



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: Parkway Elementary

Completed registration packet.

Withdrawal sheet from previous school.

Student's last report card.

Most current electric bill to show as proof of residence.

The following documents for your child:

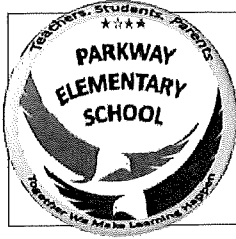
Birth Certificate

Shot Record

Social Security Card

Custody Papers, if applicable

PLEASE DO NOT PRINT TWO SIDED



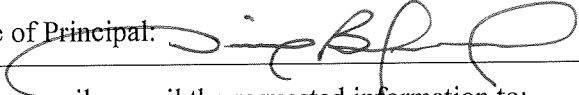
Vernon Parish Schools Authorization for Release of Records 2021-2022

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:	Email:

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: 	Date:
Please fax, email or mail the requested information to:	
School Name: Parkway Elementary	Fax: 337-239-0049
Address: 3585 University Parkway, Leesville, LA 71446	Phone: 337-239-3363
Attention: Alycia Evans, Registrar	Email: alycia.evans@vpsb.us
If you have any questions concerning this request, please contact the name listed in the line above.	

Vernon Parish Schools Registration Form

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

School: Parkway Elementary		Date of Enrollment:	
Student Name: (L, F, M.I.)			Grade:
Homeroom Teacher:	Bus#	SSN:	
Student Physical Address:			
Student Mailing Address:			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate:	Military Dependent: <input type="checkbox"/> Y <input type="checkbox"/> 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):	
<input type="checkbox"/>	White	<input type="checkbox"/>	White
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native American/Alaskan Native	<input type="checkbox"/>	Native American/Alaskan Native
<input type="checkbox"/>	Hawaiian/Pacific Islander	<input type="checkbox"/>	Hawaiian/Pacific Islander
Last School Attended:		Pre-School Program Attended	
Mailing Address:		<input type="checkbox"/>	Home (not pre-k)
City, St., Zip		<input type="checkbox"/>	Headstart
Person Student Resides With:		<input type="checkbox"/>	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:		

Vernon Parish Schools Special Services Enrollment Information

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

School: Parkway Elementary		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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which grade(s)?			
Was your child receiving special services at his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check the special services that your child was receiving at the previous school:			
<input type="checkbox"/>	504	<input type="checkbox"/>	Inclusion
<input type="checkbox"/>	Resource Room	<input type="checkbox"/>	Self Contained Class
<input type="checkbox"/>	Gifted	<input type="checkbox"/>	Talented
<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Hearing Impaired
<input type="checkbox"/>	Visual Impaired	<input type="checkbox"/>	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:	

Primary/Home Language Survey for All New Incoming Students

Survey should be completed by parents or guardians of
ALL new incoming students K-12.

Student Information:	
First Name: _____	Date of Birth: _____
Last Name: _____	Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

Has your child received ESL/EL services previously? Yes No

In what language would you prefer to receive information from the school? _____

Parent's or Guardian's Signature

Date

Vernon Parish School Board Military Information Card

Every Child, Every Day, Whatever It Takes

Complete for 1 military parent only

School: Parkway Elementary	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: <input type="checkbox"/> Mother: <input type="checkbox"/> Guardian: <input type="checkbox"/>
Does the student live on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Unit: _____	
Signature: X	Date:
Please check here if you are Retired Military or no longer Military: <input type="checkbox"/>	

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: Parkway Elementary	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: <input type="checkbox"/> Mother: <input type="checkbox"/> Guardian: <input type="checkbox"/>
Does the parent work on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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

Every Child, Every Day, Whatever It Takes

Parkway Elementary Personally Identifiable Information Consent Form

PARENTAL CONSENT FOR RELEASE OF STUDENT INFORMATION CONCERNING AWARDS, HONOR ROLL LISTS, ONLINE RESOURCES, ETC.

With your consent, some of your child's information may be shared within local news media (honor roll, events, and awards), event programs (music and theatrical performances, graduation and award ceremonies, etc.), yearbooks, 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, and to take advantage of online resources, you must sign to provide your consent.

VPSB 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 events, award ceremonies, recognition in yearbooks, academic awards, 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 participation in officially recognized activities;
3. School attended by the student;
4. Photographs or videos taken in connection with the activities, awards, etc. mentioned above.

ALL PARENTS MUST SIGN THE CONSENT OF THIS FORM FOR STUDENTS TO BE PHOTOGRAPHED, USE ONLINE RESOURCES, VIDEO, OR RECEIVE RECOGNITION IN NEWSPAPERS, NEWSLETTERS, OR YEARBOOKS AT PARKWAY ELEMENTARY!

Student's Full Name _____ (print) Grade _____

- Yes, I give consent.
 No, I do not give consent.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ Date _____

PLACE ORIGINAL SIGNED FORM IN THE STUDENT'S FILE AT SCHOOL – DO NOT DESTROY

PARKWAY ELEMENTARY

TO: ALL PARENTS

FROM: PHYSICAL EDUCATION INSTRUCTOR

RE: PARKWAY PHYSICAL EDUCATION PROGRAM

This year at Parkway, your child will be participating in an organized physical education program. These classes will provide activities, which are physically wholesome, mentally stimulating, and socially sound. Our activities will be planned with reference to the needs inherent to human growth and development. It is our belief that a healthy body helps to create a healthy mind.

The skills and activities your child will participate in require speed, agility, balance, and often, endurance. If at all possible, your child should wear tennis shoes or some other type of comfortable shoe to school on the days his/her physical education class meets. Please, No cleats. For the first couple of weeks a reminder from you and possibly a "quick look" to see that your child is wearing the appropriate shoes will ensure the safety of your child and others.

If your child must be limited in his/her participation, please list the medical reason or reasons below. This information will be strictly confidential and is being requested to ensure your child's well-being. It is our goal that physical education class be an enjoyable experience for your child.

Thank you for your cooperation.

CHILD'S NAME: _____ TEACHER: _____

PARENT'S NAME: _____ PHONE# _____

_____ My son/daughter may follow the regular physical education program.

_____ My son/daughter must be limited in activities for the following reasons:

_____ Rheumatic fever _____ Diabetes _____ Hernia

_____ Surgery _____ Meningitis _____ Polio

_____ Heart Condition _____ Convulsions _____ Other

_____ Allergies _____ Asthma

Comments: _____

Please send necessary documents to verify condition.

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: Parkway Elementary		Grade:	School Year:
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:	
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: No 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.)

<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:

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

PARKWAY ELEMENTARY

School Supply List for Grades 1-4

- Pencils
- Pens (black or blue only)
- 4 Composition notebooks
- 1 plastic pocket folder
- 2 glue sticks
- 1 pair of safety scissors
- 1 pack Dry-erase markers (black)
- 2 boxes of crayons 8ct
- 1 three-ring zipper pencil pouch for binders
- 1 one-inch binder with pockets
- Personal headphones
- Water bottle with child's name (no larger than 20oz.)
- Cloth mask
- Backpack (no rolling bags)
- \$5.00 ID badge fee

Uniform: black Polo/Oxford style tops;
white Polo/Oxford style tops; khaki
bottoms (cargo styles are allowed)