

Louisiana Department of Education

**NONPUBLIC SCHOOL HURRICANE EDUCATION RECOVERY ACT CFDA NO. 84.938C**

Application By Parent Or Guardian For Emergency Impact Aid On Behalf Of A Student Displaced By Hurricane Katrina Or Hurricane Rita And Who Attended A Nonpublic School On One Or More Of The Indicated Dates

**THIS FORM MUST BE SUBMITTED TO THE NONPUBLIC SCHOOL NO LATER THAN JANUARY 24, 2006**  
**ONE FORM PER STUDENT**

NAME OF SCHOOL FROM WHICH STUDENT WAS DISPLACED : \_\_\_\_\_  
PARISH : \_\_\_\_\_

NAME OF NONPUBLIC SCHOOL STUDENT ATTENDED WHILE DISPLACED :

\_\_\_\_\_  
STREET/P.O. BOX : \_\_\_\_\_  
CITY : \_\_\_\_\_  
STATE & ZIP CODE : \_\_\_\_\_

NAME OF THE LOCAL PUBLIC SCHOOL BOARD WITHIN WHOSE BOUNDARIES THIS NONPUBLIC SCHOOL IS LOCATED :  
\_\_\_\_\_

NAME OF STUDENT : \_\_\_\_\_ Grade : \_\_\_\_\_  
Last First Middle Initial

GENDER (circle one) : Male Female

ETHNICITY (circle one) : American Indian/Alaskan Asian/Pacific Islander Black Hispanic White

DATE OF BIRTH : \_\_\_\_\_ SOCIAL SECURITY NUMBER : \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_  
Month / Day / Year (9 digits)

ELIGIBLE FOR SPECIAL EDUCATION SERVICES (circle one) : Yes No

CHECK EACH DATE THAT THE STUDENT WAS ATTENDING THIS SCHOOL :

OCTOBER 3, 2005 : \_\_\_\_ DECEMBER 1, 2005 : \_\_\_\_

NAME OF PARENT OR GUARDIAN : \_\_\_\_\_  
STREET/P.O. BOX : \_\_\_\_\_  
CITY : \_\_\_\_\_  
STATE & ZIP CODE : \_\_\_\_\_

I request that the local public school board named above make payments to Emergency Impact Aid Accounts on behalf of the student named above.

I certify that the student named above attended this nonpublic school on the date(s) selected.

I certify that the student named above was eligible to be enrolled and/or was enrolled in a school in an area for which the Federal Government later declared a major disaster related to Hurricane Katrina or Hurricane Rita and, as a result, is a displaced student.

DATE FORM RECEIVED  
(to be filled out by school)

PARENT OR GUARDIAN SIGNATURE

DATE