

# LPSO STUDY HALL ENROLLMENT FORM

## Student Information:

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

Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

School currently enrolled: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

## Parent Contact Information:

1<sup>st</sup> Parent Name: \_\_\_\_\_

1<sup>st</sup> Parent email address: \_\_\_\_\_

1<sup>st</sup> Parent Cell Phone #: \_\_\_\_\_

1<sup>st</sup> Parent Secondary Phone #: \_\_\_\_\_

1<sup>st</sup> Parent employer: \_\_\_\_\_

2<sup>nd</sup> Parent Name: \_\_\_\_\_

2<sup>nd</sup> Parent email address: \_\_\_\_\_

2<sup>nd</sup> Parent Cell Phone #: \_\_\_\_\_

2<sup>nd</sup> Parent Secondary Phone #: \_\_\_\_\_

2<sup>nd</sup> Parent employer: \_\_\_\_\_

**Emergency Contact Person** [should parents be unavailable; name and phone number(s)]:

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

Person(s) who have your express permission to pick-up your child from the Study Hall (please list all; if a name is not on this List, your child will not leave with that person):

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

**Medical Information:**

Does your child have any allergies (food or environmental)? If so, list the same:

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Does your child have any Medical Alert/Health Conditions (for example: asthma, diabetic, seizures, etc.):

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Does your child take daily medication prescribed by a doctor (if so, list the medication and the condition necessitating the same):

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By signing this document, I verify the above information is true and correct. Further, I understand that adequate and appropriate supervision will be provided at LPSO Study Hall or on Field Trips. I also recognize, however, that unanticipated situations and problems can arise at any time which situations or problems are not reasonably within the control of the supervising staff. I further agree to Release and Hold Harmless the Lafourche Parish Sheriff's Office, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities at the LPSO Study Hall, including any accident or injury to the above-mentioned child and the costs of medical services. Lastly, I authorize LPSO Study Hall to seek Emergency Medical Treatment for my child if I cannot be reached timely in an Emergency.

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Parent (please print legibly)	Parent Signature	Date
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