



LIVING SCHOOL
LEARN BY DOING

Re-Registration Packet / Paquete de Re-Registro 2023-24

Student Name / Nombre del Estudiante	Last Name / Apellido	DOB / FDN
	Entering Grade / Grado Actual	OneApp #

Office use only below / Uso de oficina solo debajo

<u>✓ if received</u>	<u>Item</u>	<u>Comments</u>
	Student & Family Information (p. 1)	
	Annual Student Budget (p. 2)	
	Louisiana Residency Questionnaire (pp. 3-4)	
	Proof of Residency (if address has changed)* (utility bill, lease / mortgage, property tax)	
	Parent/Guardian Photo ID (if parent/guardian has changed)*	
	Any other relevant documentation (medical, immigration, custody, etc.)	

* Please provide these items to our Office Staff to make copies to keep on file



Student / Estudiante _____ DOB/FDN _____

1. Student Information / Información de Estudiante

Home Address / Dirección de Casa	City / Ciudad	State / Estado	Zip / Código Postal
	New Orleans	LA	

Race & Ethnicity / Raza y origen étnico	Gender / Género	Siblings or family / Hermanos o familia @ Living School	Student's Phone # / # de teléfono del estudiante
<input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			

2. Family Information / Información Familiar

Primary Guardian First & Last Name / Nombre y apellido del tutor principal	Relationship to Student / Relación con el estudiante	Email Address / Dirección de correo electrónico
Address (only if different from student) / Dirección (solo si es diferente a la del estudiante)	Primary Phone # / Número de teléfono principal	Secondary Phone # / Número de teléfono secundario

Secondary Guardian First & Last Name / Nombre y apellido del tutor secundario	Relationship to Student / Relación con el estudiante	Email Address / Dirección de correo electrónico
Address (only if different from student) / Dirección (solo si es diferente a la del estudiante)	Primary Phone # / Número de teléfono principal	Secondary Phone # / Número de teléfono secundario

3. Emergency Contacts / Contactos de Emergencia

Those listed below are allowed to pick up or authorize the release of the student in addition to the guardians listed above. / Las enumeradas a continuación pueden recoger o autorizar la salida del estudiante además de los tutores enumerados anteriormente.

	Name / Nombre	Relationship / Relación	Phone # / # de telefono
1			
2			

4. Cannot Pick-Up / No Se Puede Recoger

Those listed below are NOT allowed to pick up the student. / Las enumeradas a continuación NO pueden recoger al estudiante.

	Name / Nombre	Relationship / Relación	Phone # / # de telefono
1			



Student / Estudiante _____

DOB/FDN _____

Annual Student Budget & Policy / Cuota y política anual para estudiantes

The Louisiana Legislature requires us to publish a fee schedule including how families facing financial hardships can get support. Our Family Council adopted the following Budget & Policy:

The Annual Student Budget includes most costs to students throughout the year. The Annual Student Fee at Living School is \$150 9th & 10th grade, \$200 for 11th grade, and \$500 for 12th grade. It is due by 1/31/23.

This Budget includes:

- Basic supplies & materials for classes
- Basic technology maintenance
- Whole-School events (like Spirit Days)
- 1 Yearbook
- 1 Homecoming Ticket
- 11th & 12th Grades only: 1 Prom Ticket
- 12th Grade only: 5 Graduation Tickets, Cap & Gown, all Senior Activities

This Budget does NOT include:

- Class field trip costs
- Sports or Club fees
- Technology repairs
- Lost, damaged, or stolen property

Financial Hardship

We offer 3 options to help families with their Budget:

1. Pay in installments by 1/31/24
2. We pay \$20/hr for Family Volunteering
3. We pay \$20/hr for Student Work Study

La Legislatura de Louisiana requiere que publiquemos un programa de tarifas incluyendo cómo las familias que enfrentan dificultades financieras pueden obtener apoyo. Nuestro Consejo Familiar adoptó el siguiente Presupuesto y Política:

El Presupuesto Estudiantil Anual incluye la mayoría de los costos para los estudiantes durante todo el año. La tarifa anual para estudiantes en Living School es de \$150 para los grados 9 y 10, \$200 para el grado 11 y \$500 para el grado 12. Es debido al 31/01/23.

Este presupuesto incluye:

- Útiles y materiales básicos para las clases.
- Mantenimiento de tecnología básica
- Eventos para toda la escuela (como días de espíritu)
- 1 anuario
- 1 boleto para Homecoming
- Grados 11 y 12 solamente: 1 boleto de graduación
- Solo 12.º grado: 5 boletos de graduación, toga y birrete, todas las actividades para personas mayores

Este Presupuesto NO incluye:

- Costos de excursiones de clase
- Cuotas de deportes o clubes
- Reparaciones de tecnología
- Objetos perdidos, dañados o robados

Dificultad Financiera

Ofrecemos 3 opciones para ayudar a las familias con su presupuesto:

1. Paga a plazos hasta el 31/01/24
2. Pagamos \$20 / hora por voluntariado familiar
3. Pagamos \$20 / hora para el estudio de trabajo del estudiante

Select Your Payment Option / Marque su Opción de Pago

<input type="checkbox"/>	We will pay today	Nosotras pagaremos hoy
<input type="checkbox"/>	We will pay in installments by 1/31/24	La pagaremos a plazos antes del 1/31/24
<input type="checkbox"/>	A parent/guardian will Volunteer	Una madre / tutor será voluntaria
<input type="checkbox"/>	The student will do Work Study hours	La estudiante realizará horas de estudio laboral

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____
 Student Name: _____ ID#: _____ Gender: Male / Female
 Address: _____ Telephone Number: _____
 Last School Attended: _____ Current Grade: _____ Date of Birth: _____
 Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. YES NO 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

