



HOMEROOM: _____
STUDENT: _____
PROJECTED 2024-25 GRADE: _____

## ★ 2024-25 RETURNING STUDENT/ RE-REGISTRATION PACKET ★

for current Pre-Kindergarten – 7<sup>th</sup> grade Plessy students

The *2024-25 Returning Student/Re-Registration forms* for your child are attached for you to update (please update the “Returning Student/Re-Registration” page even if you are unsure of returning for the 2024-25 school year). Please carefully review and update this information, as we use it to reach you in times of emergencies and to make sure that you receive emails/mailings during the summer.

### Returning to Plessy/Not returning? Please let us know:

- My child **will be returning** to Plessy for the 2024-25 school year.
- My child has **received/completed the OneApp and awaiting placement at another Orleans Parish School**. Name of new school (if you have it): \_\_\_\_\_.
- My child **will be moving out of Parish** and plans to attend \_\_\_\_\_ School in \_\_\_\_\_ (city), LA.
- My child will be **moving out of the state/country**.  
Please provide what state/country: \_\_\_\_\_
- My child will be enrolled in a **homeschool** program (please provide state approved homeschool letter).
- Other:** \_\_\_\_\_

### Re-Registration CHECKLIST:

- 2024-25 Returning Student/Re-registration form.**
- Transportation Form
- Health form (to be completed yearly)
- Copy of updated **Immunization Records\***
- Copy of proof of residency\*\*** (one of the following):
  - A current signed, one-year lease listing all occupants of the property and landlord contact information.
  - Entergy bill
  - Cox Cable/Direct TV bill
  - Sewerage & Water Board bill
  - Homeowners/flood/ renters insurance
- Any custody paperwork if applicable\**
- 2024-25 Plessy School Calendar - located on our website.

\*Email [Kristen@plessyschool.org](mailto:Kristen@plessyschool.org) or fax to 504.503.0056

\*\***Required** to provide Proof of Residence at the time of re-registration. All proofs should be in the parent/legal guardian's name and dated no more than 30 days from the time the documents are submitted.

Homeroom:
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STUDENT: \_\_\_\_\_

**★ Returning Student/Re-registration Form**

*Please fill out the information requested below:*


**Not returning to Plessy?  
Please fill out this page only and return.**


	<b>Please put up-to-date information here.</b>	
Student Name		
Date of Birth		
Social Security Number (optional)		
Physical Address		
Mailing Address		
Home phone		
Mother/parent 1		Check all that apply: <input type="checkbox"/> Lives with <input type="checkbox"/> Has custody* <input type="checkbox"/> Can pick up
Father/parent 2		<input type="checkbox"/> Lives with <input type="checkbox"/> Has custody* <input type="checkbox"/> Can pick up
Stepparent(s)		<input type="checkbox"/> Lives with <input type="checkbox"/> Has custody* <input type="checkbox"/> Can pick up
Mother cell phone #		<input type="checkbox"/> Accepts text messages
Mother EMAIL (needed for school communication)		
Father cell phone #		<input type="checkbox"/> Accepts text messages
Father EMAIL (needed for school communication)		
Stepparent(s) cell #		<input type="checkbox"/> Accepts text messages
Stepparent(s) EMAIL		
Allergies		
Medical Considerations		
Language		


Homeroom:
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STUDENT: \_\_\_\_\_

★ **Transportation** (please check anticipated mode of transportation)

  My child will ride the **bus** (must complete the attached form)  
 AM and PM       AM only       PM only

  My child will be **picked up** from the school each day.  
 AM and PM       AM only       PM only

  My child is in Middle School and has my permission (must sign the transportation form attached) to **walk** home from school (no elementary school students are allowed to walk alone).

★ Please list all **SIBLINGS** associated with this student that attend Plessy: 

1. Sibling name:		24-25 Grade:	
2. Sibling name		24-25 Grade:	
3. Sibling name		24-25 Grade:	
4. Sibling name		24-25 Grade:	

★ **Residency** 

- I have attached a copy of our proof of residency for this school year.
- I have emailed (kristen@plessyschool.org) the school a new proof of residency for this school year.

*All students must reside within Orleans Parish to attend Plessy. If you move out of the district, you will need to find a placement in the district where you reside.*

*By signing below, I acknowledge the terms of the residency policy and will provide a proof of residency (utility/water bill, lease, voter's registration card, homestead exemption, cable/internet bill) each year to the school (please attach proof of residency to this form)*

**I understand that by signing below that I have read, understood, and confirmed the information above is accurate.**

Parent/Guardian completing this form (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeroom:
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STUDENT: \_\_\_\_\_

FINAL 11/06

**STATE OF LOUISIANA**  
**HEALTH INFORMATION**  
 TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

<b>PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE.</b> 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:			Grade:		
Student's Name: Last		First		M.I.	
Student's Date of Birth:		Sex: M 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: Private Medicaid/LaCHIP None					
If your child does not have health insurance, would you like information on no cost health insurance? Yes 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: No Yes (If yes, please complete Part 2.)					
<b>PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD.</b> 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.					
<input type="checkbox"/> <b>ALLERGIES</b>					
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: _____)	
<b>Currently prescribed medications and treatments:</b>					
Oral antihistamine (Benadryl, etc.)		Epi-pen		Other _____	
<input type="checkbox"/> <b>ASTHMA</b>					
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 _____	
<b>Currently prescribed medications and treatments:</b> _____					
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 Yes					
Is peak flow monitoring used? No Yes					

Homeroom: \_\_\_\_\_

STUDENT: \_\_\_\_\_

FINAL 11/06

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

DOB: \_\_\_\_\_

<input type="checkbox"/> <b>DIABETES</b>	
<b>Currently prescribed medications and treatments:</b>	
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	
<input type="checkbox"/> <b>SEIZURE DISORDER</b>	
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 _____	
<input type="checkbox"/> <b>OTHER HEALTH CONDITIONS</b>	
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): _____	
<input type="checkbox"/> <b>VISION CONDITIONS</b>	<input type="checkbox"/> <b>HEARING CONDITIONS</b>
Contacts/glasses _____	Hearing aid(s) _____
Other _____	Other _____
<input type="checkbox"/> <b>ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION</b>	
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)	
<b>PART 3: SCHOOL NURSE TO COMPLETE if parent/legal guardian indicates medical condition.</b>	
Notes: _____	_____
School Nurse Signature	Date

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

Homeroom: \_\_\_\_\_

STUDENT: \_\_\_\_\_

**TRANSPORTATION/WALKER FORM**

**OFFICE USE ONLY**

DATE SENT to bus company: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

DATE PARENT NOTIFIED: \_\_\_\_\_

BUS COLOR: \_\_\_\_\_ STOP LOCATION: \_\_\_\_\_

AM PICK UP TIME: \_\_\_\_:\_\_\_\_ PM OFF TIME: \_\_\_\_:\_\_\_\_



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_, \_\_\_\_\_ GRADE: \_\_\_\_\_  
(LAST NAME), (FIRST NAME)

*Please indicate how your child will be arriving and departing from school each day:*

MORNING:  \*Car Rider / Walker  Bus Rider (continue filling out the rest of this form)

AFTERNOON:  \*Car Rider / Walker  Bus Rider (continue filling out the rest of this form)

**Walker Permission (for Middle School Students only):**

- I give permission for my child to walk home after school.
- My child is not allowed to walk home after school without adult supervision.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*\*If you are **not** in need of bus services for morning or afternoon, you will **not** need to complete the rest of this form.*

**Information for bus company:** REQUESTED START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_  
\_\_\_\_\_(city), \_\_\_\_\_(state) \_\_\_\_\_(zip code)

ADDRESS OF REQUESTED BUS STOP (if different from student's address above) :  
\_\_\_\_\_  
\_\_\_\_\_(city), \_\_\_\_\_(state) \_\_\_\_\_(zip code)

PARENT/GUARDIAN NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF ADULT PICKING UP/DROPPING OFF THE STUDENT AT STOP (if different from parent/guardian noted above):  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_