

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 The Indicated Date

THIS FORM MUST BE SUBMITTED TO THE NONPUBLIC SCHOOL
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 (PK Ineligible)

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

STUDENT MUST HAVE ENROLLED IN AN ELIGIBLE NONPUBLIC SCHOOL PRIOR TO DECEMBER 30, 2005 TO QUALIFY.

CHECK THAT THE STUDENT WAS ATTENDING THIS SCHOOL ON THIS DATE : FEBRUARY 1, 2006 : ____

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