

**East Baton Rouge Parish School System**  
**MAGNET/CENTER OF EXCELLENCE**  
**Parent/Student/School Contract**

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Improved academic achievement results from a shared responsibility of the student, the parent, and the school. State law and EBRPSS guidelines require students and parents to pledge support for the educational process as described below. In addition, participation in a magnet program is a privilege not a right; therefore, failure to adhere to the behavioral and academic expectations as outlined in the Students Rights and Responsibility Handbook may result in removal from the program.

**STUDENT AGREEMENT**

**I agree to do the following:**

- Meet state compulsory attendance requirements and arrive at school on time
- Behave in an appropriate manner and follow all district, school and classroom rules as outlined in the district's **Students Rights and Responsibility Handbook**
- Take advantage of all instructional opportunities presented in class
- Complete all class activities and homework assignments
- **Maintain grade point requirements (where applicable)**
- **Matriculate to the next grade level at the end of the school year**
- Respect the culture and diversity of others

**PARENT/GUARDIAN AGREEMENT**

**I agree to do the following:**

- Show an interest in my child's progress by talking with him/her daily about school and learning activities
- Ensure that my child completes all homework assignments
- Review any student work, agenda, or school communication brought home by my child
- Respond appropriately to communication from the school and attend all required parent/teacher/team/principal conferences and magnet parent advisory meetings
- Ensure that my child attends school daily and arrives and departs timely
- Support the school in its efforts to maintain proper discipline
- Support my child in his/her efforts to prepare and pass all classroom and state mandated exams
- Respect the school's culture and diversity

**SCHOOL AGREEMENT**

**The school agrees to do the following:**

- Provide appropriate, challenging instruction to accommodate different learning styles
- integrate technology effectively and responsibly in all academic and elective areas
- Use appropriate assessments instruments/strategies as diagnostic tools to improve instruction
- Keep parents and students informed of academic and behavior growth during the school year
- REspect the students' culture and diversity

Failure to meet academic requirements will result in a probationary period for middle and high school students. If necessary, magnet status revocation may occur at the end of the probationary period.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Magnet Lead Coordinator



## **Magnet Transportation Procedures**

The East Baton Rouge Parish School Board provides transportation to and from all magnet schools in the school system. The nature of these routes is such that they are based on a "pick-up-point" philosophy. This means the bus mostly utilizes major traffic arteries to execute the routes, and students must meet the bus at designated pick-up-points somewhere along these routes. In a situation where a student lives a long distance from other students, the student may have to ride a "transfer" bus. **This results in a different level of transportation service as compared to students who attend their regularly assigned school.**

Because bus service is **not** provided within most subdivisions, students must meet the bus at the entrance of their subdivision (if the bus passes that subdivision on its route) or at the pick-up-point that is closest to their residence.

On magnet routes, there is no "maximum distance" from the residence to the pick-up-point. In some cases, a student may reside one or two blocks from the pick-up-point. In other cases, a student may reside several miles from the closest pick-up-point. In any case, the parent or guardian must assume the responsibility of getting their child(ren) to the pick-up-point by bringing/picking-up their child(ren), carpooling with other parents, having a relative bring/pickup the student, or allowing the student to walk from their residence to the pick-up-point.

Magnet routes tend to be much longer in nature because they must cover large areas of the parish. Some magnet routes will take an hour or more to execute.

Parents and students should be made aware of this prior to enrolling in a magnet program. This allows ample time for parents to make arrangements for getting their child to and from the pickup or transfer point.

### **TO BE KEPT IN STUDENT'S FILE**

I, the parent/guardian of \_\_\_\_\_ have read the District's transportation procedures for magnet schools and acknowledge the fact that my child may be assigned to a pick-up or transfer point. If a pick-up-point is required, I also assume the responsibility of getting my child(ren) there on time.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**A Compact for Student Success: A Parent/Student/School/Teacher Agreement**

East Baton Rouge Parish School System

2021-2022 School Year

In order to assure all students success in school, all parties agree to the following:

<i><b>School</b></i>	<i><b>Teacher</b></i>	<i><b>Parent/Guardian</b></i>	<i><b>Student</b></i>
Provide high quality curricula and instruction aligned with the Louisiana Content Standards, as well as student performance expectations.	Provide activities and lessons aligned with the Louisiana Content Standards, as well as, student performance expectations.	<b>*Attend at least one parent/teacher conference every nine-week grading period.</b>	Go to school on time every day.
Provide a minimum of two parent/teacher conferences per nine week grading periods.	Provide high expectations for all students in an encouraging and supportive manner.	Supervise homework and study time.	Go to school on a regular basis.
Report on an ongoing basis about students' progress in each subject area.	Provide a well disciplined and managed classroom so all students have the opportunity to learn.	Provide a quiet place for my child to work, study, read, etc.	Go to school ready to work with materials needed and homework assignments completed.
Provide opportunities for parental involvement and communication.	Provide an open line of communication with parents.	Provide the necessary materials my child needs for his/her success.	Stay attentive and actively participate in classroom activities.
Provide a safe, orderly environment in which children can learn.	Provide experiences in all subject areas.	Keep open lines of communication with my child's teachers) by attending parent/teacher conferences, written communication, etc.	Follow school and classroom rules and regulations.
Provide assistance to students through small group and individual instruction, as well as, innovative strategies and programs, etc.	Provide classroom lessons that meet the needs of students through whole class, individual, small group instruction and innovative strategies and programs.	Support the school and the teachers in maintaining a disciplined environment.	Respect classmates, teachers, administrators and other school staff.
		Make sure my child is on time and attends school on a regular basis. Encourage my child to do his/her best.	Be a positive role model for other students.

I have read the above and agree to do all to assure success.

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Magnet Coordinator

\_\_\_\_\_  
Parent/Guardian Signature)

\_\_\_\_\_  
Student Signature

## East Baton Rouge Parish School System Student Registration and Data Verification Form

SCHOOL OFFICE COPY: SCHOOLYEAR 2021-2022

**SCHOOL USE ONLY:**

Student ID Number	Grade	Entry Date	Teacher Name
Teacher #	School Number	School Use	

**Parents: This is your child's registration form. Please complete all blank items in each section on ALL PAGES.**

**STUDENT INFORMATION** Student's LEGAL Name \_\_\_\_\_

Student's Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_

<input type="checkbox"/> Male	Ethnicity:	Has the student ever attended a school in Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Female	<input type="checkbox"/> Am. Ind./Alaskan Native	Has the student ever attended a school in EBRPSS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Asian/Pacific Islander	Last school attended _____
	<input type="checkbox"/> Black (not of Hispanic Origin)	School's address if not in EBRPSS _____
	<input type="checkbox"/> Hispanic	Is this student the subject of a court or custody order? ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> White (Not of Hispanic Origin)	If yes, please provide a copy of the order to the school.
	<input type="checkbox"/> Other	Language spoken at home _____ Language first acquired by student _____
		Language most often spoken by student _____

Has this student ever received services as an Exceptional Student?  Yes  No  
 If yes, Please indicate the student's exceptionality:  Gifted  Talented  Other

Brothers/Sisters in an EBR School this year	Date of Birth	School	Grade

**PARENT/GUARDIAN**

Relation \_\_\_\_\_ Does the student reside at this address?  Yes  No  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Relation \_\_\_\_\_ Does the student reside at this address?  Yes  No  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Person with whom the student lives if not the parent/guardian:  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**GENERAL STUDENT INFORMATION**

Person Authorized to Pick up Your Child	Home Phone _____	Other Phone _____
Person Authorized to Pick up Your Child	Home Phone _____	Other Phone _____
Emergency Contact	Home Phone _____	Other Phone _____
Emergency Contact	Home Phone _____	Other Phone _____

After school, how does the student get home or to after school care:  
 Student's Doctor/Clinic \_\_\_\_\_ Doctor's/Clinic's Phone \_\_\_\_\_  
 Hospital of Choice \_\_\_\_\_  
 Special medical conditions/allergies/procedures of which the school should be aware \_\_\_\_\_

**ALL OF THE ABOVE INFORMATION IS CORRECT PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**HEALTH SERVICE OFFICE COPY: SCHOOL YEAR**

Student's LEGAL Name \_\_\_\_\_ DOB \_\_\_\_\_  
Student's Address \_\_\_\_\_ Zip Code \_\_\_\_\_ SSN \_\_\_\_\_

**Contact Person** Relationship \_\_\_\_\_ Does the student reside at this address?  Yes  No  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Contact Person** Relationship \_\_\_\_\_ Does the student reside at this address?  Yes  No  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student's Doctor/Clinic \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Special medical conditions/allergies/procedures of which the school should be aware \_\_\_\_\_

Medicines taken regularly at Home \_\_\_\_\_

Medicines taken regularly at School \_\_\_\_\_

Does the student have (check one) Private Insurance  Yes  No Medicaid  Yes  No LACHIP  Yes  No  
Parent/guardian request insurance information  Yes  No

ALL OF THE ABOVE INFORMATION IS CORRECT PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ELECTRONIC COMMUNICATION SYSTEM:** I hereby understand that students of the East Baton Rouge Parish School System will be granted access to the system's electronic communications system which includes access to the Internet and Worldwide Web. This access is a privilege, not a right. The system may suspend or revoke a system user's access upon violation of system policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus principal.

I have read the East Baton Rouge Parish School System electronic communications system policy and administrative regulation. These are provided at the time of registration as well as being available at each school. The information also may be found on the East Baton Rouge Parish School System website <http://www.ebrschools.org>.

I further understand that the East Baton Rouge Parish School System will not publish my child's individual photograph, video, and/or last name without my written permission.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT E-MAIL ADDRESS (OPTIONAL):** The system would like to communicate with you via e-mail should you wish. Provision of an e-mail address is not required. If you do not provide an address, the system will continue to communicate with you in its regular manner to assure continued provision of vital and important information.

My e-mail address is \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DIRECTORY INFORMATION:** The East Baton Rouge Parish School System regularly receives requests for directory information on students enrolled in the System. Director information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

I GIVE  I DON'T GIVE permission to release student directory information.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**STUDENT HEALTH SERVICES:** I understand that Health Care Centers in Schools/EBRPSS School Health Team ("Health Team") will provide school health services in cooperation with EBRPSS staff as outlined in the attached summary, and give permission for the Health Team, or any EBRPSS employee or any other staff under the guidance of the Health Team, to provide the described services to the student as he/she may require while present in school. I understand that, if the student has a serious injury or illness, I will be contacted and the physician/clinic shown on the reverse side of this form and/or Emergency Medical Services (EMS) may be contacted if necessary. I understand and agree that neither Health Care Centers in Schools nor EBRPSS nor their staff will be responsible for any cost involved if the student needs emergency medical care. I understand and agree that in order to provide a coordinated system of care, the Health Team may exchange health care information about the student with the student's physician or other health care providers, upon approval by me. I understand and agree that the Health Team may share the student's health care information with EBRPSS personnel, in accordance with protocol, in order to provide appropriate attention to the Student's health needs.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## EMERGENCY INFORMATION CARD

Teacher: \_\_\_\_\_ Bus #: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus Driver: \_\_\_\_\_ Phone # \_\_\_\_\_

Student (Name): \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Health Insurance, Please Circle: Private Medicaid SSI

Dentist's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List Allergies, (food, medication or latex) \_\_\_\_\_

Allergies to insect bites: Yes \_\_\_\_\_ No \_\_\_\_\_ Considered a medical emergency: Yes \_\_\_\_\_ No \_\_\_\_\_

Type of insect: \_\_\_\_\_ Medication for allergic reaction available at school: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child take medication at home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all medications your child takes daily: \_\_\_\_\_

Does your child have any health restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" Please explain: \_\_\_\_\_

Please circle health problems that your child has been treated for in the last five years: DIABETES, SEIZURES, VISION, HEARING, ADD, ADHD,  
BLEEDING PROBLEMS, SHUNT, ASTHMA, SICKLE CELL ANEMIA, HEART DISEASE, OTHER: \_\_\_\_\_

# PERMISSION FOR EMERGENCY TREATMENT

If I cannot be reached, the school has my permission to give basic first aid and to seek emergency treatment for  
(child's name) \_\_\_\_\_

My child may be taken to \_\_\_\_\_ or the nearest medical facility.

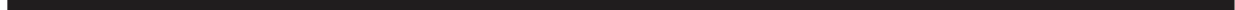
**\* PARENTS ARE RESPONSIBLE FOR ANY EXPENSES INCURRED IN SEEKING TREATMENT.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The school may release my child to the following persons only (include neighbors, relatives, etc.) \_\_\_\_\_



**\*NOTE\* PARENTS ARE RESPONSIBLE FOR KEEPING ALL PHONE NUMBERS AND ADDRESSES CURRENT**



## OFFICE USE ONLY \*\* EMERGENCY TREATMENT INFORMATION / PARENT NOTIFICATION

Date	Comments

(Form Must Be Included In School Enrollment Packet)

Date: \_\_\_\_\_ LEA: \_\_\_\_\_ School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Gender: \_\_\_\_\_

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





# Technology Consent Form

*For a copy of the Internet and Network Usage Policy of EBRPSS, please visit <https://ebrschoolsedtech.org/guiding-documents.html>*

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I have read and agree to the following terms. I have read the District's Technology Usage policy, and the Internet and Network Usage Policy. I understand that as a student, if I violate the rules, my account can be terminated and I may face other disciplinary measures.

I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District computer system.

I also recognize it is impossible East Baton Rouge Parish Schools to restrict access to all controversial materials and I will not hold EBRPSS responsible for materials acquired on the network.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District's Technology Usage policy. I will emphasize to my child the importance of following the rules for personal safety.

**Please check the appropriate box:**

My child may have an individual cloud access account.

My child may not have an individual cloud access account.

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parental/Legal Guardian Media Consent Form

I hereby consent to the use of any photographs/video tape taken of my child by the East Baton Rouge Parish School System or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the East Baton Rouge Parish School System in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, the East Baton Rouge Parish School System protects the privacy of the students and is prohibited from releasing students' personal information.

From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below and return to school.

Yes, I allow my child/children to be identified in any good news district or school publication.

No, I do not want my child/children identified in any good news district or school publication.

### PLEASE PRINT

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_

### Parent or Guardian if above person is under 18:

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_