Louisiana School for Math, Science, and the Arts

Student Information and Permission

Section I. Student Information

Student's Name: _____ Name student goes by (if different): _____

Home City: _____ Email: _____ Cell Phone: _____

Student primarily resides with: *(Check one. If student splits time between two homes, check all that apply.)*

☐ Mother and Father ☐ Mother ☐ Father ☐ Mother and Step-Father ☐ Father and Step-Mother

☐ Legal Guardians ☐ Other**:** _____

Section II. Parent/Guardian Information

Please provide contact information for all parents/guardians.

1.Parent/Guardian's Name: _____ Relationship to student: _____

Authorized to receive progress reports? ☐ Yes ☐ No Authorized to grant permissions? ☐ Yes ☐ No

Daytime Phone: _____ ☐ Home ☐ Cell ☐ Work Email: _____

2.Parent/Guardian's Name: _____ Relationship to student: _____

Authorized to receive progress reports? ☐ Yes ☐ No Authorized to grant permissions? ☐ Yes ☐ No

Daytime Phone: _____ ☐ Home ☐ Cell ☐ Work Email: _____

3.Parent/Guardian's Name: _____ Relationship to student: _____

Authorized to receive progress reports? ☐ Yes ☐ No Authorized to grant permissions? ☐ Yes ☐ No

Daytime Phone: _____ ☐ Home ☐ Cell ☐ Work Email: _____

4.Parent/Guardian's Name: _____ Relationship to student: _____

Authorized to receive progress reports? ☐ Yes ☐ No Authorized to grant permissions? ☐ Yes ☐ No

Daytime Phone: _____ ☐ Home ☐ Cell ☐ Work Email: _____

Student's Last Name: _____ **Student's First Name:** _____

Section III. Riding Permission

Note: Riding permission includes the permission to ride in Natchitoches, to and from home, to and from interscholastic sports (if applicable), and for the weekend driving privilege (if earned.) Parents/Guardians may limit riding permission to specific destinations only, by listing these limitations in the space provided.

Example:

John Doe	*Home only*
William and Jane Smith	*All destinations*

The above-named student may ride with the following drivers.

Name	Destination(s)

By my signature below, I certify that:

- The sole purpose for this request is for transportation and, as the parent/guardian for the above-named student, I assume responsibility for all risks involved and release the Louisiana School, its board members, administration, and employees from all liabilities involved herein, except gross negligence.
- The above-named student and I have read and understand all rules pertaining to riding with others as set forth in the student handbook. We understand that in the event of violations of these policies, the right to ride with others may be revoked, and that we retain full responsibility for ensuring that our child has transportation to and from school.

_____ _____

Signature of Parent/Legal Guardian *Date*

Office Use Only

Verified: _____

Date: _____

Section IV. Driving Permission

The above-named student may use his/her vehicle for the following purposes. (Check all that apply.)

- ☐ Driving to and from home
- ☐ Driving to and from interscholastic sports practices/competitions
- ☐ Weekend driving in Natchitoches (earned privilege)

The above-named student may provide transportation to the following passengers for the purposes specified above, unless otherwise noted.

Name	Destination(s)

By my signature below, I certify that:

- As the parent/guardian for the above-named student, I assume responsibility for all risks involved and release the Louisiana School, its board members, administration, and employees from all liabilities involved herein, except gross negligence.
- The above-named student and I have reviewed and understand the driving policy as set forth in the student handbook. We understand that the use of an automobile is a privilege which can be revoked in the event of violations of these policies, and that I am responsible for transportation for my student in the event that he/she is prohibited from driving.

_____ _____

Signature of Parent/Legal Guardian *Date*

Office Use Only

Verified: _____

Date: _____

Student's Last Name: _____ **Student's First Name:** _____

Section V. Extracurricular and Co-curricular Activities and Trips

Please indicate if your student may participate in the following school-related activities.

	(Circle one)	
1. The above-named student has permission to participate in school-related academic and residential life **out-of-town trips which do not** include an overnight stay.	**Yes**	**No**
2. The above-named student has permission to participate in **overnight trips**, provided verbal permission is granted. *(Overnight trips may or may not be school-related, but staff will call to obtain verbal permission from the parent/guardian before approving any overnight trip. By selecting "no" you are indicating you will provide written permission for any overnight trips.)*	**Yes**	**No**
3. The above-named student may participate in **interscholastic sports**. *(Copy of birth certificate is required for participation in sports at Natchitoches Central or St. Mary's High School.)*	**Yes**	**No**
4. The above-named student may perform **work service with one of LSMSA's off-campus partners**.	**Yes**	**No**

Insurance Information and Release and Waiver of all Claims

- I understand that the Louisiana School may not have insurance to cover injury to my child while participating in extracurricular and co-curricular activities and trips. I represent that the appropriate coverage for my child has been/is being arranged by me through my own insurance carrier.
- If emergency medical treatment is required during a school-related activity I consent to the trip/sports supervisors consenting to the treatment at their discretion.
- I request that my student be allowed to participate in extracurricular and co-curricular activities and trips and hereby consent to his/her participation.
- In exchange for the permission granted to my child by the Louisiana School for Math, Science, and the Arts (hereinafter "Louisiana School") of the City of Natchitoches, State of Louisiana, to participate in extracurricular and co-curricular activities and trips conducted during the school year; except as prohibited by LA C.C. Art. 2004 and LA R.S. 9:2798.1, I hereby release the Louisiana School, its agents and employees, and the Louisiana School Board of Directors from actions, causes of action, damages, claims and demands which I, my heirs, executors, administrators or assigns may have against the Louisiana School and other above described parties, for personal injuries which my child may incur by participating in extracurricular and co-curricular activities and trips.

Release made _____, by _____ .
(Date) *(PRINT Parent/Guardian's Name)*

I, the undersigned, have read this release, understand all of its terms, and execute it voluntarily.

_____ _____
Signature of Parent/Guardian *Date*

Office Use Only
Verified: _____
Date: _____

Student's Last Name: _____ **Student's First Name:** _____

Section VI. Additional Information

The following information is necessary so that we can provide the necessary supports for your student. We are mindful of the sensitivity of this information and would like to assure you that your family's confidentiality is important to the school. Specific information will be shared only with individual LSMSA professional staff on an as needed basis.

A. **Custody Agreements/Guardianship Papers:** If the student does not live with both parents OR if the parents live out-of-state, the appropriate documentation must be submitted to the student affairs office. In the event of difficult or contested arrangements, it is important that LSMSA be provided explicit instructions regarding sign-out, visitation, and communications, and any legal documentation supporting said instructions.

Please check one:

☐ Not applicable. There are no custody or guardianship agreements in place for my child.

☐ Custody/Guardianship agreements and specific instructions have already been submitted or are attached.

B. **Residential Accommodations:** If your child has any **medical conditions, physical conditions, or serious allergies** for which accommodations are requested, please explain.

Please check one:

☐ Not applicable. My child has no medical conditions, physical conditions, or serious allergies for which we are requesting accommodations.

☐ Information regarding my child's medical conditions, physical conditions, or serious allergies and requested accommodations is attached.

C. **Psychiatric/Psychological History:** If your child has been **diagnosed with or exhibited signs of psychological/psychiatric difficulties** (e.g., depression, anxiety, eating disorders, substance abuse, self-injurious behavior), please explain. If he/she has received treatment for such behaviors or disorders please describe the nature of the treatment, the length and frequency of the treatment, and any recommendations or outcomes (e.g., medications that were prescribed, follow-up) that resulted. Please note if your child will continue receiving treatment while at LSMSA and what, if any, arrangements have been made.

Please check one:

☐ Not applicable. My child has not been diagnosed with or shown signs of psychological/psychiatric difficulties.

☐ Pertinent information regarding my child's psychological/psychiatric history and treatment is attached.

OPTIONAL INFORMATION

Information for Student Life Staff: What information about your student would you like to share with his/her student life advisor (SLA)? The SLA will probably be the staff member who sees your child most on a daily basis and will work to get to know your child and to develop a trusting and supportive relationship with him or her. *What should the SLA know about your child in order to best help his/her transition to LSMSA? What are your child's strengths and weaknesses? Likes and dislikes? What concerns do you have? What type of supports might be helpful to address these concerns?*
Please attach any such information on a separate sheet. This information will be provided directly to the student life advisor.