



Vermilion Parish School Board **Pre-Kindergarten Round-Up**

Round-up will be held at Vermilion Parish Schools.
Please report to the school you are zoned for on the following dates and times:

<i>School Name/Location</i>	<i>Date</i>	<i>Time</i>
<i>Kaplan Elementary 608 Eleazar Street, Kaplan, LA 70548</i>	<i>March 12, 2018</i>	<i>8:30 am-11:00 am 11:45 am-2:00 pm</i>
<i>Dozier Elementary 415 West Primeaux, Erath, LA 70533</i>	<i>March 14, 2018</i>	<i>9:00 am- 12:00 pm</i>
<i>Jesse Owens Elementary 203 13th Street, Gueydan, LA 70542</i>	<i>March 15, 2018</i>	<i>8:30 am-10:45 am</i>
<i>Forked Island E. Broussard Elementary 19635 Columbus Rd., Abbeville LA 70510</i>	<i>March 15, 2018</i>	<i>12:15 pm-2:30 pm</i>
<i>Meaux Elementary 12419 LA Hwy 696, Abbeville, LA 70510</i>	<i>March 19, 2018</i>	<i>9:00 am -11:00 am</i>
<i>Leblanc Elementary 4511 E LA Hwy 338, Abbeville, LA 70510</i>	<i>March 20, 2018</i>	<i>8:30 am-11:30 am</i>
<i>Cecil Picard Elementary 203 South Albert, Maurice, LA 70555</i>	<i>March 21, 2018</i>	<i>9:00 am-12:00 pm</i>
<i>Indian Bayou Elementary 1603 LA Hwy 700, Rayne, LA 70578</i>	<i>March 22, 2018</i>	<i>8:30 am-10:45 am</i>
<i>Seventh Ward Elementary 12012 Audubon Rd, Abbeville, LA 7010</i>	<i>March 22, 2018</i>	<i>12:15 pm-2:30 pm</i>
<i>Eaton Park Elementary 1502 Sylvester Street, Abbeville, LA 70510</i>	<i>March 23, 2018</i>	<i>9:00 am-12:00 pm</i>

The entrance age for pre-kindergarten is 4 years old on or before September 30th. Your child should be potty trained to participate in the program. Your child **does** need to be present at registration.

Registration Requirements:

- Child must be **4 years old** on or before **September 30, 2018**
- The legal guardian or designee must present the following documents at the time of registration:
 - **Child's birth certificate**
 - **Child's social security card**
 - **Child's updated immunization record**
 - **2 proofs of domicile** (one must be a current electric bill if electric bill is not in parent's name an affidavit must be completed and notarized)
 - Documents must show a physical address not a post office box number
 - The following can be a second proof: water or gas bill, apartment or house lease receipt or documentation providing ownership, filed Homestead Exemption Application Form
 - **2 proofs of income** (most recent check stubs for EACH PARENT or caregiver in the household, social security check, SNAP/food stamps)
 - Proof of income is required to help identify non at-risk students based on socio-economic status.
 - Tuition will apply to some students.

- **Snap detail letter from CAFÉ** website if applicable
- **Custody papers/IEP** if applicable
- **Placement by Department of Child/Family Services** if applicable (provide paperwork)
- **Parents who are homeless or unemployed must submit a letter of support and income documentation from support source.**

Copies will be made and originals will be immediately returned to you.

**Registration is not complete until all of the above items are provided.
Incomplete applications cannot be considered for placement.**

Inquiries about registration packets can be emailed to: early.learning@vpsb.net

Registration packets will be available at the schools or on the early childhood website www.vpsb.net from March 5, 2018 to March 23, 2018. Registration is closed from March 24, 2018 to April 15, 2108 for application processing.

Registration will open up again beginning Tuesday, April 16, 2018 from 9:00 AM to 12:00 PM each business day at the Vermilion Parish School Board's Curriculum Building. Registration will continue at the school board until the first day of school. After the first day of school, registration can be completed at the respective schools.

**Vermilion Parish School Board
Pre-Kindergarten Eligibility Criteria**

Classes will be determined using the following criteria:

- Children whose parents qualify at or below 185% federal poverty level
- Children with an Individualized Education Plan (IEP) from the Vermilion Parish School Board Special Services Department
- Children identified as homeless, in foster care, and/or previously enrolled in the Head Start Program

****Once classes have been filled with students who meet any of the above criteria, Vermilion Parish School employees' children will be placed.**

YOUR CHILD WILL NOT BE REGISTERED AND PLACED IN A CLASS UNTIL ALL REGISTRATION REQUIREMENTS HAVE BEEN MET. CLASSES HAVE LIMITED SLOTS.

Inquiries about registration packets can be sent to early.learning@vpsb.net

Information on Tuition Charges

Tuition eligibility for non-at-risk students, based on socio-economic status will be determined by proof of income documents.

1. Non at-risk students may be charged tuition divided into 10 installments from August to May. Tuition costs beginning in the 2018-2019 school year will be \$3,250 for the year (\$325 per monthly installment from August to May).
2. Tuition will be made by bank draft. Paperwork will be provided at the time of eligibility. Incidents of default payment will result in removal from the program.

VERMILION PARISH PRE-KINDERGARTEN APPLICATION FORM 2018-2019

School _____

Child's Name _____
(CHILD'S FULL NAME AS IT APPEARS ON BIRTH CERTIFICATE)

Child's Social Security Number _____ Gender: Male or Female

Child's Birthday ____/____/____ Current Age _____

Ethnicity (**Please circle ONE**): Black/African American White Hispanic
American Indian/Alaskan Native Asian/Pacific Islander

Parent Name: Mother _____ Father _____

Child lives with: Mother Father Both Other: _____

Address: _____ City _____ Zip Code _____

Mailing Address (if different from physical address): _____

Home Phone Number: _____

Dad's Work _____ Mom's Work _____

Dad's Cell _____ Mom's Cell _____

Additional/Emergency Number(s) & Name(s)

Total Number Living in Household: _____

IEP with VPSB: Yes No VPSB Employee: Yes No Where? _____

Circle if applicable: Homeless Foster Care

For the past six months my child has been (**circle one**): license day care head start home with me
with a sitter outside the home at home with a sitter other: _____

I certify that all the information I have provided is correct to the best of my knowledge. I understand that providing false information is subject to penalty under the law.

Parent Signature **Date**

Pre-Kindergarten Facilitator/Designee Signature **Date**

2018-2019 EARLY CHILDHOOD PROGRAMS ELIGIBILITY SURVEY

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of each child's school /or indicate "NA" if child is not in school	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	
Name of child entering Pre-K *							

Part 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP, FDPIR OR FITAP Assistance, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: _____ PROGRAM NAME _____

CASE NUMBER: (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																				
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment benefits)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
<i>(Example) Jane Smith</i>	\$200	X				\$150		X			\$0					\$0					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					

Continues on back

PART 4. SIGNATURE (ADULT MUST SIGN)

An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose his/her enrollment in an early childhood program, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Printed name: _____

Date: _____

Address: _____ Phone Number: _____ Email: _____

City: _____ State: _____ Zip Code: _____

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian

American Indian or Alaska Native

Black or African

American

White

Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Child Eligibility Status: Free__ Reduced__ Denied__

Reason for denial: _____

Determining Official's Signature: _____ Date: _____

PRE-KINDERGARTEN REGISTRATION FORM

School _____

Last Name: _____ First Name: _____

Middle Name: _____ (CHILD'S NAME AS IT APPEARS ON BIRTH CERTIFICATE)

Birthdate- month/date/year: _____ Circle: Male or Female

Social Security Number: _____ Does your child have any allergies which may require immediate medical attention? _____

Ethnicity (Please circle one): Black/African American White Hispanic Asian/Pacific Islander American Indian/Alaskan Native

Home Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____

Additional/Emergency Phone Number(s): _____

Mailing Address (if different): _____ City: _____ Zip Code: _____

Birth Father's Name: _____

Birth Mother's Name: _____

Guardian's Name (if other than above names): _____

Guardian's Phone Number: _____

Father's Place of Employment : _____ Work Number: _____

Mother's Place of Employment: _____ Work Number: _____

Whom does this child live with: (check one)

- Both Biological Parents Biological Mother Biological Father Biological Mother/Step-Father Biological Father/Step-Mother Court Appointed Guardian

Other (Explain): _____

Do you have custody of this child by virtue of a court order? YES NO

IF YES, YOU MUST INCLUDE COPY OF COURT ORDER.

I attest that the information provided by me, in answer to the above questions contained in this form, is true and correct.

Parent/Guardian Signature _____

Date _____

§133. Filing or maintaining false public records

- A. Filing false public records is the filing or depositing for record in any public office or with any public official, or the maintaining as required by law, regulation, or rule, with knowledge of its falsity, of any of the following:
 - (1) Any forged document
 - (2) Any wrongfully altered document
 - (3) Any document containing a false statement or false representation of a material fact
- B. The good faith inclusion of any item of cost on a Medical Assistance Program cost report which is later determined by audit to be non-reimbursable under state and federal regulations shall be an affirmative defense to a violation of this Section.
- C. Whoever commits the crime of filing false public records shall be imprisoned for not more than five years with or without hard labor or shall be fined not more than five thousand dollars, or both. Amended by Acts 1980, No. 454, §1; Acts 1982, No. 676, §1; Acts 1992, No. 539, §1; Acts 1995, No. 787, §1.

I HEREBY VERIFY THAT MY CHILD RESIDES WITH ME IN VERMILION PARISH AT THE ABOVE ADDRESS.

I UNDERSTAND THAT UNDER THE LAW, I AM TO NOTIFY THE SCHOOL OFFICIALS WHERE MY CHILD ATTENDS SCHOOL WITHIN 30 DAYS IF THERE IS A CHANGE OF RESIDENT/ ADDRESS, EITHER FROM WITHIN OR OUT THE PARISH.

Signature of Parent/Legal Guardian

Date

**VERMILION PARISH SCHOOL BOARD
2018-2019 DOMICILE FORM**

NAME OF SCHOOL

NAME OF CHILD

Dear Parent or Legal Guardian:

In order for your child to attend school in this parish, your domicile must be established. Your domicile is the place where you actually reside. The address listed for enrolling in school must be the physical location of your home or the address used to receive mail at your home and **NOT** a post office box.

List the address at which you currently reside:

Physical Address (Street, City, State, Zip)

Phone Numbers:

Home

Work

Cell

Name on electric bill: _____

Relation to student: _____

Address of previous domicile (home):

Previous Physical Address (Street, City, State, Zip)

Who does the child live with:

_____ both biological parents

_____ biological mother/step-father

_____ biological mother

_____ biological father/step-mother

_____ biological father

_____ court-appointed guardian

_____ other (explain): _____

Marital status of child's biological parents: _____ married _____ single _____ separated
_____ divorced _____ widowed _____ natural/legal guardians (never married)

If you are SEPARATED, DIVORCED, or NEVER MARRIED:

Was court custody ever established and signed by a judge? ___ Yes ___ No

(IF YES, ATTACH A COPY OF THE COURT ORDER)

If you are NOT THE BIOLOGICAL PARENT of the above child:

Do you have custody of the above named child by virtue of a court order?

_____ Yes **(ATTACH A COPY OF THE COURT ORDER)**

_____ No **(give name and address of the parent or parents of the above named child)**

(Print) Name of Parent(s)

Parent(s) Phone Number(s)

Parent(s) Physical Address (Street, City, State, Zip)

I attest that the information provided by me, in answer to the questions contained in this form, is true and correct. Guardian/Parent Signature: _____

(OVER)

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 - (1) Any forged document
 - (2) Any wrongfully altered document
 - (3) Any document containing a false statement or false representation of a material fact
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I UNDERSTAND THAT UNDER THE LAW, I AM TO NOTIFY THE SCHOOL OFFICIALS WHERE MY CHILD ATTENDS SCHOOL WITHIN 30 DAYS IF THERE IS A CHANGE OF RESIDENT/ADDRESS, EITHER FROM WITHIN OR OUT THE PARISH.

Signature of Parent/Legal Guardian

Date

The following two or more acceptable documents are submitted to verify the above residence. Please check appropriate documents below. The documents are current and include name and address of the parent/legal guardian.

- _____ Current electric bill is required, regardless of name on bill, and one of the following:
 - _____ Filed Homestead Exemption Application Form
 - _____ Apartment or house lease receipt or documentation providing ownership
 - _____ Water or Gas bill
 - _____ Vermilion Parish School Board Affidavit by parent/legal guardian verifying student residence.
 - _____ Placement by OCS
 - _____ Home visit by school official

For School Officials Only:

- _____ **Verification Accepted** – permit to register is granted
- _____ **Verification not Accepted** – student is provisionally admitted pending completion of the requirements within 2 weeks from child’s first date of attendance.
- _____ **Verification not Accepted**

Signature of Principal

Date

VERMILION PARISH SCHOOL BOARD

Student Form for Ethnicity/Race

2018-2019

Student's Name: _____

Birthdate: _____

School: _____

School systems are required to re-survey students and existing staff regarding ethnicity using a two question format. This is necessary in order to give respondents the opportunity to select more than one race, and if Asian or Pacific Islander, to distinguish between these two.

Students are to self-report their ethnicity and race by answering both questions below. If the student/parent declines to select race, observer identification will be the method for collecting this information for reporting to the federal government.

Question 1: Ethnicity: Is this student Hispanic/Latino? (Choose only one)

_____ No, not Hispanic/Latino

_____ Yes Hispanic/Latino

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

Question 2: Race: Select **one or more** of the following racial groups by placing an **X** in the blank next to your choice(s):

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

If you checked more than one race in question 2 above, please indicate what you consider to be your primary race: _____

PARENT'S PRINTED NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

Observer Identification method used:

OBSERVER PRINTED NAME: _____

OBSERVER SIGNATURE: _____

DATE: _____

HOME LANGUAGE SURVEY

2018-2019

Dear Parent/Guardian:

The Vermilion Parish School Board is requesting the following information. We are required to know the language(s) spoken and heard in each child's home. This information will be used to provide the best instruction possible for all students. Please answer the following questions and return to the school.

Even though your child may speak only English, it is absolutely necessary that you complete this form. Your cooperation in this matter is greatly appreciated.

SCHOOL: _____

STUDENT'S NAME: _____

GRADE: _____ **DATE ENROLLED** _____

PARENT'S NAME: (MOTHER) _____
(FATHER) _____
OR (LEGAL GUARDIAN): _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

CHILD'S GENDER (CHECK ONE): MALE _____ FEMALE _____

ETHNICITY OF CHILD (CIRCLE ONE):

WHITE ASIAN, PACIFIC ISLANDER
BLACK NATIVE AMERICAN-ALASKAN NATIVE
HISPANIC

ENTRY DATE INTO THE UNITED STATES: _____

CHILD'S COUNTRY OF BIRTH: _____

LANGUAGE OTHER THAN ENGLISH USED AT HOME: _____

FIRST LANGUAGE (NATIVE) LEARNED BY STUDENT: _____

LANGUAGE STUDENT USES MOST OFTEN: _____

(Retain original in child's cumulative folder)

Vermilion Parish School Board

LOUISIANA STUDENT RESIDENCY QUESTIONNAIRE (Form Must Be Included In School Enrollment Packet)

Date _____ District _____ School Name _____

Student Name: _____ SSN/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 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 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 _____

School Use Only: Free or Reduced Price Meals Form submitted/signed Copy Placed in Student's Cumulative Record

Homeless Liaison Use Only – Check All that Apply:

Sheltered Doubled-Up Unsheltered/FEMA Hotel/Motel Unaccompanied Youth: YES NO

Print School Contact Name _____ Title _____ Signature _____ Date _____