

Last Revised: 4/1/2015

Valid for One Year from Approval Date for grade level indicated

Louisiana State Board of Elementary and Secondary Education

**HOME STUDY PROGRAM APPLICATION**

In Accordance with R.S. 17:236, and 17:236.1.

Name of Parent/Legal Guardian
Street Address/Post Office Box
City, State, Zip Code

School Year \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_  
*Provide e-mail address if you would like to receive your official approval letter via e-mail instead of by mail.*

**IMPORTANT: Parents should contact the Louisiana Office of Student Financial Assistance (LOSFA) at 800-259-5626, extension 1012 concerning any questions they may have about Taylor Opportunity Program for Students (TOPS) eligibility.**

**For each student listed, please check whether registration is INITIAL or RENEWAL**

STUDENT(S) NAME LAST/FIRST	DATE OF BIRTH	AGE	GRADE (REQUIRED)	INITIAL APPLICANT MUST ATTACH Copy of Birth Certificate  * MUST COMPLETE Immunization Assurance Statement below for students who are 11 years old	RENEWAL APPLICANT MUST ATTACH Packet, Test Scores, or Letter from Certified Teacher * MUST COMPLETE Immunization Assurance Statement below for students who are 11 years old

**FAILURE TO ENCLOSE THE REQUIRED DOCUMENTATION WILL SLOW DOWN APPROVAL PROCESS AND APPLICATION WILL BE RETURNED.**

**\*Immunization Assurance Statement: If your child is 11 years old or entering 6<sup>th</sup> grade, please check one of the following to denote that you have satisfactory documentation addressing meningococcal disease.**

- I have medical records for students who are 11 years old that denote proof of immunization against meningococcal disease.
- My child (ren) shall not be immunized against meningococcal disease for religious or other personal reasons.
- I have a written statement from a physician stating that the immunization is contraindicated for medical reasons, including shortage of supply of vaccine.

I certify that the above named student(s) in \_\_\_\_\_ Parish or City School System **will be** (are) enrolled in an SBESE Home Study Program offering a sustained curriculum of a quality at least equal to that offered by the public schools as required by R.S.17:236 and in accordance with R.S.17:236 and R.S.17:236.1.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**Note:** Program approval does not address child custody issues.

**PLEASE RETURN APPLICATION TO:  
ATTN: SBESE-Approved Home Study Program  
Louisiana Department of Education  
P.O. Box 94064 - Baton Rouge, Louisiana 70804**

<b>Official State Use Only</b>
Date Approved _____

**Disclosure of information** in students' education records is restricted in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 USC 1232g. However, pursuant to FERPA, a student's parent or legal guardian may inspect the student's education records. FERPA also allows a student's parent or legal guardian to request that an educational agency amend the student's education records if the records contain information that is inaccurate, misleading or an invasion of privacy.

By checking this box, I am notifying the Department **not** to disclose directory information without prior written consent.

Obtain the latest SBESE-Home Study Guidelines for important information and updates at <http://www.louisianaschools.net/curriculum/homeschool.html>.