

D'ARBONNE WOODS CHARTER SCHOOL STUDENT REGISTRATION FORM

All information is kept strictly confidential. Please notify the school if any information changes.

School Year **2021-2022** Grade _____

STUDENT INFORMATION

SSN _____ Legal Name _____
Last First Middle Suffix

Nickname (Name Student Uses): _____ Sex: ☐ Male ☐ Female / Ethnicity: Hispanic/Latino ☐ Yes ☐ No

Please mark one or more of the following to indicate student's race even if you marked Hispanic Ethnicity as Yes above.

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

Birthdate ____/____/____
mm dd yyyy

PREVIOUS SCHOOL HISTORY & LIMITED ENGLISH PROFICIENCY

Last school attended _____ City _____ State _____ Grade _____ Exit Date _____

Has student ever been retained? ☐ Yes ☐ No If yes, what grade? _____

Has student ever been administered LEAP/ End of Course test/ Graduation Exit Exam? ☐ Yes ☐ No

If yes, when and where? _____

Does student have a current IEP (IDEA)? ☐ Yes ☐ No

Has the student ever received special education services? ☐ Yes ☐ No (check all that apply) Speech _____ Gifted & Talented _____ APE _____

O.T. _____ P.T. _____ Vision _____ Hearing _____ Classroom Instruction: _____ regular _____ resource _____ self-contained

Does student have a current IAP (504)? ☐ Yes ☐ No

If registering for kindergarten, has student received a prekindergarten experience at one of the following?

- | | |
|---|---|
| 01 <input type="checkbox"/> Public School Prekindergarten | 05 <input type="checkbox"/> Head Start Program |
| 02 <input type="checkbox"/> Nonpublic Prekindergarten | 06 <input type="checkbox"/> Tribal School Prekindergarten |
| 03 <input type="checkbox"/> Licensed Childcare | 07 <input type="checkbox"/> Home |
| 04 <input type="checkbox"/> Family Day Care Home Program | Name of PreK provider: _____ |

Birthplace _____ City _____ State _____ Country _____ If born outside of USA, first entry date into USA to establish residency ____/____/____
mm dd yyyy

First language learned by student _____ Language student uses most often at home _____

Language student uses most often with other students _____ Language parents use most often at home _____

For communication purposes is a translator needed? ☐ Yes ☐ No

OTHER IMPORTANT INFORMATION

Health Concerns: List allergies (food, insects, medicine, environment), illnesses, and mental/physical disabilities your child may have.

(Be specific, notify each teacher, and call your school nurse at 368-8051.) _____

Custody Concerns: Custody paperwork (signed by a judge) is attached. ☐ Yes ☐ No

**Both Health/Custody concerns must be updated yearly.*

Additional comments or concerns: _____

SIGNATURE

I, as custodial parent/guardian, verify that the information supplied is correct.

Signature _____ Print Name _____ Date ____/____/____

OFFICE USE ONLY

Entry Date ____/____/____ Entry Reason _____ Grade _____

State UID # _____ Homeroom Teacher _____

Notifications: 504? _____ SpED? _____ ELL? _____ Migrant? _____ Military? _____

Records Request _____ Date ____/____/____

AM: Bus # _____ Car? _____ / PM: Bus # _____ Car? _____

Student Name _____

PARENT/GUARDIAN INFORMATION

Primary Guardian _____ Relationship _____ Student Resides with ☐ Yes ☐ No
Last First Middle

Residential Address (No P.O. Boxes) _____
Street Apt/Unit/Lot City State Zip Code

Mailing Address _____
(if different from residential) Street Apt/Unit/Lot City State Zip Code

Place of Employment _____ Occupation _____ Military Rank _____
☐ Active Duty ☐ Reserve/National Guard

Employer Address _____
Street Apt/Unit/Lot City State Zip Code

Work Phone (_____) - _____ Ext. _____ Cell (_____) - _____ Email _____

Additional Guardian _____ Relationship _____ Student Resides with ☐ Yes ☐ No
Last First Middle

Place of Employment _____ Occupation _____ Military Rank _____
☐ Active Duty ☐ Reserve/National Guard

Employer Address _____
Street Apt/Unit/Lot City State Zip Code

Work Phone (_____) - _____ Ext. _____ Cell (_____) - _____ Email _____

Migrant: Has either guardian ever been employed in any agricultural or fishing industry? ☐ Yes ☐ No

OTHER CHILDREN

List all other children in chronological order, oldest to youngest. Use full name.

Name _____ D.O.B. ____/____/____ School/Grade _____

Name _____ D.O.B. ____/____/____ School/Grade _____

Name _____ D.O.B. ____/____/____ School/Grade _____

Name _____ D.O.B. ____/____/____ School/Grade _____

Name _____ D.O.B. ____/____/____ School/Grade _____

EMERGENCY INFORMATION / CHECK OUT AUTHORIZATION (Person(s) to notify other than parents in emergency.)

Name _____ Name _____ Name _____

Relationship _____ Relationship _____ Relationship _____

Home Phone # (_____) - _____ Home Phone # (_____) - _____ Home Phone # (_____) - _____

Cell Phone # (_____) - _____ Cell Phone # (_____) - _____ Cell Phone # (_____) - _____

Work Phone # (_____) - _____ Work Phone # (_____) - _____ Work Phone # (_____) - _____

Doctor _____ Hospital _____

In the event of an emergency, if the parents or previously named persons cannot be reached, the school has my permission to transport the student to: ☐ above hospital ☐ nearest facility

SCHOOL TRANSPORTATION

Morning Transportation: ☐ Bus _____ Bus# _____ ☐ Student Driver ☐ Car Rider

Afternoon Transportation: ☐ Bus _____ Bus# _____ ☐ Student Driver ☐ Car Rider

Name of Daycare (if applicable): _____

SIGNATURE

I, as custodial parent/guardian, verify that the information supplied is correct.

Signature _____ Print Name _____ Date ____/____/____

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: D'Arbonne Woods Charter School
 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.

- ☐ 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.)
- ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
- ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
- 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: _____

- ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
- ☐ 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?
- ☐ 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 _____
- 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

D'ARBONNE WOODS
CHARTER SCHOOL

Student Name: _____ Grade: _____

STUDENT PICK-UP LIST

2021-2022

List only those authorized to pick up your child during the school day for any reason. This list can only contain people with a valid driver's license or legal ID. Any person picking up your child will be required to show their ID. **If someone is *NOT* on this list they will not be allowed to check your student out. We will no longer accept phone calls, emails or notes from home. You must come to the school and add them to your list.**

Parent/Guardian:

1. _____ Phone: _____

2. _____ Phone: _____

Names of Others:

Relationship:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Published Identifiable Information Release



D'Arbonne Woods Charter School

****If you DO NOT give permission please write a letter stating you DO NOT give permission and submit it to BOTH your child's teacher and the school secretary YEARLY.**

I give permission to have my child's Personal Identifiable Information (PII) including school activities, academic performance, and athletic performances shared publicly at the discretion of the D'Arbonne Woods Charter School.

I give permission for my child's name to be displayed outside a homeroom teacher's classroom.

I give permission for pictures and video to be taken of school related activities and shared at the discretion of the D'Arbonne Woods Charter School.

I give permission for publicly sharing educational and athletic information, pictures, and video with the Louisiana Department of Education, institutions of higher learning, local municipalities, state municipalities, and D'Arbonne Woods Charter School website.

I give permission for my child's full name, photograph, and works (art, written papers, voice, verbal statements, etc. to appear on the D'ARBONNE WOODS CHARTER SCHOOL website, multimedia, newsletters, yearbook, or bulletin boards, etc. I give permission for my student's full name photograph and/or works to appear in printed copies and online newspapers.

I understand and acknowledge that the consent provided herein shall be valid and in effect as of date of signature, until he/she graduates from high school or I withdraw my consent in writing.

Student Name: _____ Date: _____

Parent/Legal Guardian

Signature: _____ Date: _____

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed. Use additional sheets, if necessary, for further explanation.

Name of School: D'Arbonne Woods Charter School		Grade:	
Student's Name: Last		First M.I.	
Student's Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	State or Country of Birth:	
Student's Mailing Address:	City:	State:	Zip Code:
Student's Physical Address:	City:	State:	Zip Code:
Name of Mother or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of Father or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of child's pediatrician or primary care provider:		Names of medical specialists or special clinics caring for your child:	
Parent or Legal Guardian Signature _____ Date _____			
Please check the type of health insurance your child has: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid/LaCHIP <input type="checkbox"/> None If your child does not have health insurance, would you like information on no cost health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In case of emergency—if parent or legal guardian cannot be reached—contact the following: Name _____ Complete Phone Number () _____			
My child has a medical, mental, or behavioral condition that may affect his/her school day: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete Part 2.)			

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing the school with any medication and may be responsible for providing the school with any special food or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.

☐ **ALLERGIES**

Allergy Type:

- ☐ Food (list food(s)) _____
☐ Insect sting (list insect(s)) _____
☐ Medication (list medication(s)) _____
☐ Other (list) _____

Reactions: (Date of last occurrence if yes.)

- ☐ Coughing (Date: _____) ☐ Hives (Date: _____) ☐ Rash (Date: _____)
☐ Difficulty breathing (Date: _____) ☐ Local swelling (Date: _____) ☐ Wheezing (Date: _____)
☐ Generalized swelling (Date: _____) ☐ Nausea (Date: _____) ☐ Other (Date: _____)

Currently prescribed medications and treatments:

- ☐ Oral antihistamine (Benadryl, etc.) ☐ Epi-pen ☐ Other _____

☐ **ASTHMA**Triggers: ☐ Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ ☐ Other (list) _____Does your child experience asthma symptoms with exercise? ☐ No ☐ Yes

Symptoms:

- ☐ Chest tightness, discomfort, or pain ☐ Difficulty breathing ☐ Coughing ☐ Wheezing ☐ Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____ Date of last emergency room visit related to asthma _____

Does your child have a written asthma management plan? ☐ No ☐ YesIs peak flow monitoring used? ☐ No ☐ Yes

☐ DIABETES**Currently prescribed medications and treatments:**

- ☐ Insulin: ☐ Syringe ☐ Pen ☐ Pump
☐ Blood sugar testing
☐ Glucagon
☐ Oral medication(s) List medication(s) _____

Is special scheduling of lunch or Physical Education required? ☐ No ☐ Yes

☐ SEIZURE DISORDER**Type of seizure:**

- ☐ Absence (staring, unresponsive) ☐ Complex Partial ☐ Generalized Tonic-Clonic (Grand Mal/Convulsive)
☐ Other (explain) _____

Physical Education Restrictions: ☐ No ☐ Yes

Medication(s): ☐ No ☐ Yes List medication(s) _____

Date of last seizure _____ Length of seizure _____

☐ OTHER HEALTH CONDITIONS

- ☐ Anemia ☐ ADD/ADHD ☐ Cancer ☐ Cerebral Palsy ☐ Chicken Pox ☐ Cystic Fibrosis
☐ Depression ☐ Digestive disorders ☐ Emotional/Psychological ☐ Juvenile Rheumatoid Arthritis
☐ Hemophilia ☐ Heart condition ☐ Physical disability ☐ Sickle Cell Disease ☐ Skin disorders
☐ Speech problems ☐ Other (explain) _____

Physical Education Restrictions: ☐ No ☐ Yes (explain): _____

Medication(s): ☐ No ☐ Yes List medication(s) _____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): ☐ No

☐ Yes (explain): _____

Special diet required (i.e., blended, soft, low salt, low fat, liquid supplement): ☐ No ☐ Yes (explain): _____

Are there anticipated frequent absences or hospitalizations? No Yes

(explain): _____

☐ VISION CONDITIONS

- ☐ Contacts/glasses
☐ Other _____

☐ HEARING CONDITIONS

- ☐ Hearing aid(s)
☐ Other _____

☐ ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

Special school environmental adjustments of the school environment or schedule: ☐ No ☐ Yes (explain): _____

(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

Special school environmental adjustments to classroom or school facilities: ☐ No ☐ Yes (explain): _____

(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations: ☐ No ☐ Yes (explain): _____

(i.e., special precautions in lifting, positioning, special transportation emergency plan, special safety equipment, special techniques for positioning, feeding)

Special assistance with activities of daily living: ☐ No ☐ Yes (explain): _____

(i.e., eating, toileting, walking)

PART 3: SCHOOL NURSE TO COMPLETE if parent/legal guardian indicates medical condition.

School Nurse Signature

Date

Notes:

RETURN COMPLETED FORM TO SCHOOL NURSE/HEALTH OFFICE AS SOON AS POSSIBLE

<p>D'ARBONNE WOODS CHARTER SCHOOL 2021-22 Technology/Acceptable Use Policy</p>
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Acceptable Use Policy can be found at www.darbonnewoods.com, included in the Student Handbook.

I have read and understood DWCS Acceptable Use Policy and agree to abide by the requirements stated. I understand that the Chromebook I am borrowing is subject to random checks. DWCS faculty reserves the right to retrieve any Chromebook from a student at any time.

A student's use of applications or the Internet and/or email may be revoked, denied, or suspended. Restriction or loss of technology privileges can be the consequence for violations of the policy. Decisions made by DWCS administration regarding unacceptable computer use are final.

Parents: I agree to explain the terms of the Acceptable Use Policy to my child and will assist the school in helping him/her understand both its benefits and dangers, as well as provide moral instruction concerning the access of its material. I hereby release DWCS, its administration, teachers, and staff from all claims of any nature arising from my child's ability to use the school owned technology resources. I understand that I should contact the office with messages and not use technology to communicate with my child.

Parent Signature

<p style="text-align: center;">D'ARBONNE WOODS CHARTER SCHOOL 2021-22 Parent Contract</p>

I (We) the parent[s]/guardian[s] of _____ Grade(s) _____ agree that:

WHEREAS, in order to provide my (our) child with a unique educational opportunity; WHEREAS, by choosing to enroll my (our) child at the D'Arbonne Woods Charter School is a decision of my (our) personal choice and not a privilege;

WHEREAS, my (our) desire to enroll my (our) child at the D'Arbonne Woods Charter School is premised upon my (our) desire to become an active partner in the education of my (our) child; NOW THEREFORE, in consideration of the foregoing:

1. As a parent of a student at the D'Arbonne Woods Charter School, my (our) commitment is to abide by the following resolutions:
 - A. To recognize and embrace my role as the primary educator of my child.
 - B. To attend all conferences scheduled with any member of the D'Arbonne Woods Charter School staff.
 - C. To provide transportation to and from school for my child if they do not ride the bus. I understand that I must be on time to pick my child up and responsible for my child's safety. Habitually failing to pick my child up on time will result in the staff placing my child on the bus for the remainder of the school year.
 - D. Ensuring my child understands the importance of timely attendance and puts forth their best effort daily.
 - E. To purchase uniforms for my child and ensure that my child is wearing the approved uniform daily.
 - F. To supply a lunch, either or purchased from the school, each school day for my child.
 - G. To be responsible for the payment of any fees accrued to my account at the D'Arbonne Woods Charter School.
 - K. To follow the rules of the Code of Conduct.
2. To do the following things to enhance my (our) child's academic growth I (we) agree to do the following:
 - A. To read and use information sent home by the school to keep parents informed of the academic topics to be introduced and studied in the classroom.
 - B. To provide a suitable time and place within the home for homework.
 - C. To assist my child in homework daily.
 - D. To limit television and video games and phone usage during the week and allow more time for reading and studying .
 - E. To check my child's homework nightly.

I (we) understand that these are the parental expectations for D'Arbonne Woods Charter School and that if I (we) have any difficulties in fulfilling this obligation, that I (we) may contact the school administration for assistance.

Parent Signature _____

D'ARBONNE WOODS CHARTER SCHOOL 2021-2022
Handbook Acknowledgement Form

Dear Parents,

The Student Handbook is presented to each DWCS student and parent/guardian to inform the concerned parties of the activities, policies, regulations, and procedures at DWCS. It is the responsibility of each student and parent to become familiar with the rules and regulations that govern student behavior at D'Arbonne Woods Charter School. The Student Handbook will be provided at Parent Orientation and can be accessed at www.darbonnewoods.com.

Students and parents are requested to sign and return this form. Questions concerning this handbook or any school-related issue should be presented to the appropriate administrator before signing the document.

Thank you for your support and cooperation with the education of your child. As always, we are expecting the best of your child and for your child.

- *By signing this you are agreeing to all of the policies and procedures stated in this handbook which includes the Internet Use Policy and the Parent Contract as listed below.*
- *As the parent of this student, I have read the Acceptable Use Policy for the Internet for D'Arbonne Woods Charter School. I hereby give my permission for my child to use the Internet through classroom curriculum projects.*
- *I (we) understand that the parental expectations in the Parent Contract for D'Arbonne Woods Charter School and if I (we) have any difficulties in fulfilling this obligation, that I (we) may contact the school administration for assistance.*

Student Signature

Parent Signature

Teacher/Grade

Date

Primary/Home Language Survey for All New Incoming Students

Survey should be completed by parents or guardians of
ALL new incoming students K-12.

Student Information:

Name: _____

Date of Birth: _____

Grade: _____

Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

Has your child received ESL/EL services previously? Yes No

In what language would you prefer to receive information from the school? _____

Parent's or Guardian's Signature

Date



D'Arbonne Woods Charter School
9560 HWY 33 Farmerville, La. 71241

CONSENT FORM

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS), and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR), LDE, and OTS to allow:

- You to **track your child's progress** in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship and to **monitor your child's TOPS eligibility status** by having an account on the LOSFA Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- LOSFA to determine **whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS)**.
- You to **monitor your child's TOPS eligibility status** by having an account on the Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- LOSFA to **make TOPS and other aid payments**.
- The Institution(s) to process his/her application for admission.

The data which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes includes:

- Full name
- Birthdate
- Social Security Number
- Student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).

If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.

I CONSENT

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA, to the Institution, and to the entities named above.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. I understand that I may provide consent at a later date by completing the consent portion of this form above and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

NOT APPLICABLE



OFFICE USE ONLY: TAG# _____

STUDENT DRIVER PARENTAL PERMISSION FORM

Student Name: _____ Date: _____ Phone Number: _____

Driver's License Number: _____ Issue Date: _____ Expiration Date: _____

CARS THAT MAY BE DRIVEN TO SCHOOL:

MAKE OF CAR	YEAR	COLOR	LICENSE PLATE NUMBER

- The undersigned grants permission for the above student to drive a vehicle to D'Arbonne Woods Charter School during the 2021/22 school year.
- The student must comply with The Student Vehicle Policy and all school rules.
- All liabilities due to accident or injury during transportation are the responsibility of the student and/or parents or guardians of the student.

A Student may drive a private vehicle to school under the following conditions:

1. A parental permission form has been completed and is on file in the office.
2. The vehicle must be parked in the parking lot designated for student parking.
3. The student may not be in the parking lot or in his/her vehicle during the school day without permission.
4. The student driver may not transport other student to or from school unless written permission is granted by both students' parents in writing and dated.
5. Early dismissal for medical or other appointments must be cleared in writing and dated.
6. Students must drive with caution and reasonable care on school property to insure the safety of others. The **slightest infraction** of reasonable driving will result in the suspension or loss of driving privilege. (Ex. infractions include ANY CELLPHONE USE, excessive tardiness.)
7. If the school must be evacuated for any reason , all vehicles must remain in the parking lot. All students will be transported by bus.
8. ALL vehicles will be searched based on plain sight doctrine.

PARENT SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____



D'Arbonne Woods Charter School
9560 Hwy 33
Farmerville, LA 71241
(318) 368-8051
Heath Murry, *Executive Director*

DARBONNE WOODS CHARTER SCHOOL

School Assistance Request Form for Your Child

We know that you care about your child; we do too! Every child is unique and different. Differences are wonderful, but some may cause problems in school. Darbonne Woods Charter school is ready to help all children learn.

We search for children who may:

- ★ Have academic problems
- ★ Not hear/see well
- ★ Have trouble following directions
- ★ Have discipline problems
- ★ Have any other problem that makes school a difficult experience

If you feel your child has a problem that affects his/her ability to learn, and you would like to schedule a conference with your child's teacher, please complete this form and return it to the child's teacher. At this conference the teacher will discuss with you your concerns and the option to refer your child to the School Building Level Committee (SBLC). The SBLC is a team of teachers, administrators and other school personnel who find ways to help your child with his/her problem.

Child's Name: _____ Grade _____ Teacher: _____

My concerns are:

Parent's Name: _____ Date: _____

Address: _____ Phone: _____

"This Institution is an Equal Opportunity Employer and Provider"

