



Welcome to Sterlington Middle. The following items/documents are required to register at SMS.

- 2 PROOFS OF RESIDENCE (ELECTRIC BILL, WATER BILL, RENTAL CONTRACT, ETC.)
- BIRTH CERTIFICATE
- STUDENT'S SOCIAL SECURITY CARD
- COPY OF PARENT'S DRIVER'S LICENSE
- CURRENT MIDDLE SCHOOL TRANSCRIPT
- CURRENT IMMUNIZATION RECORD



Student Registration

Sterlington Middle School

206 High Avenue · Sterlington, LA 71280

Student Information: Please select grade student is entering.

___ **6** ___ **7** ___ **8**

Last Name:

First Name:

Middle Name:

Date of Birth:

- ☐ MALE
- ☐ FEMALE

Physical Address:

Mailing Address:

Student Cell Phone Number:

() -

Student Home Phone Number:

() -

Race and Ethnicity: Please complete the following information required for multi-racial reporting.

1. Is student Hispanic/Latino?
If NO, continue to Question 2; if YES, Question 2 is optional.

- ☐ YES
- ☐ NO

2. Please select one or more applicable races from the following groups.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

School History:

Has the student ever attended another OPSB school?

- ☐ YES
- ☐ NO

Please list the name of the last school the student attended including city, state, and parish/county.

School Name:

City:

State:

Parish/County:

Support Services: Please select ALL that apply to student.

- ☐ Gifted
- ☐ Migrant
- ☐ Resource
- ☐ Self-Contained
- ☐ Speech
- ☐ Language
- ☐ 504
- ☐ Adaptive P. E.
- ☐ ESL

| | | |
|--|---|---|
| Primary Parent/Guardian Information: | | |
| Relationship to Student: | | |
| Last Name: | | |
| First Name: | | |
| Does student reside with this parent/guardian? | | <input type="radio"/> YES <input type="radio"/> NO |
| Address: | | |
| City: | State: | Zip: |
| Cell Phone Number: () - | Home Phone Number: () - | |

| | | |
|--|---|---|
| Secondary Parent/Guardian Information: | | |
| Relationship to Student: | | |
| Last Name: | | |
| First Name: | | |
| Does student reside with this parent/guardian? | | <input type="radio"/> YES <input type="radio"/> NO |
| Address: | | |
| City: | State: | Zip: |
| Cell Phone Number: () - | Home Phone Number: () - | |

| | | |
|--|---|---|
| Optional – Other Relevant Adult | | |
| Relationship to Student: | | |
| Last Name: | | |
| First Name: | | |
| Does student reside with this parent/guardian? | | <input type="radio"/> YES <input type="radio"/> NO |
| Address: | | |
| City: | State: | Zip: |
| Cell Phone Number: () - | Home Phone Number: () - | |

| | |
|--|---|
| Siblings? | |
| Does the student have siblings at any of the Sterlington Schools? (Elementary, Middle, High) | <input type="radio"/> YES <input type="radio"/> NO |
| If selected "YES," please list all siblings below: | |
| Sibling Name: _____ | Sibling's School: _____ |
| Sibling Name: _____ | Sibling's School: _____ |
| Sibling Name: _____ | Sibling's School: _____ |
| Sibling Name: _____ | Sibling's School: _____ |

| | |
|--|---|
| Emergency/Medical Information | |
| Please list an Emergency Contact that is NOT a listed as a parent/guardian | |
| Emergency Contact #1: | |
| Cell Phone Number: () - | Cell Phone Number: () - |
| Emergency Contact #2: | |
| Cell Phone Number: () - | Cell Phone Number: () - |
| Emergency Contact #3: | |
| Cell Phone Number: () - | Cell Phone Number: () - |

| | |
|---|---|
| Medical Information: (Optional) You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student. | |
| Are there any serious medical conditions about which you wish the school to be aware? | <input type="radio"/> YES <input type="radio"/> NO |
| If you selected "YES," please indicate. | <input type="radio"/> Diabetes <input type="radio"/> Epilepsy <input type="radio"/> Allergies (specify below) <input type="radio"/> Hemophilia <input type="radio"/> Heart Condition <input type="radio"/> Asthma <input type="radio"/> Other (specify below) |
| Medical Notes: _____ _____ | |

| | |
|---|--------------------------|
| Check Out/Pick Up Authorization | |
| Please list any person(s) not a parent, guardian, or emergency contact. | |
| Contact #1: | |
| Cell Phone Number: () - | Relationship to student: |
| Contact #2: | |
| Cell Phone Number: () - | Relationship to student: |

| | |
|--|---|
| Restrictions? | |
| Is anyone restricted from pick up, check out, or contact with student? | <input type="radio"/> YES <input type="radio"/> NO |
| If selected "YES," please list all restrictions: | |
| Name: | Relationship: |
| Name: | Relationship: |

The information provided in this document is true, correct, and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view section and make educational decisions for this student, unless otherwise indicated here and supported with legal documentation. Further, I recognize that it is my responsibility to notify the SMS should the above information change.

Signature _____ Date _____

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 | | Student's Name: 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

Name: _____

DOB: _____

☐ **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?** (explain): No Yes☐ **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

Emergency Plan

Student: _____ Date: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work: _____

Emergency Room Phone Number: _____

Physician's Name: _____

Alternate Contact: _____

Home Phone: _____ Work: _____

I am aware that if my child has an emergency in school and I am not available, the school principal or alternate will have my child transported to the emergency room. I will be responsible for payment of emergency care.

Signature Parent/Guardian

Date

Witness

PLEASE DOCUMENT PROBLEMS AND RESPONSES ON BACK

STUDENT SPECIFIC EMERGENCIES

| IF YOU SEE THIS | DO THIS |
|-----------------|---------|
| | |
| | |
| | |
| | |

IF AN EMERGENCY OCCURS:

If the emergency is life-threatening, immediately call 9-1-1

Stay with the student or designate another adult to do so.

Call or designate someone to call the principal and/or health care coordinator.

State who you are:

State where you are:

State problem:

If the school liaison is unavailable, the following staff members are trained to deal with an emergency and to initiate the appropriate procedures.

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

CONFIDENTIAL REFERRAL FORM

LEA: _____ School Year: _____ Date: _____

Student Name: _____ School: _____

Parent/Guardian: _____ ID# _____ IEP: _____ Yes _____ No

Gender (M / F) Race _____ DOB _____ Age _____ Grade _____ Phone Number _____

Temporary Address: _____ City: _____ Zip: _____

Referring Person: _____ Position: _____

Reason for referral: Problems listed below often prevent homeless children and youths from attending school. Please check all areas of concern which apply to the student identified above.

- ☐ School of origin: Yes _____ No _____
- ☐ Student lacks a permanent residence
- ☐ Student is unable to pay school fees
- ☐ Immunizations are needed
- ☐ Birth certificate is needed
- ☐ Excessive absences are a problem
- ☐ Lacks academic records and/or documentation
- ☐ Academic problems indicate a need for tutoring
- ☐ School supplies are needed
- ☐ Transportation to school is a problem
- ☐ Student/family needs assistance accessing community resources
- ☐ Behavior indicates a need for mental health counseling
- ☐ School clothes are needed (Sizes: Shirt _____ Pants _____ Shoes _____ Other _____)
- ☐ Free lunch form needed
- ☐ Health problems are indicated
- ☐ Need Health Insurance (LA CHIP/Medical Card)
- ☐ Guardianship is a problem
- ☐ IDEA (gifted, talented, disabilities) services needed
- ☐ LEP/EL services needed
- ☐ Migrant services needed
- ☐ Need SNAP benefits (food stamps)
- ☐ Early childhood services or Higher Ed Services

Check all that apply:

- ☐ (1) Sheltered
- ☐ (2) Doubled-Up
- ☐ (3) Unsheltered/FEMA/Substandard
- ☐ (4) Hotel/Motel

Unaccompanied Youth: Yes ☐ No ☐

- ☐ 01- Mortgage Foreclosure
- ☐ 02- Flooding
- ☐ 03- Hurricane
- ☐ 04- Tropical Storm
- ☐ 05- Tornado
- ☐ 06- Wildfire or Fire
- ☐ 07- Man-made Disaster (Major)
- ☐ 08- Eviction
- ☐ 09- Unemployment/ Loss of Job
- ☐ 10- Domestic Violence
- ☐ 11- Illness
- ☐ 12- Financial Hardships
- ☐ 13- Lack of Affordable Housing
- ☐ 14- Unaccompanied Youth
- ☐ 15- Incarceration of Parent/ Guardian
- ☐ 16- Unsafe Living Conditions

COMMENTS:

Other Children in Home: _____

School Personnel Signature

Date

Homeless Liaison Signature

Date

**LIAISON'S SIGNATURE INDICATES STUDENT(S) MEETS TITLE IX, PART A REQUIREMENTS*

Copy Sent to District Homeless Liaison

Copy Placed in Student's Cumulative Record

(Revised 05/2022)



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.

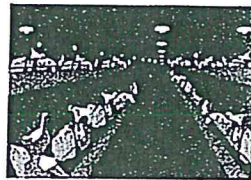
1. Have you or another person in your home worked in agriculture or fishing in the past 3 years?
(Please check all that apply below & complete contact information)

☐ YES

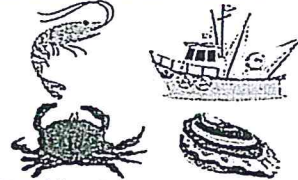
☐ NO



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

☐

Working in a poultry farm

☐

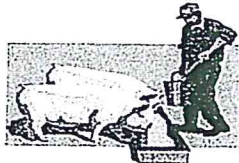
Working in shrimping / crabbing
/ oyster fishing

☐

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

Clare Ortiz - 870-820-6177
clare.ortiz@louisiana-mep.org

Tomi Soto - 956-740-8077
tomi.soto@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.



Programa de Educación para Migrantes de Louisiana

Formulario de Investigación Familiar

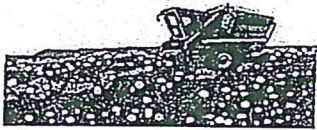
Distrito escolar/Parroquia: _____ **Escuela:** _____ **Año lectivo:** _____

Con el fin de servir mejor a las necesidades académicas de sus hijos, nuestro programa quiere identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales **GRATUITOS**. La información que usted brinde solo será usada para los propósitos del programa. Por favor conteste ambas preguntas a continuación y devuelva este formulario a la escuela de su hijo.

1. **¿Ha trabajado usted u otra persona de su hogar en la agricultura o la pesca en los últimos 3 años?**
(Por favor, marque todo lo que corresponda a continuación y complete la información de contacto)

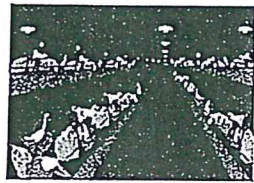
☐ SÍ

☐ NO



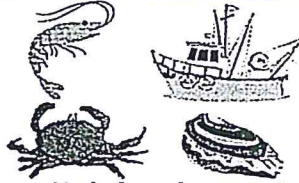
Recoger verduras, frutas, nueces, heno, soja, caña de azúcar, patatas dulces, etc.

☐



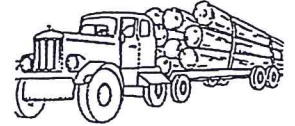
Trabajar en una granja avícola

☐



Trabajo en la pesca de camarones, cangrejos y ostras.

☐



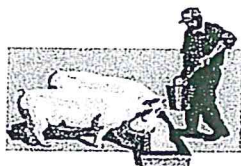
Trabajo en la silvicultura, la madera y la explotación forestal

☐



Tareas en un vivero, huerto, cultivo o cosecha de árboles

☐



Trabajar con animales como ganado, cerdos, caimanes, grillos o tortugas

☐



Trabajo en campos de arroz, estanques de langostas

☐



¿Otro tipo de trabajo **AGRÍCOLA** o **ICTÍCOLA**? Por favor explique:

2. **¿Sus hijos se han mudado o han viajado a través de las líneas del distrito escolar en los últimos 3 años?**

Esto puede incluir viajes nocturnos o prolongados, en cualquier época del año, incluido el verano, para realizar trabajos de pesca de camarones, cangrejos, ostras o agricultura.

☐ SÍ

☐ NO

Nombre del Padre (tutor): _____ Mejor momento para contactarlo: _____

Número(s) de teléfono: _____

Dirección: _____ Correo electrónico: _____

Language/Lenguaje/Ngôn ngữ: ☐ English ☐ Español ☐ Tiếng Việt ☐ Otro: _____

El propósito de este formulario es ayudar al estado a determinar si los niños de esta familia son elegibles para el Programa de Educación para Migrantes de Louisiana. Una de las personas listadas a continuación puede contactarlo para determinar la elegibilidad para el Programa de Educación para Migrantes de Louisiana:

Laurie Stewart - 225-369-0560
laurie.stewart@louisiana-mep.org

Clare Ortiz - 870-820-6177
clare.ortiz@louisiana-mep.org

Tomi Soto - 956-740-8077
tomi.soto@louisiana-mep.org

Lorena Andrea Roberts - 225-372-0419
lorena.roberts@louisiana-mep.org

Solo para uso de la escuela: por favor devuelva los formularios completos a: idr.team@louisiana-mep.org

Por formularios de investigación en español o en vietnamita, por favor ingrese a: <https://louisianamigrantidr.com/documents.php>.
Por más preguntas, por favor contacte al Equipo de Registro e Identificación del Programa de Educación para Migrantes de Louisiana al: idr.team@louisiana-mep.org.



Complete this home Language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian. It must be kept in the student's file. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

ENGLISH

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

SPANISH

1. ¿Se habla otro idioma que no sea el inglés en su casa? ☐ No ☐ Sí _____ (especificar idioma)
2. ¿Habla el estudiante un idioma que no sea el inglés? ☐ No ☐ Sí _____ (especificar idioma)
3. ¿Qué idioma aprendió su hijo primero? _____ (especificar idioma)
4. ¿En qué idioma prefiere recibir información de la escuela? _____ (especificar idioma)
5. ¿Cuál es tu relación con el niño? ☐ Padre ☐ Madre ☐ Guardián ☐ Otro (especificar) _____

FRENCH

1. Une langue autre que l'anglais est-elle parlée à la maison? ☐ Non ☐ Oui _____ (précisez la langue)
2. Votre enfant communique-t-il dans une langue autre que l'anglais? ☐ Non ☐ Oui _____ (précisez la langue)
3. Quelle langue votre enfant a-t-il apprise en premier? _____ (précisez la langue)
4. Dans quelle langue préférez-vous recevoir des informations de l'école? _____ (précisez la langue)
5. Quelle est votre relation avec l'enfant? ☐ Père ☐ Mère ☐ Tuteur ☐ Autre (précisez) _____

VIETNAMESE

1. Là một ngôn ngữ khác ngoài tiếng Anh được nói trong nhà của bạn? ☐ Không ☐ Có _____
(chỉ định ngôn ngữ)
2. Con của bạn có giao tiếp bằng ngôn ngữ khác ngoài tiếng Anh không? ☐ Không ☐ Có _____
(chỉ định ngôn ngữ)
3. Con bạn đã học ngôn ngữ nào trước tiên? _____ (chỉ định ngôn ngữ)
4. Trong ngôn ngữ nào bạn thích nhận thông tin từ trường? _____ (chỉ định ngôn ngữ)
5. Mỗi quan hệ của bạn với đứa trẻ là gì? ☐ Cha ☐ Mẹ ☐ Người Giám Hộ ☐ Khác (ghi rõ) _____

CHINESE

1. 你家裡用的是英語以外的語言嗎? 否 是 _____ (指定語言)
2. 您的孩子是否使用英語以外的語言進行交流 ☐ 否 ☐ 是 _____ (指定語言)
3. 你的孩子先學習哪種語言? _____ (指定語言)
4. 您希望以哪種語言從學校接收信息? _____ (指定語言)
5. 你和孩子的關係是什麼? ☐ 父親 ☐ 母親 ☐ 監護人 ☐ 其他 (指定) _____

ARABIC

1. هل توجد لغة أخرى متوفرة في منزلك بخلاف اللغة الإنجليزية?
(حدد اللغة) _____ نعم لا
2. هل يتواصل طفلك مع غيره بلغة أخرى بخلاف اللغة الإنجليزية?
(حدد اللغة) _____ نعم لا
3. ما أول لغة تعلمها طفلك? _____ (حدد اللغة)
4. بأي لغة تفضل أن تستقبل المعلومات من المدرسة? _____ (حدد اللغة)
5. ما العلاقة التي تربطك بالطفل?
والده ○ والته ○ الوصي عليه ○ صلة أخرى (الرجاء التحديد) _____

U.S. Department of Education

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Family Educational Rights and Privacy Act (FERPA)

Get the Latest on FERPA at <https://studentprivacy.ed.gov/>
(<https://studentprivacy.ed.gov/?src=fpc>)

- **Frequently Asked Questions** (<https://studentprivacy.ed.gov/frequently-asked-questions>)
- FERPA for **parents and students** (<https://studentprivacy.ed.gov/audience/parents-and-students>), **K12 school officials** (<https://studentprivacy.ed.gov/audience/school-officials-k-12>) and **Postsecondary school officials** (<https://studentprivacy.ed.gov/audience/school-officials-post-secondary>)
- Protection of Pupil Rights Amendment (**PPRA**) (<https://studentprivacy.ed.gov/content/ppra>)
- **Guidance** (<https://studentprivacy.ed.gov/guidance>) and **Notices** (<https://studentprivacy.ed.gov/annual-notices>)
- **Filing a complaint under FERPA or PPRA** (<https://studentprivacy.ed.gov/file-a-complaint>)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;

- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

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