Welcome Patriot!!

Thank you for your interest in Prescott Academy. Please note that your student's enrollment is not confirmed until the required enrollment forms are completed and submitted to the front office.

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

- Enrollment Packet
- Student's Birth Certificate
- Immunization Record (shot record)
- Discipline Record
- Drop Slip
- Social Security Card
- Parent/Guardian ID

You may turn in your enrollment documents at the our school front office:

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

Office hours: 9 a.m.- 5 p.m., Monday - Friday

Failure to submit the documents may result in your child being taken off our enrollment list in order to make room for a student on the waiting list.

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

Prescott Academy

THIRD FUTURE
CREATING TOMORROW'S SCHOOLS

Scholar's Last/ First Name:_____

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

Last School Attended:_____ Grade:_____

(1) Parent/Guardian Information: ☐ **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/Guardian Information: ☐ **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

Prescott Academy

THIRD FUTURE
CREATING TOMORROW'S SCHOOLS

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:_____

Prescott Academy

THIRD FUTURE
CREATING TOMORROW'S SCHOOLS

Student Ethnicity

- ☐ Black/ African American
- ☐ Native American
- ☐ Hispanic
- ☐ Asian
- ☐ Indian
- ☐ Middle Eastern
- ☐ European
- ☐ White/ Caucasian
- ☐ Native Hawiian/ Pacific Islander
- ☐ Mutiracial
- ☐ Other_____

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:

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

Please email all records to our office manager: **constance.stewart@thirdfuture.org**

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

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

Prescott Academy

THIRD FUTURE
CREATING TOMORROW'S SCHOOLS

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

'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: _____

Revised 2-28-17