input type="checkbox"/> No	
<input type="checkbox"/> Yes (explain): _____	
Special diet required (i.e., blended, soft, low salt, low fat, liquid supplement): <input type="checkbox"/> No <input type="checkbox"/> Yes (explain): _____	
Are there anticipated frequent absences or hospitalizations? No Yes	
(explain): _____	
<input type="checkbox"/> VISION CONDITIONS	<input type="checkbox"/> HEARING CONDITIONS
<input type="checkbox"/> Contacts/glasses	<input type="checkbox"/> Hearing aid(s)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION	
Special school environmental adjustments of the school environment or schedule: <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain): _____	
(i.e., temperature control, refrigeration/medication storage, availability of running water)	
Special safety considerations: <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> 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

NOTICE AND CONSENT REGARDING PAYMENT FROM MEDICAID BENEFITS

The Louisiana Department of Health and Hospitals (DHH) Medicaid program allows school districts to request reimbursement for the costs associated with provisions of certain IEP related services. These services include occupational therapy and physical therapy, speech pathology, psychological evaluations, nursing services, and special transportation. The rules under the Individual With Disabilities Education Improvement Act of 2004 (IDEA) regarding the use of public benefits, such as Medicaid, require schools to obtain consent from parents before accessing a child's Medicaid benefits. IDEA and the Family Educational Rights and Privacy Act (FERPA) also require schools to obtain parental consent before disclosing information from a child's educational records to outside parties such as Medicaid or another public health insurance agency.

When a Louisiana school system seeks Medicaid reimbursement for IEP related services, there is no risk of decreasing the student's available lifetime coverage or risk of loss if eligibility for home and community-based waivers based on total health-related expenditures. However, prior to accessing a child's Medicaid benefits, the school system must assure the parent that seeking reimbursement for these services will not result in the family paying for services that the child needs outside of school, paying out of pocket expenses such as a deductible or a co-payment, or increased insurance premiums.

School officials must inform the parent of the school's interest in utilizing Medicaid benefits as well as the above listed constraints; seek from the parent (and other relevant sources) the information necessary for the school system to utilize Medicaid benefits; solicit any parental concerns; and give parents a meaningful opportunity to express any relevant concerns about the process.

PARENTAL CONSENT TO SEEK MEDICAID REIMBURSEMENT

I hereby authorize ReNEW Schools to seek reimbursement for the IEP/Medicaid-covered health services that are provided to my child listed below. I understand that this access may not result in any decrease in available lifetime coverage, may not result in any cost to me or my family, may not increase any premiums or lead to the discontinuation of my child's benefits or insurance, and may not create any risk of loss of my child's eligibility for home and community-based waivers based on total health-related expenditures. I understand that this consent remains in effect for as long as my child is enrolled at a ReNEW School. I understand that if I wish to modify this consent, that I must notify the school in writing. I also understand that my refusal to allow access to the Medicaid benefits does not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to me.

Student's name: _____

Parent(s)/Guardian(s) name: _____

Parent(s)/Guardian(s) Signature _____

Date: _____

WAIVERS & POLICIES CHECKLIST

Student Name _____ Grade _____ Today's Date: _____

- | | |
|---|---|
| <input type="checkbox"/> ReNEW Laurel Elementary | <input type="checkbox"/> ReNEW Schaumburg Elementary School |
| <input type="checkbox"/> ReNEW Dolores T. Aaron Academy | <input type="checkbox"/> ReNEW Early Childhood Center |
| <input type="checkbox"/> ReNEW Therapeutic Program | |

The following policies and waivers are required and are available as separate attachments for you to read and take home with you. Please initial each line to indicate you've read the policy and sign the bottom.

UNIFORM POLICY Initial: _____

ATTENDANCE POLICY Initial: _____

AFFIRMATIVE MEDIA RELEASE Initial: _____

FAMILY EDUCATION RIGHTS AND PRIVACY ACT RELEASE Initial: _____

TRANSPORTATION RIDERSHIP AGREEMENT Initial: _____

PRE-KINDERGARTEN ENROLLMENT REQUIREMENTS Initial: _____
(if applicable)

By signing below, I verify that I understand the above policies and releases and that by initialing I agree to all releases and policies. I understand that my preferences will continue as long as my child is enrolled in a ReNEW school. Should I wish to change my preferences, I will notify the school in writing.

Parent or Guardian (print name)	Parent or Guardian (Signature)	Date
---------------------------------	--------------------------------	------

Student (print name)	Student (Signature)	Date
----------------------	---------------------	------

ANTI-DISCRIMINATION POLICY

ReNEW Schools does not discriminate on the basis of race, color, religion, gender, national origin, age, veteran status, disability, marital status or sexual orientation in any of its employment practices, educational programs, services or activities.



Student Registration 2022-2023



For additional information about nondiscrimination provisions, visit our website at www.renewschools.org.

PARENT INFORMATION

**Keep
for your
records.**

ReNEW ATTENDANCE POLICY

(Please refer to the ECC Parent Handbook for specifics regarding ECC attendance)

Regular attendance at school is a primary factor in student success. We believe that in order for students to succeed, they must attend school and arrive on time. The following section outlines policies and procedures governing attendance.

Types of Absences

Excused absences are absences incurred due to personal illness or serious illness in the family (documented by acceptable excuses), which are not considered for purposes of truancy. Students with excused absences are eligible to make up work and tests and receive credit for work completed on those days. Absences are considered unexcused until the school receives proper documentation of the absence. Absences are excused for the following reasons:

1. Personal illness (as verified by a written note from a physician, dentist, or nurse practitioner licensed to practice in Louisiana)
2. Death in immediate family (not to exceed one week, as verified by a written note from the parent)
3. Natural catastrophe and/or disaster
4. Participation in school-approved off-site activity
5. Absence for the observance of recognized holidays of the child's own faith (as verified by a written note from a religious official)
6. Any other extenuating circumstance as approved by the school leader

Unexcused absences are any absence not meeting the requirements set forth in the excused absence definitions below. All absences are considered unexcused until documentation of an excuse is provided to the school. Students are required to make up work missed during unexcused absences.

Suspensions are absences in which a student may not make up work and may be given failing grades for missed work. The absence is considered when determining whether or not a student may or may not be promoted, but is not considered for purposes of truancy.

Procedure for Excusing Absences

All absences will be considered unexcused until the school receives documentation of extenuating circumstances that merit an excuse from school. It is preferred that the parent/guardian provide written documentation regarding a student's absence to the front office on the day the student returns to school. Documentation for excused absences must be submitted during the quarter the student was absent. Excuses will not be accepted for a previous quarter immediately following a given quarter's Report Card Conference.

Truancy

ReNEW reserves the right to refer truant students and their parents to the Office of Student Support and Attendance through NOLA Public Schools. This agency investigates violations of the compulsory attendance laws, and when necessary, provide parents and guardians written notice, either in person or by registered mail, of legal action to be taken and next steps in the adjudication process.

ATTENDANCE POLICY (cont.)

If a student has been absent for 10 days due to medical issues and has a doctor's excuse to miss school, the student shall be referred for review by the School Building Level Committee to determine need for interventions or supportive services if the student has not previously been identified as a student with a disability.

The school leaders or designee will notify the parent or legal guardian on or before a student's third unexcused absence to convene a meeting with the parent and student and/or refers the student to the School Building Level Committee for truancy interventions. ReNEW considers arriving late to school four times as the equivalent of one unexcused absence. Tardiness also includes leaving or checking out of school unexcused prior to the regularly scheduled dismissal time.

Per NOLA Public School policy, students absent for 15 consecutive schools days may be dropped from the school's roster.

Checkouts from School

1. Students who leave school for any reason must sign out through the Main Office.
2. Students may only be signed out by persons whose name(s) appear on the student registration database unless the school receives permission in writing by the parent/guardian in advance.
3. Written permission is to be given by the parent/ guardian or "emergency person" shown on the registration database before each checkout. Picture identification must be presented.
4. Students will not be allowed to check out after **3:30pm** unless for reasons approved by the School Leader in advance.

School Assignments During Absences

When a student returns to school after an excused absence, the student shall have the opportunity to complete missed assignments. Make-up work shall be permitted only when written excuses from parent/guardian have been received in accordance with this policy.

A student who is absent five (5) or more days in any quarterly grading period must make up missed work before the end of the grading period or the student shall receive an incomplete grade. The student can make up work during the next nine-week grading period, but if he/she fails to do so, the incomplete grade automatically becomes a failing grade. It shall be the responsibility of the teacher to inform the student of the deadline for any make-up work.

Students missing school as a result of any suspension shall be counted as absent, considered unexcused, and shall be given failing grades for work missed in compliance with State Statute Bulletin #741. If a suspension is modified or reversed through the suspension appeal process, related absences will be excused and the students will receive make-up work for those excused days.

Absences and Retention

Students with more than 15 unexcused absences per year may be considered for retention.

TRANSPORTATION RIDERSHIP AGREEMENT

SCHOOL BUS SAFETY RULES

1. Be on time
5. Stay in your seat
9. Wait for the driver's signal before

Information entered into PS - [] OPS [] NURSE [] ELL [] SOCIAL WORKER/COUNSELOR [] SEC

- | | | |
|---------------------------------|---------------------------|--|
| 2. Never run to or from the bus | 6. No eating or drinking | crossing in front of the bus |
| 3. Stand back from the curb | 7. No yelling or shouting | 10. Always cross 10 feet in front of bus |
| 4. Don't push or shove | 8. Always obey the driver | 11. Never cross under a school bus |

WALKING TO THE BUS STOP

- Walk on the sidewalks and stay away from the curb and street. Running near the street can alarm motorists who might swerve to avoid you and could result in an accident.
- Do not play ball near the street or throw any objects near or into the street at any time.
- Always stop and look both ways before crossing the street.

WAITING AT THE BUS STOP

- Regardless of the weather, students are expected to be waiting at the bus stop 10 minutes before the bus is scheduled to arrive at your stop.
- Wait on the sidewalk and away from the curb. The waiting distance should be at least 15 feet away from the street.
- Do not move toward the bus until it has come to a complete stop.

GETTING ON / OFF THE BUS

- Make sure everything is secure and that your backpack is zipped-up to ensure items are secure and will not fall out.
- Do not have loose straps hanging from jackets or bags as they can get caught in the bus door on the way on or off the bus.

ReNEW Schools and Bus Company may refuse service for the following conduct:

1. Smoking, illegal drugs and/or alcohol are strictly prohibited on the bus, including any type of medication without proper documentation or doctor's orders.
2. Involvement in any kind of vandalism. (Those involved will be required to pay for damages before being allowed bus service.)
3. Throwing anything inside or outside of the bus.
4. Yelling inside the bus, or at anyone outside of the bus, thereby creating a disturbance.
5. Petting, passionate gestures, kissing or using any profane language.
6. Any flagrant display of antisocial behavior, disrespect or failure to follow directions of the bus driver.
7. Switching from the assigned bus to any of the other buses without the approval of ReNEW Schools or Bus Company.
8. Boarding the bus with animals, weapons, or any object that may injure others.
9. Parents not being at the bus stop to receive their Pre-K, K, 1st, or 2nd graders or students under the age of 9 years old.
10. Parents coming to the bus stop or the school to discipline another child will result in your child being removed from the bus for the remainder of the school year and a restraining order against the parent that will not allow you to be within 500 feet of a school bus.

Failure to follow the above-mentioned guidelines will result in the following actions:

1st infraction = Behavior Write-up • 2nd infraction = Off-bus Suspension • 3rd infraction = Removal from Bus

Students with exceptionalities will receive consequences on a case by case basis.

ReNEW Schools may issue a warning to the offender, choose to refuse service, or take any other appropriate actions at its discretion. The notification of disciplinary action may be verbal or in writing.

Student bus rider, and the undersigned parent/guardian, have read and understand the Ridership Agreement. By approving this waiver/policy, this will indicate your agreement to accept and abide by the rules and policies as outlined in the Ridership Agreement. Failure to comply with the terms of this agreement may result in the loss of bus service for your student.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT RELEASE

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day ReNEW Schools receives a written request for access, submitted to the school operations manager.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask ReNEW to amend a record should write to the school operations manager, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment.
3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by ReNEW Schools to comply with the requirements of FERPA.

ReNEW schools love to celebrate the growth and success of all of our students. By sending your student to a ReNEW school, you are giving permission for schools to post personally identifiable information about the student's academics and behavior inside the school building. This information includes, but is not limited to, name, grade, reading growth, math growth, achievement on benchmark assessments, paycheck amount, mastery of learning objectives, etc. If you would like to opt out of this consent, please deliver a signed letter indicating so to the school operations manager.

ReNEW Schools does not release information under the directory information exception to FERPA.

By approving this waiver/policy, I verify that I understand the above release. If my preference changes, I will contact the school.

UNIFORM POLICY

ReNEW Schools believes a safe and disciplined learning environment is the first requirement of a high performing school. The implementation of school uniforms will help minimize disruptive behavior, promote respect for oneself and others, build school/community spirit, and, more significantly, help to maintain high academic standards. It is our belief that wearing of uniforms by students will help lessen the impact of socioeconomic differences. In addition, it allows for identification of intruders on campus and encourages students to concentrate on learning rather than on what they are wearing.

Individual school leaders have their own requirements according to their parent/student handbooks or other written notification. ***Please see the uniform flier that accompanies this policy for specifics at your students school and grade-level.***

Parents/guardians who have concerns about the affordability of a school uniform should contact the school social worker. The social worker will assist the family with identifying community resources.

By approving this waiver/policy, you indicate you understand the uniform policy, and you will do your best to make sure your student is dressed appropriately every day of school.

MEDIA RELEASE FORM

Occasionally your child may be on a field trip or participate in a school activity or event that requires video recording or media coverage. Please review the Media Release Form below. By providing your initial next to the affirmative medial release line on page 6 of the registration packer, you are agreeing to this policy. If you do not wish to allow your child to be included in media coverage, please do not initial the line on page 6 of the registration packet. Should your preference change at any time, you are responsible for contacting the school in writing. Agreeing to video or media coverage does not in any way guarantee that your child will be videotaped, photographed, or interviewed: instead, it simply indicates that you have agreed to allow your child to participate in such activities.

With my initial on page 6 of the registration packet, I hereby agree to allow my child to be videotaped, photographed or interviewed for all school-related projects and media coverage. It is my understanding that all photographs, interviews, or portions thereof may be used for public view (including postings on video sharing websites) and that neither my child nor I will receive any financial remuneration related to this release. I consent to me/my child being photographed, videotaped, or interviewed and my/his/her name and image used in school or board publications and media coverage of school related events. I consent to me/my child's work, name or photo/image/video image being used on the school and network website or social media site(s).

Provide written notification to the Front Desk of the office if you do not consent to this policy or change your preference at any time.

By approving this waiver/policy, I verify that I understand the above release and that I have indicated my preference. If my preference changes, I will contact the school.

I realize that this release authorization remains in effect as long as my child is a student at a ReNEW school or until I revoke this authorization in writing. I have carefully read the forgoing authorization and fully understand the meaning of this waiver form. I affirm that I have signed this authorization voluntarily.

PRE-KINDERGARTEN ENROLLMENT REQUIREMENTS

LA4 Eligibility

LA4 Eligibility is determined by the family enrollment centers.

- **Age:** All PK Students must be 4 years old by September 30, 2022.
- **Income:** Families must provide proof of income to meet income eligibility requirements.
- **Immunizations:** Students must have up-to-date immunization records or families must complete an immunization waiver.
- **Attendance:** PK Students must meet monthly attendance requirements.

PK Attendance

It is very important for students to come to school each day, on time, unless there is a reason for an excused absence. Reasons for excused absences include: illness, doctor's appointments, or other serious circumstances—in these cases please return your child to school as soon as possible with an excuse note.

- Students may be dropped from the PK program if they miss more than 74% days of a month for two consecutive months.

Thank you for partnering with us to provide an excellent education for your child!