



Welcome Patriot!!

Congratulations on your child's enrollment into Prescott Academy for the 2024-25 academic school year.

In order to complete the registration process, please provide the following items to the school upon registering.

- [Registration Form](#)
- Birth Certificate
- Social Security Card
- Immunization Record
- Proof of identity of the parent/legal guardian
- Health Information Form (attached)
- Home Language Survey (attached)
- Records Request (attached)
- IEP, 504, READ Plan (if applicable)

If your student has an IEP (Special Education Services) or a 504 plan from a previous school, our school staff will review these documents to discuss supports and services within the IEP for your child. We will require 10 business days for this process and will contact you directly upon review of records. The school may call a 504/IEP meeting to discuss supports and services for your child that meets your child's placement requirements per the IEP.

You may submit these registration documents at our school's front office.

Prescott K-8 Academy: 4055 Prescott Rd.
Baton Rouge, LA 70805

Office hours: 6:30am - 5:00pm., Monday - Friday

Thank you for understanding and for working with us to provide your child a world class education.

If you have any questions, please feel free to email me at eboni.alexander@thirdfuture.org .

Sincerely,

The Prescott Academy Team

Promoting Grade: _____

_____ IEP _____ 504
(Please check if applicable)

Scholar's Last/ First Name: _____

Date of Birth: _____ Gender: _____ Social Security# _____

Last School Attended: _____ Grade: _____

(1) **Parent** **Legal Guardian**

Parent/Guardian Name: _____

Home Address _____ Apt/Lot: _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Employer: _____ Work #: _____

Employer Address: _____

Email Address _____

Does the scholar reside with you? ___ Yes ___ No

(2) **Parent** **Legal Guardian**

Parent/Guardian Name: _____

Home Address _____ Apt/Lot: _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Employer: _____ Work #: _____

Employer Address: _____

Email Address _____

Does the scholar reside with you? ___ Yes ___ No

Emergency Contact Information

To ensure the safety of all scholars identification is required for pick up or check out at all times.

(1) Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Employer: _____ Work Telephone # _____

(2) Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Employer: _____ Work Telephone # _____

3) Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Employer: _____ Work Telephone # _____

Authorized to Pick Up

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Dismissal: Bus Rider _____ Car _____ Walker _____

Before Care _____ After care _____ Both _____

Parent/ Guardian Signature: _____

Student Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Mutiracial |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Indian | |
| <input type="checkbox"/> Middle Eastern | |
| <input type="checkbox"/> European | |
| <input type="checkbox"/> White/ Caucasian | |

Does the student currently have an IEP or 504 plan?

- IEP 504

Request and Release of Student School Records

_____, _____ / / _____
 (Student's Last Name) (Student's First Name) (Date of Birth) (24-25 Grade)

Former School Information:

 (School Name) _____ (Address) _____ (City) _____ (State)

(_____) _____ (_____) _____
 (School's Main Phone Number) (School's Fax Number)

The following are student records that are hereby being requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> Transcripts (Official or Unofficial) | <input type="checkbox"/> READ Plan | <input type="checkbox"/> Psychological/Sociological Records |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Reading Level Info. | <input type="checkbox"/> Current IEP |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> TCAP/CSAP/ALP | <input type="checkbox"/> Current 504 Plan |
| <input type="checkbox"/> Grades | <input type="checkbox"/> ELL Info. | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Other |
| <input type="checkbox"/> All Test Scores | <input type="checkbox"/> Birth Certificate | |

Please email all records to our office manager: eboni.alexander@thirdfuture.org

 (Name of School Official Requesting-Printed) _____ (Signature of School Official)

 (Parent/Guardian Signature) / / _____ (Date)

Home Language Questionnaire

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students.

Name of child: _____
Last First Middle Grade Age

1. Which language did your child first learn to speak? _____
2. What language does your child use most often at home? _____
3. What language do you most often use to speak to your child? _____
4. In what country was your child born? _____
5. If your child was not born in the USA, what date did they enter the USA? _____

Signature of Parent or Guardian Date

Preguntas del Lenguaje Hablado en Casa

Nuestra escuela necesita saber el lenguaje y oído en casa por cada niño/a. Esta información es necesaria para proveer la mejor instrucción posible para todos los alumnos.

Nombre del alumno: _____
Apellido Primer nombre Segundo Grado Edad

1. Que idioma comenzó su hijo/a hablar primero? _____
2. Que idioma usa más su hijo/a en la casa? _____
3. Que idioma usa usted con más frecuencia para hablar con su hijo/a? _____
4. En que país nació su hijo? _____
5. Si no nació en los EEUU en qué fecha entró su hijo/a a los EEUU? _____

Firma del Padre o Guardian Fecha

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

HEALTH INFORMATION Must be updated annually
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'Confidential information will be shared with school staff on a need to know basis'

Student Name: _____ Grade: _____ School: _____

Date of birth: _____ Age: _____ Teacher: _____

Does your child currently have any of the following health concerns? (Please circle if applicable)

Dr. Diagnosed ADD/ADHD Medication: _____	Dr. Diagnosed AUTISM SPECTRUM Medication: _____	Dr. Diagnosed Heart Condition WITH ACTIVITY restrictions	Dr. Diagnosed Emotional Condition Eating Disorder
Dr. Diagnosed ASTHMA Medication: _____	Bowel/Bladder Issues Diabetes: Type _____	Hearing Loss Head Injury	Migraine Headaches Seizures

Please describe the circled condition above in **greater** detail: _____

List any **other** current medical concerns: _____

Is your child currently taking any other medication not listed above? Yes / No (Use back of this paper for additional space if needed)

Medication/Dose/Time Taken: _____

Medication/Dose/Time Taken: _____

Does your child have any activity/dietary restrictions? **Yes / No** If yes, please list: _____

Does your child have any **significant life threatening allergies** that you feel school personnel need to know about? **Yes / No**
 If yes, list allergy and reaction: _____

Required Parent Information: (circle one) **I WILL** or **I WILL NOT**
 be providing rescue medication such as Epinephrine for severe allergy noted above.

I understand that by NOT providing rescue medication, EMS (911) will be called if an emergency arises and agree to Emergency Care Permit listed below.

Date/Location of the last vision exam: _____

Does your child wear glasses or contacts? **Yes / No** Vision Diagnosis: _____

Has your child had a hospitalization or surgery within the last year? **Yes / No** _____

Student's Physician / Phone #: _____

Does your child have Medicaid? **Yes / No**

Emergency Care Permit: In case of serious illness or injury, first aid will be rendered in accordance with local school policies. If ambulance service is necessary, parents must assume financial responsibility. If I cannot be reached by telephone in the event of an emergency, please send my child to (Hospital/Address) _____ or the nearest medical facility.

Parent/Guardian Signature **Best Contact Phone Number(s)**

❖ *I am also giving the school health officials permission to talk our child's doctor about immunizations. This includes permission for the doctor's office to fax shot records to the school.*

Form Completed by: _____ **Relationship to Child:** _____ **Date:** _____

Last School Child attended: _____