



# 2023-2024 DISTRICT DOCUMENTS PACKET

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## OPTIONAL FORMS

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- » The forms in this packet are **OPTIONAL**.
- » If you are returning these forms,  
please submit to your child's school by  
**Thursday, August 31, 2023.**

St. Charles Parish Public Schools  
13855 River Road, Luling, LA 70070  
(985) 785-6289 | [www.stcharles.k12.la.us](http://www.stcharles.k12.la.us)

*Produced by the Public Information Department*



## District Media Release Form

OPTIONAL

Parents:

Return this form signed by

**Thursday, August 31, 2023,**

**ONLY if you DO NOT WANT**

**your child to appear in any of the marketing projects listed below.**

St. Charles Parish Public Schools utilizes the benefits of modern media and technology. Your child's image may appear in **videos, television programs, commercials, websites, audiotapes, pictures, brochures, and/or newspapers.**

**Be it known, that by NOT returning this document with a signature, you jointly and generally forever release, discharge, acquit, and forgive the St. Charles Parish Public School Board and its employees from any and all claims, actions, suits, agreements, liabilities, and proceedings of every nature and description both at law and in equity arising from the use of the undersigned's image in any public medium.**

This release shall be binding upon and inure to the benefit of the partners, their successors, assigns, and personal representatives. Basically, you as a parent/guardian of a student enrolled in the St. Charles Parish Public School System objects to our using your child in videos, television programs, commercials, websites, audiotapes, pictures, brochures, and/or newspapers for marketing purposes.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2023

Student's Name:

(Please Print)

Signature of Parent  
or Legal Guardian:

(If under 18)

Mailing Address:

Telephone Number:



## Military Affiliation

OPTIONAL

Parents:

Return this form signed by

**Thursday, August 31, 2023,**  
for ALL students with military affiliation.

The federal Every Student Succeeds Act (ESSA) requires school districts to report to the state of Louisiana if a student has military affiliation. If a student's parent or guardian is active duty military, active duty military reserves, or retired military, the student should be reported as having military affiliation.

By signing below, parent/guardian is reporting that their child has military affiliation – the student has a parent/guardian that is active duty, reserves, or retired military.

**Student's Name:**

\_\_\_\_\_  
(Please Print)

**Parent/Guardian:**

\_\_\_\_\_  
(Please Print)

**Signature of Parent  
or Legal Guardian:**

(If under 18)

\_\_\_\_\_

**Date:**

\_\_\_\_\_



## Student Dress Code Application 2023-2024

**LIMITED AVAILABILITY** - Applications will be processed in order of receipt.

(Only one form is needed per family.)

OPTIONAL

**1. I am applying for:** (Please check one)

☐

Financial Assistance

☐

Dress Code Exemption

**2. Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
P.O. Box (Street) City State Zip

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**3. Please list all students and accompanying schools for which you are requesting financial assistance:**

STUDENT'S NAME (First & Last Name)	NAME OF STUDENT'S SCHOOL

**4. Lunch Eligibility Information:** (Please check one.)

☐

Do not qualify for free/reduced lunches

☐

Free Lunch

☐

Reduced Lunch

I understand that this application is for the current school year only.

**By my signature, I give you full permission to check the accuracy of any and/or all of the information I have voluntarily given to you. I also agree to repay the cost of assistance given IF I AM EVER ABLE TO DO SO in the future so as to help others also.**

**5. The reason for my application for assistance and/or exemption is as follows:**

(If appropriate, attach documentation justifying your request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For school use only: Date received: \_\_\_\_\_



## REQUEST TO WITHHOLD Release of Personally Identifiable Information

OPTIONAL

Parents:

Return this form signed by

**Thursday, August 31, 2023,**

**ONLY if you DO NOT WANT**

**your child's information to be featured in any publications including  
but not limited to the following:**

- The annual yearbook,
- Honor roll and other recognition lists,
- A playbill, showing your student's role in a drama performance,
- Graduation programs,
- Sports activity sheets, such as wrestling, showing weight and height of team members.

The parent/guardian consents to allow St. Charles Parish Public Schools (SCPPS, the District) to disclose personally identifiable information as described below. A new form for non-release must be completed each year.

The Family Educational Rights and Privacy Act (FERPA) requires the District, with certain exceptions, to obtain your written consent prior to the disclosure of appropriately designated personally identifiable information from your child's records. However, the District may disclose appropriately designated "directory information" without written consent, unless the parent/guardian has advised the District to the contrary in accordance with L.R.S. 17:3919 and St. Charles Parish Public Schools' policy and procedures. The primary purpose of "directory information" is to allow the District to include information from your child's educational records in certain school publications.

Directory information, if released, may also be disclosed to outside organizations without a parent's/guardian's written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. (Listed below are examples of directory information.)

- Student's name
- Grade level
- Address of student
- Telephone number of student
- Email address
- Date and place of birth
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- Photograph

By signing below, parent/guardian is requesting to withhold directory information, and therefore, any personally identifiable information will not be released. Should you decide to inform St. Charles Parish Public Schools not to release any or all of the items listed above, any future requests for such information from individuals or entities not affiliated with the St. Charles Parish Public School System will be refused.

Parent/Guardian Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Universal Screening Survey

OPTIONAL

Parents:

Return this form signed by

**Thursday, August 31, 2023,**

**ONLY if you DO NOT WANT**

**your child to participate in the social-emotional  
universal screening process.**

St. Charles Parish Public Schools is working diligently to support the whole child by fostering safe and supportive learning environments that optimize academic outcomes for all students. To support the social-emotional wellness needs of our students, we will conduct a universal screening process by administering a brief, repeatable measure of social, emotional, and behavioral functioning in children and adolescents in grades 5-12.

The district asks that you allow your child to participate in the social-emotional wellness universal screening process.

**Opt Out:** If you do not wish for your child to participate in the survey, a parent/guardian must sign and submit the opt out option below.

Thank you.

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### OPT OUT

I, \_\_\_\_\_, do not want my child to participate in the universal screening survey.

Student Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_