



LIVINGSTON PARISH PUBLIC SCHOOLS  
STUDENT INFORMATION FORM

NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ mo. day yr. SEX: \_\_\_\_\_

|                            |  |  |  |
|----------------------------|--|--|--|
| Ethnicity (choose one):    | <input type="checkbox"/> Hispanic/Latino                           | <input type="checkbox"/> Not Hispanic/Latino |  |
| Race (choose one or more): | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Asian               | <input type="checkbox"/> Black or African American |
|                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White               |  |

SCHOOL CODE/NAME: \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TRANSPORTATION INFORMATION: Bus A.M. Route \_\_\_\_\_ Bus P. M. Route \_\_\_\_\_ Carpool \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ BIRTH CERTIFICATE#: \_\_\_\_\_

FATHER'S CELL NUMBER: \_\_\_\_\_ MOTHER'S CELL NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ Parish/County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

NATURAL FATHER'S NAME: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

NATURAL MOTHER'S NAME: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

GUARDIAN'S EMAIL ADDRESS: \_\_\_\_\_

FATHERS'S OCCUPATION: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_ (IF NOT OUR SCHOOL)

ADDRESS OF LAST SCHOOL: \_\_\_\_\_ Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMERGENCY INFORMATION: Persons to contact if parents are unavailable.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me or the emergency numbers above. However, if the school is unable to reach the emergency persons, or me I hereby authorize the school to call the physician indicated below and to follow his instructions. If the physician cannot be reached, then I request the school to make whatever arrangements necessary with the understanding that I am responsible for any and all medical bills not covered by insurance.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

IN ORDER FOR PROPER CARE TO BE PROVIDED AT SCHOOL, IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE WITH ANY MEDICAL CONDITIONS INCLUDING RETENTIONS, SPECIAL EDUCATION NEEDS, SPEECH OR OTHER CONCERNS YOUR CHILD MAY HAVE OR ANY CHANGES TO THEIR MEDICAL CONDITIONS DURING THE SCHOOL YEAR.

OTHER CHILDREN'S NAME AND GRADE IF ENROLLED IN THIS SCHOOL: \_\_\_\_\_

HOME LANGUAGE SURVEY:

A. First language learned by student: \_\_\_\_\_

B. Language other than English spoken in home: \_\_\_\_\_

C. Language student uses most often: \_\_\_\_\_

Forward pink copy to LPSB for Kindergarten and First Grade ONLY

## LIVINGSTON PARISH SCHOOLS MANDATORY DRUGPOLICY

*The Livingston Parish School System is dedicated to providing a safe, drug-free environment for students and employees. The use of illicit drugs is unlawful and harmful. Adherence to these standards is mandatory.*

The Board directs that each student shall be specifically prohibited from being under the influence of, bringing, consuming, or having in his/her possession or possessing with intent to distribute or distributing on a school bus, on school premises, or at any school function away from the school, any alcoholic beverages, intoxicating liquors, narcotic drugs, prescription medications, marijuana, inhalants, imitation or counterfeit of a controlled substance, or other controlled substance as defined by state statutes unless dispensed by a licensed physician as allowed by law.

- A. When a student is found to be under the influence of and/or in possession of alcoholic beverages, or possession of a counterfeit of a controlled substance or look alike drugs, or in possession of related drug paraphernalia, the principal/designee shall follow these steps:
1. **FIRST OFFENSE:**  
The student shall be suspended for a minimum of three days and the legal guardian is contacted.
  2. **SUBSEQUENT OFFENSES:**  
The student shall be recommended for expulsion following the provisions and guidelines set forth in state law.
- B. When a student is found guilty of possession of, or knowledge of and intentional distribution of or possession with intent to distribute any illegal narcotic, drug, or other controlled substance on school property, on a school bus, or at a school sponsored event, the principal/designee shall follow these steps:
1. A student sixteen (16) years of age or older shall be recommended for expulsion for a minimum of four complete school semesters.
  2. Any student in grades six (6) through twelve (12) and under the age of sixteen (16) shall be recommended for expulsion for a minimum of two complete school semesters.
  3. Notify the parent/guardian by phone. If the parent/guardian cannot be reached by phone, notify by sending a letter within twenty-four (24) hours.
  4. Notify the proper law enforcement agency.
  5. Any case involving a student in kindergarten through grade five shall be referred to the local board through a recommendation for action from the superintendent.

At all times, the student's rights to due process and confidentiality shall be maintained in compliance with all state and federal laws.

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

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

\_\_\_\_\_  
Date

Bus Driver Name/Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

### LIVINGSTON PARISH BUS RIDERSHIP REGULATIONS

**PARENTS:** The Livingston Parish Bus Transportation Department needs your assistance to ensure that all children have the opportunity for a safe bus ride to and from school. Livingston Parish has an enrollment of over 26,000 students, of which averages of 20,000 are transported daily via the 300 buses on routes. Over the years, we have maintained an outstanding safety record, and through cooperative efforts, will make every effort to continue doing so.

**The following are some parental guidelines and transportation regulations to adhere to:**

- \* All children should be out at the bus stop 10 minutes prior to assigned time
- \* Never board the school bus; if you have an issue with a driver, please follow protocol and seek assistance through the school or our department
- \* If your child misses the bus, do not chase the bus down in a vehicle and expect the bus to stop and transport your child
- \* If you live on a dead end road, you will have one opportunity for the driver to make a stop
- \* All routes are designed to be door-sided on major highways when possible, please don't ask for exceptions, this is a safeguard in place
- \* In the afternoon, drivers will drop Pre k, kindergarten, and first grade students only when a responsible person is visible to accept them. If no one is present, the child will be returned to their home-based school.
- \* The acceptable walking distances are 2/10's of a mile for elementary students and 3/10's for middle and high school students
- \* All major routing adjustments and decisions are completed during the summer. Any request for a routing adjustment after school begins would have to be justified as being a safety concern and not merely a matter of convenience
- \* Some schools allow students to ride an alternate bus on occasion; this will be allowed only through a written request from the parent, signed by an administrator and if the bus in question is not over-crowded
- \* Children are not to be dropped at places of business

**STUDENTS:** The school bus ride is considered an extension of the school day and as such, is subject to all school policies and procedures. Riding the school bus is a privilege not a right, and as such may be revoked for safety and disciplinary infractions.

**Please be aware of the following:**

- Cooperate with the driver, as they are in full charge of the bus
- Be on time, the bus will not wait
- Use your inside voice so as not to distract the driver
- Stay in your assigned seat and keep the aisle and rear emergency exit clear
- Sit facing forward, with backs against the seat and remain seated while the bus is in motion
- Place belongings in your lap or under seat in front of you this includes approved musical instruments
- No food or drink is allowed with the exception of water
- All dress code regulations will be followed
- The use or possession of: tobacco products, drugs, alcohol, weapons (knives and guns), obscene material, or extreme profanity could lead to immediate discipline and the loss of ridership privileges
- Any damage (torn seats, etc.) or vandalism to the bus could lead to discipline and restitution
- At no time should any item be thrown on the bus or off the bus through an open window

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Teacher: \_\_\_\_\_

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

### BUS INFORMATION SHEET

SCHOOL Name: \_\_\_\_\_ AM/ PM/ BOTH

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

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female

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

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

STUDENT'S BUS STOP: \_\_\_\_\_

#### Guardian Information

Name: \_\_\_\_\_

Daytime Number: \_\_\_\_\_ Evening Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ May I text you on cell# YES NO

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone#: \_\_\_\_\_

#### Emergency Contacts:

1.) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: \_\_\_\_\_

List any Medical Conditions (Allergies) the Bus Driver Should Be Aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALTERNATE BUS STOP:** *where student will be picked up or dropped off. If different than home address*

(MUST BE APPROVED BY PRINCIPAL/DESIGNEE)

Name \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

*\*If Student rides one or more buses on a regular basis, each bus driver needs a completed*

**Bus Information Sheet.** \*

I have read and understand the BUS RULES and REGULATIONS.

\_\_\_\_\_  
Parent/Guardian Signature Date

White – Bus Driver Yellow – Contact Bus Driver Pink – School

Lpps

# START STRONG

2020-2021

August 7, 2020

As we begin the 2020-2021 school year, Livingston Parish Public Schools would like to assure you that we are working with the Louisiana Department of Health and the Louisiana Department of Education to ensure a safe and strong start to the 2020-2021 school year.

Based on information that we have at this time, the Livingston Parish Public Schools has opened schools in a way that will maximize safety, including:

- Staff will receive education on COVID-19 symptoms, as well as preventive measures.
- Students who experience symptoms of respiratory illness, including a fever of  $>100.4$ , cough, or shortness of breath, should not attend school.

In the event that a student experiences symptoms of respiratory illness or is determined to have a fever of 100.4 or higher, the student must be picked up from school immediately by a parent or guardian. This is in order to ensure the safety of the students, faculty, and staff in the building.

By signing below, the parent or guardian of \_\_\_\_\_ (student name) agrees to immediately pick up their student from school should the school notify them that the student has a fever of 100.4 or higher or is displaying signs of respiratory illness.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



LIVINGSTON PARISH PUBLIC SCHOOLS  
SPECIAL EDUCATION DEPARTMENT

*Excellence in Education!*

13909 FLORIDA BLVD.  
P.O. BOX 1130  
LIVINGSTON, LOUISIANA 70754-1130  
PHONE: (225) 686-4248 FAX: (225) 686-4335  
www.lpsb.org

*MEDIA RELEASE*

*(To be completed by parent/guardian of minor students)*

From time to time, we like to take the opportunity to share your student's success, take photos of their achievements and work samples, and use videos for positive behavior modeling or behavior assessment.

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I, \_\_\_\_\_ grant permission to the Livingston Parish Public  
(parent/guardian's name)

School System to use a picture or video and first and last name of my child,

\_\_\_\_\_  
(child's name)

along with their work to be used for but not limited to the following:

- Printed materials such as magazines, newspapers, brochures and newsletters
- Videos and television
- Digital images to be used on school related websites

I understand that this release form will be valid for one school year, unless I request in writing that it be voided.

I understand that if this release form is not turned in, my child's work will remain unpublished.

\_\_\_\_\_  
(parent/guardian's signature)

\_\_\_\_\_  
(date)



# Livingston Parish Public Schools

*Excellence in Education!*

13909 Florida Boulevard  
P.O. Box 1130

Livingston, Louisiana 70754-1130

Phone: (225) 686-7044 Fax: (225) 686-3052 Website: [www.lpsb.org](http://www.lpsb.org)

Alan "Joe" Murphy  
Superintendent

Steve Parrill  
Assistant Superintendent

Jody Purvis  
Assistant Superintendent

Dear Parents,

A recent change to Louisiana Law has put student data in the spotlight. I want to assure you that we have always taken special care to safeguard and restrict your child's personally identifiable information (PII). We abide by all federal and state laws that govern our use of this data while ensuring that we offer a wide array of services designed to enhance your child's educational experience.

The law, as it may be interpreted, could prevent us from including your child in any of the many things we normally publish and share or that students participate in such as: media recognition in newspapers, social media, and school/district websites; printed programs, extra-curricular activities, athletics, band, theatrical productions, honors programs, graduation exercises, and even the school year-book. As your child enters 8<sup>th</sup> grade and begins making college or career plans, this could also include sharing information with the Louisiana Office of Student Financial Assistance (LOSFA) so that he/she may be eligible for TOPS or other scholarships.

Know that we will continue to protect your child's PII while also providing a wealth of educational opportunities. As a safeguard, we are asking you to please sign and return this notice to your child's school. This will ensure we can continue to recognize him/her in the normal academic and extra-curricular activities of everyday school life. Thank you for your continued support.

Sincerely,

Alan "Joe" Murphy, Superintendent

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Full Name of Child

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

**\*\*If you do not wish for your child's PII to be used in this manner, please contact your child's school directly.\*\***



Live Oak Junior High  
2020-2021  
Emergency Information/Checkout Sheet

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

\*\*\*CURRENT CUSTODY PAPERS ON FILE\*\*\* \_\_\_\_\_ YES \_\_\_\_\_ NO

The student above lives with:

\_\_\_\_\_ both parents                      \_\_\_\_\_ Mother  
\_\_\_\_\_ Father                                      \_\_\_\_\_ Guardian

Home Phone: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Work: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Work: \_\_\_\_\_

THE FOLLOWING ADULTS WILL BE CALLED IF WE ARE UNABLE TO REACH A PARENT/GUARDIAN:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I/we, the parents/guardian give permission for the adults listed above to check out my child in the event that I/we are unavailable. These people will be asked to show identification before a child will be allowed to check out. Individuals not listed on this form WILL NOT be allowed to check out your student. Students may not be checked out after 1:50 pm.





PO Box 560

WATSON, LA 70786

(To be completed by parent/guardian of minor students)

To keep up with the growing technological needs and cultural norms, Livingston Parish Public School (LPPS) system has adopted a new cell phone policy to be implemented in the Fall 2020. Live Oak Junior High will allow possession of cell phones on campus. We will allow possession only and phones must be turned off in the student's book sack. Use of a cell phone on campus by students is PROHIBITED. Your authorization will enable your child to possess his or her cell phone while under school supervision.

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to possess his/her cell phone while under school supervision. I understand the following:

- School is not responsible for lost, stolen, damaged items
- Student usage will NOT be allowed while student is under school supervision
- Any usage of a cell phone including but not limited to texting, calling, using social media, cyberbullying, cheating, and unacceptable/unauthorized camera usage will not be tolerated and will result in disciplinary action as follows:

**Usage of a cell phone on campus will result in a suspension from school.**

I have reviewed the above information with my child and understand that if this release form is not turned in, my child will not be allowed to possess a personal cellular device on campus. Please return to the office.

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)