Louisiana Schools for the Deaf and Visually Impaired
2888 Brightside Lane • Baton Rouge, LA 70821-3074
(225) 757-3313 FAX

STUDENT APPLICATION
Please check one: ☐ LSD ☐ LSVI

STUDENT INFORMATION
Student’s Last Name: ____________________________ First Name: ____________________________
DOB: __________________ Sex: M ☐ F ☐
Home Phone: ( ) ____________________________ Cell: ( ) ____________________________
Email: ____________________________ ☐ Dorm Student ☐ Day Student Desired Student Start Date
Referral Source: ____________________________
Ethnicity: ☐ Hispanic ☐ Black ☐ Asian ☐ Native Hawaiian/Other Pacific Islander
☐ Non-Hispanic ☐ White ☐ American Indian/Alaskan Native

PHYSICAL Address (incl. Apt/Lot #) MAILING Address (if different from physical address)
City: __________________ Zip Code: __________________ City: __________________ Zip Code: __________________

Parish of Resident ____________________________ Name of School District of child’s home parish ____________________________

LEGAL CUSTODY INFORMATION
If someone other than the parent(s) have legal custody of the student, please name them here: ____________________________
What is his/her relationship to the student: ____________________________ Please provide a copy of current custody documents.

PARENT/GUARDIAN INFORMATION
Student lives with: ☐ Parents ☐ Mother ☐ Father ☐ Guardian/Foster Parent(s) *
* If student lives with Guardian/Foster Parent(s), indicate relationship to student: ____________________________

Contact Information Father Mother Guardian
Name
Home Phone
Work Phone
Cell Phone
Email
Video Phone
Authorized to take off-campus ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Revised 01/17/2023
**STUDENT APPLICATION**

Please check one:  □ LSD  □ LSVI  Student’s Name: ______________________________

**EMERGENCY CONTACT INFORMATION / AUTHORIZED TO TAKE OFF-CAMPUS**

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<tr>
<th>Name/Relationship</th>
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**GENERAL PERMISSIONS** (complete for **ALL** students 3-22 years of age)

- **Video/Photograph Permission/Social Media Sites**: Permission is given to photograph/videotape me/my child or my/his/her school/dorm projects for athletic events, yearbook, news releases, school brochures, school website, social media sites, other public relations and LSDVI television production purposes. I understand these photos/videos will present me/my child favorably and may include my/his/her name.

- **Evaluation Permission**: Permission is given to LSDVI to conduct routine educational, audiological, vision tests, evaluations and a Functional Behavioral Assessment (FBA) if necessary for me/my child.

- **Leave Campus Permission**: Permission is given for me/my child to leave school/state in a school vehicle with authorized personnel from LSDVI (example...appointments, field trips, on-the-job-training (OJT), dormitory outings and Orientation and Mobility (O & M), athletic and academic events which may include out-of-state travel, etc.).

- **Internet Permission**: Permission is given by me/my child to access the Internet while on LSDVI’s campus in accordance with school policy.

- **Assistive Equipment Permission**: Permission is given to contact a physician if equipment is needed for an LSDVI student, (ex.: hearing aids).

*My signature below indicates I have provided accurate information and I have given or denied permission according to my responses above. I am responsible for giving LSDVI any changes to this information IMMEDIATELY IN WRITING including changes in any permission decisions.*

- Parent/Guardian must sign below if student is under the age of 18 OR over 18 and under legal custody of parent/guardian:

  Signature: ________________________________  Date: ________________

- If student is 18 years old or older, student is required to sign here: ________________________________  Date: ____________

Revised 01/17/2023
STUDENT APPLICATION

Please check one: ☐ LSD ☐ LSVI

Student’s name: ________________________________  Student’s DOB: ______________

1. HOME LANGUAGE SURVEY

* First language learned by student: ☐ English ☐ ASL ☐ Spanish ☐ French ☐ Other _______
* Language student uses most often at home: ☐ English ☐ ASL ☐ Spanish ☐ French ☐ Other _______
* Language student uses most often with other students: ☐ English ☐ ASL ☐ Spanish ☐ French ☐ Other _______
* Language parents use most often at home: ☐ English ☐ ASL ☐ Spanish ☐ French ☐ Other _______
* In what language do you most often speak to your child: ☐ English ☐ ASL ☐ Spanish ☐ French ☐ Other _______
* In what language would you prefer to get the information from the school: ☐ English ☐ ASL ☐ Spanish ☐ French ☐ Other _______

Parent’s signature required for students under the age of 18 OR over 18 and under legal custody of parent/guardian:

Signature: ____________________________________  Date: ________________

Students 18 and older, sign here: ________________________  Date: ________________

2. PROOF OF ADDRESS INFORMATION

Proof of Address must include the adult’s name and physical address. The following documents are acceptable proof of address. A copy of one must be attached to this form and be returned with the student’s registration packet.

☐ Recent UTILITY BILL (water, electricity, trash, cable, phone, etc.)
☐ Current RENTAL OR LEASE AGREEMENT
☐ Current FOOD STAMP or MEDICAID letter

The Louisiana Schools for the Deaf and Visually Impaired do not unlawfully discriminate on the basis of race, color, national origin, sex, disability, or age in our programs and activities, and we provide equal access to the Boy Scouts and other designated youth groups. Damita A. Hitchens, Human Resources Coordinator (225) 757-3213, dhitchens@lsdvi.org, has been designated to handle inquiries regarding non-discrimination. Inquiries regarding non-discrimination in employment may also be referred to Santa Patterson, Human Resources Director at (225) 757-3217 or spatterson@lsdvi.org.

For Admissions Office Use Only:
☐ of address received and verified
Verified by: _____  Date: ________________
Dear School Administrators:

I am writing this letter asking that my child ________________________________ enter the LOUISIANA SCHOOL FOR THE VISUALLY IMPAIRED / LOUISIANA SCHOOL FOR THE DEAF under the Parent Option Law (Act 433).

Thank you,

__________________________________________________________