



New Orleans MILITARY & MARITIME ACADEMY

2020-2021 PARENT/CADET SIGN OFF SHEETS

Parents and Cadets, Fill out the attached forms, which are required by the State and Academy, and return to NOMMA before August 17th.

As indicated by my signature below, I acknowledge that I have read, understand and accept the New Orleans Military and Maritime Academy Cadet/Parent Handbook policies and procedures (which is located on the NOMMA website at <https://nomma.net/Resources>). I have also filled out the following forms:

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Transportation information will be sent at a later date. This will include yellow bus assignments for cadets residing outside of Orleans Parish and RTA pass information for cadets residing in Orleans Parish.

Cadet Name (Please Print)

Grade

Cadet Signature

Date

Parent/Guardian Signature

Date

*Failure to sign this acknowledgement form does not remove responsibility from the cadet.

New Orleans Military and Maritime Academy

Statement of Compliance

Parent/Cadet/School Staff Compact

2020-2021

In compliance with Louisiana R. S. 17:235-2 and the No Child Left Behind Act of 2001 relative to commitment by school students and their parents or guardians, the New Orleans Military and Maritime Academy (NOMMA) has written a signed statement of compliance as required by law. This compliance statement is in regard to school attendance, homework assignments, school rules and continued eligibility to attend NOMMA.

A. Cadet Agreement

As a Cadet of the New Orleans Military Maritime Academy I will do the following:

1. I will attend school daily except when absent for reasons due to illness or other excused absence.
2. I will come to school prepared to learn.
3. I will model the leadership traits of a MCJROTC Cadet.
4. I will follow the Cadet Code of Conduct.
5. I will come to school prepared to contribute to the school community and to support efforts to maintain a safe and secure school campus and learning environment.
6. I will dress in accordance with MCJROTC grooming regulations (refer to handbook for MCJROTC grooming standards). Failure to do so will result in execution of the disenrollment process.
7. I will protect and use properly the uniforms, computers, and any other NOMMA resources issued to me as a cadet of the NOMMA MCJROTC program.

Signature of Student

Date

Grade

B. Parent/Guardian Agreement

As a Parent/Guardian of a Cadet of the New Orleans Military and Maritime Academy I agree to the following:

1. I will ensure that my cadet attends schools daily except for reasons specified in A (1) of the student agreement.
2. I will ensure that my cadet will arrive at school on time each day. Cadets should arrive by 7:30 AM. Repeated late arrivals, early dismissals or absences are calculated in awarding of Carnegie Credits per Seat time requirements by the Louisiana Department of Education.
3. I will ensure that my cadet will complete his or her homework assignments.
4. I will attend all required parent and teacher or principal conferences.
5. I will contact the school staff when I have questions or concerns.
6. I will ensure that my cadet dresses in accordance MCJROTC grooming regulations (refer to handbook for MCJROTC grooming standards). Failure to do so will result in execution of the disenrollment process.
7. I will ensure that my cadet protects and uses appropriately, the uniforms, computers, and any other NOMMA resources issued as a cadet of the NOMMA MCJROTC program.

Signature of Parent/Guardian

Date

C. Teacher/Principal Agreement

As a New Orleans Military and Maritime Academy Staff Member, I agree to the following:

1. I agree on the first day of school I will be available to answer questions relative to the statements of compliance.
2. I agree to support the success of students in school through engaging lessons and individual assistance.
3. I agree to provide students with an environment conducive to learning.
4. I agree to notify parents of concerns with students' progress and attendance.
5. I agree to provide time for Parent/Teacher conferences.
6. I agree to conduct myself as a role model to the cadets of NOMMA, exemplifying the core beliefs established by the founding board.

CONTACT AND EMERGENCY INFORMATION

CADET INFORMATION

Full Name: _____
Last First M.I.

Email: _____

Cell Phone: (____) _____ Birth Date: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Relation to Cadet: _____ **Active Duty Military** ☐ **Yes** ☐ **No**

Full Name: _____
Last First M.I.

Address: _____

<i>Street Address</i>		<i>Apartment/Unit #</i>
_____		_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____

Is the above address located on a Federal Facility? ☐ Yes ☐ No

Example: Military Installation or HUD

Home/ Cell Phone: () _____ Work/Alternate Phone:() _____

Email _____

[illegible]

Relation to Cadet: _____ **Active Duty Military** ☐ **Yes** ☐ **No**

Full Name: _____
Last First M.I.

Home/ Cell Phone: () _____ Work/Alternate Phone:() _____

Email _____

Address: _____

<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Is the above address located on a Federal Facility? ☐ Yes ☐ No

Example: Military Installation or HUD

ALTERNATE EMERGENCY CONTACT INFORMATION

Please list a person that can be contacted in the event that we can not reach a parent or guardian.

Full Name: _____
Last First M.I.

Address: _____

<i>Street Address</i>	<i>Apartment/Unit #</i>	
_____	_____	
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Home/ Cell Phone: (____) _____ Work/Alternate Phone:(____) _____

Email _____

Persons Authorized to Check-Out From School:

Name _____	Relationship _____
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Name	Relationship
-------------	---------------------

Name	Relationship
-------------	---------------------

[illegible]

Name _____ Relationship _____

Any persons NOT Authorized to Check-Out From School:

Name _____ Relationship _____

Name _____ Relationship _____

Name	Relationship
_____	_____

Name	Relationship
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Name	Relationship
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All of the information on this form is required to the maximum extent possible. Contact the school if there is a change to any of the information provided on this form.

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____
Student Name: _____ ID#: _____ Gender: Male / Female
Address: _____ Telephone Number: _____
Last School Attended: _____ Current Grade: _____ Date of Birth: _____
Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. ☐ YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
2. ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
3. ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
4. Where is the student currently living? (Check all that apply.)

- ☐ In an emergency/transitional shelter.
- ☐ Temporarily with another family because we cannot afford or find affordable housing.
- ☐ With an adult that is not a parent or legal guardian, or alone without an adult.
- ☐ In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- ☐ Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
- ☐ In a hotel/motel. ☐ Other specific information: _____

5. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
7. ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
8. ☐ YES ☐ NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.

Name _____	School _____	Grade _____	DOB _____
Name _____	School _____	Grade _____	DOB _____
Name _____	School _____	Grade _____	DOB _____
9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name	Signature	Date
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(Area Code) Phone Number	Street Address	City	State	Zip Code
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Print School Contact Name	Title	Signature	Date
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Homeless Liaison Use Only – Check All that Apply:

- ☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO
☐ School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

03/2019

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed. Use additional sheets, if necessary, for further explanation.

Name of School:		Grade:	
Student's Name:	Last	First	M.I.
Student's Date of Birth:	Sex: M F	State or Country of Birth:	
Student's Mailing Address:	City:	State:	Zip Code:
Student's Physical Address:	City:	State:	Zip Code:
Name of Mother or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of Father or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of child's pediatrician or primary care provider:		Names of medical specialists or special clinics caring for your child:	

Parent or Legal Guardian Signature	Date
Please check the type of health insurance your child has: Private Medicaid/LaCHIP None	
If your child does not have health insurance, would you like information on no cost health insurance? Yes No	
In case of emergency—if parent or legal guardian cannot be reached—contact the following:	
Name	Complete Phone Number ()
My child has a medical, mental, or behavioral condition that may affect his/her school day: No Yes (If yes, please complete Part 2.)	

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing the school with any medication and may be responsible for providing the school with any special food or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.☐ **ALLERGIES**

Allergy Type:

Food (list food(s)) _____
 Insect sting (list insect(s)) _____
 Medication (list medication(s)) _____
 Other (list) _____

Reactions: (Date of last occurrence if yes.)

Coughing (Date: _____) Hives (Date: _____) Rash (Date: _____)
 Difficulty breathing (Date: _____) Local swelling (Date: _____) Wheezing (Date: _____)
 Generalized swelling (Date: _____) Nausea (Date: _____) Other (Date: _____)

Currently prescribed medications and treatments:

Oral antihistamine (Benadryl, etc.) Epi-pen Other _____

☐ **ASTHMA**

Triggers: Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ Other (list) _____

Does your child experience asthma symptoms with exercise? No Yes

Symptoms:

Chest tightness, discomfort, or pain Difficulty breathing Coughing Wheezing Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____ Date of last emergency room visit related to asthma _____

Does your child have a written asthma management plan? No Yes

Is peak flow monitoring used? No Yes

☐ **DIABETES****Currently prescribed medications and treatments:**

Insulin: Syringe Pen Pump

Blood sugar testing

Glucagon

Oral medication(s) List medication(s) _____

Is special scheduling of lunch or Physical Education required? No Yes

☐ **SEIZURE DISORDER**

Type of seizure:

Absence (staring, unresponsive)

Complex Partial

Generalized Tonic-Clonic (Grand Mal/Convulsive)

Other (explain) _____

Physical Education Restrictions:

No

Yes

Medication(s): No Yes List medication(s) _____

Date of last seizure _____

Length of seizure _____

☐ **OTHER HEALTH CONDITIONS**

Anemia

ADD/ADHD

Cancer

Cerebral Palsy

Chicken Pox

Cystic Fibrosis

Depression

Digestive disorders

Emotional/Psychological

Juvenile Rheumatoid Arthritis

Hemophilia

Heart condition

Physical disability

Sickle Cell Disease

Skin disorders

Speech problems

Other (explain) _____

Physical Education Restrictions:

No

Yes

(explain): _____

Medication(s): No Yes List medication(s) _____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): No

Yes (explain): _____

Special diet required (i.e., blended, soft, low salt, low fat, liquid supplement): No Yes (explain): _____

Are there anticipated frequent absences or hospitalizations?

No

Yes

(explain): _____

☐ **VISION CONDITIONS**

Contacts/glasses

Other _____

☐ **HEARING CONDITIONS**

Hearing aid(s)

Other _____

☐ **ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION**

Special school environmental adjustments of the school environment or schedule: No Yes (explain): _____

(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

Special school environmental adjustments to classroom or school facilities: No Yes (explain): _____

(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations: No Yes (explain): _____

(i.e., special precautions in lifting, positioning, special transportation emergency plan, special safety equipment, special techniques for positioning, feeding)

Special assistance with activities of daily living: No Yes (explain): _____

(i.e., eating, toileting, walking)

PART 3: SCHOOL NURSE TO COMPLETE if parent/legal guardian indicates medical condition.

School Nurse Signature _____

Date _____

Notes:

RETURN COMPLETED FORM TO SCHOOL NURSE/HEALTH OFFICE AS SOON AS POSSIBLE

**New Orleans Military and Maritime Academy
MEDICAL RELEASE**

Cadet LAST NAME

Cadet FIRST NAME

DOB

GRADE

Hospital/Clinic Preference

Physician's Name

Phone Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian for my child are reached in the event of an emergency.

NOMMA assumes no financial liability for expenses incurred because of the accident, injury, illness, and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

My child has medical/accident insurance YES _____ NO _____

Parent or Guardian Name

Signature

Date

New Orleans Military and Maritime Academy
MEDIA
RELEASE

Cadet LAST NAME	Cadet FIRST NAME	DOB	GRADE
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There may be times while my child is enrolled at New Orleans Military and Maritime Academy ("NOMMA") when media or others wish to photograph or videotape them.

I hereby grant permission to members of the local and national media (including newspapers, magazine, television, and other media), NOMMA staff, board members and contracted employees to photograph and/or interview my child.

It is my understanding that this photograph/interview or portions thereof may be used for public view and may be used to promote and support the work of NOMMA. I agree to allow my child to participate in media projects without financial remuneration.

I do hereby waive any right to inspect or to approve the still photographs, films, videotapes, digital files or presentations or the editorial or printed matter that may be used in conjunction therewith. I further waive any claim that I have or may have with respect to the eventual use to which any of the aforementioned materials are or may be applied. Such still photographs, films, videotapes, or digital files may be used at NOMMA's sole discretion, with or without my name, alone or in conjunction with any other material of any kind or nature.

_____ I agree

_____ I do not want my child to participate in any media projects.

I acknowledge that I have read this document and understand its terms. I am signing the release freely and voluntarily.

Parent or Guardian Name	Signature	Date
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- If this form is not completed NOMMA will allow your child to be photographed, filmed, and/or interviewed without liability.

New Orleans Military and Maritime Academy

CONFIDENTIAL RECORDS RELEASE

Authorization to release student information as per
the United States Code "Protection of the Rights and Privacy of Parents and Students."

Cadet LAST NAME

Cadet FIRST NAME

DOB

GRADE

Parent/Guardian:

The purpose of this form is for you to give permission for New Orleans Military and Maritime Academy to request your child's educational records from any previous school(s).

Registrar or Counselor:

You are hereby authorized to release from your records the following data concerning the student listed below.

- Standardized test data
- Scholastic achievement data including, but not limited to student transcripts & report cards
- Medical data/immunizations
- Birth Certificate
- Social Security Number
- IEP/504/ELL Records
- Behavior/disciplinary records

Student's Previous School History

	Grade	School Name	City
1.			
2.			
3.			
4.			
5.			

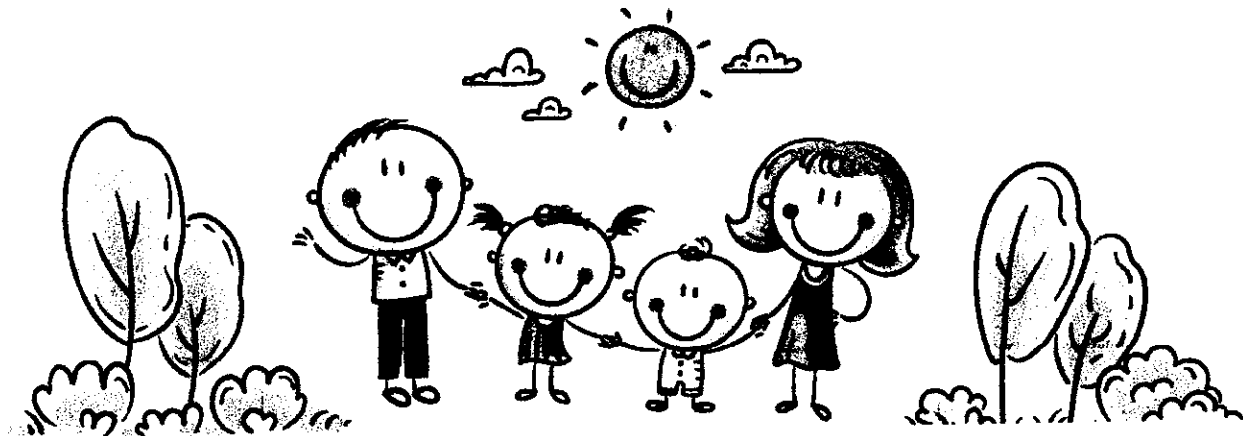
I authorize the staff of New Orleans Military and Maritime Academy to request records for my Cadet from any previous school(s).

Parent or Guardian Name

Signature

Date

Let's Get E-Rate Funds for our School!"



PLEASE COMPLETE THE ATTACHED HOUSEHOLD SURVEY*

We need everyone to return this survey in order for the survey to be considered valid.

THIS WILL HELP OUR SCHOOL GET \$\$\$ FOR:

Telecommunications

Internet Access

Technology

Maintenance

***This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.**

E-RATE FY 2021-22 -HOUSEHOLD SURVEY

2020-21 School Year

As you prepare for enrollment for the 2020-21 school year, you may want to include an E-rate household income survey in your paperwork. We want to ensure that your school's E-rate discount accurately reflects the income levels of your student population. The enclosed Household Survey letter can be included in your enrollment process to determine income eligibility for your E-rate funding for FY 2021-22.

- Surveys can be used to determine individual student eligibility for NSLP, but survey results can not be extrapolated. Because the extrapolation of returned surveys is not permitted, NSLP applications can be used as surveys.
- Schools participating in the Community Eligibility Program (CEP) multiply the number of students directly certified by the national multiplier (currently 1.6) to calculate the number of students qualifying for NSLP on the FCC Form 471. Note that this calculation is capped at 100 percent of the student population for the purposes of determining the E-rate discount.
- You can use a combination of methods (e.g., surveys, sibling matches, household eligibility for certain federal programs) to substantiate the eligibility of individual students.

<http://www.usac.org/sl/applicants/step03/alternative-discounts.aspx>

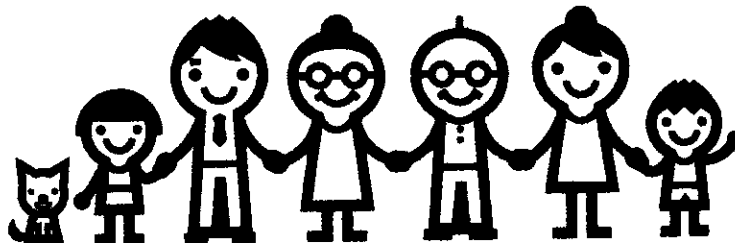
If you decide to use the survey, you will need to tally the results for each eligible site (i.e. ES, MS, HS)—**extrapolation is not allowed by SLD**. Send the summary tally sheets to us when they are completed. We will then submit the summary pages along with your E-Rate application.

Retain the individual surveys and related documentation for 10 years.

SLD Guidelines:

If a school chooses to do a survey, the following guidelines apply:

- a. The survey must be sent to families (households) whose children attend the school.
- b. The survey must, at a minimum, contain the following information:
 - Address of family (household)
 - Grade level of each child
 - Size of the family (household)
 - Income level of the parents or guardians
- c. The survey must assure confidentiality. (Only summary data is provided to USAC/E-rate)
- d. Retain ALL surveys for TEN YEARS after the last date of service



Survey Number: _____
[For School Use Only]

E-Rate Household Survey Spring/Fall 2020¹

Please complete and return to the school office within two weeks.



Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 23,608	\$1,968	\$ 984	\$ 908	\$ 454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each add'l family member add:	8,288	691	346	319	160

Is your income equal to or less than any of the amounts listed next to the number you circled?

Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)?

Yes _____ No _____

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps?

Yes _____ No _____

Does your family qualify for medical assistance under Medicaid?

Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)?

Yes _____ No _____

Does your family receive housing assistance (section 8)?

Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)?

Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2020

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2020 to June 30, 2021 (Federal Register/ Vol.85, No. 55/ Friday, March 20, 2020/ Notices, pg. 16050)



New Orleans Military & Maritime Academy

Dear Parents and Guardians :

State law requires that you make an election at the beginning of the year your child enters the eighth grade, or when your child first enters public school after the eighth grade, as to whether you give or deny consent for this school to collect your child's PII and disclose it to the Louisiana Office of Student Financial Assistance (LOSFA) for TOPS and other financial aid or to the state's colleges and universities (Institutions) for admissions. Once you sign this form, your decision to consent or not to consent to the collection and disclosure of your child's PII will be valid. Your decision may be changed at any time by completing and returning this form.

Your child's transcript data will not be provided to LOSFA and the Institutions unless you consent to the disclosure of the information.

Please read the attached Consent Form and fill out and sign the portion of the Form that applies to your decision to grant or deny consent.

Please note that state law was amended during the 2018 Legislative Session that required changes to the Consent Form. As a result of these changes, you must complete this form and return it to your school even if you have completed it in the past.

Please return the form to the school. Thank you.

Enclosure



NEW ORLEANS
MILITARY & MARITIME
ACADEMY

New Orleans Military & Maritime Academy

CONSENT FORM

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)¹ and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR), LDE, and OTS to allow:

- You to track your child's progress in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship and to monitor your child's TOPS eligibility status by having an account on the LOSFA Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- LOSFA to determine whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS).
- You to monitor your child's TOPS eligibility status by having an account on the Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- LOSFA to make TOPS and other aid payments.
- The Institution(s) to process his/her application for admission.

The data which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes includes:

- Full name
- Birthdate
- Social Security Number
- Student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).

If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.

I CONSENT

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA, to the Institution, and to the entities named above.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. I understand that I may provide consent at a later date by completing the consent portion of this form above and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

¹ LDE and OTS will not have access to students' personally identifiable information to facilitate this process.
FORM 837 - Revised 2-28-18

Complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian. It must be kept in the student's file. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

School: _____

Student ID #: _____

Student's Last Name: _____

Student's First Name: _____

ENGLISH

1. Is a language other than English spoken in your home? ☐ No ☐ Yes _____ (specify language)
2. Does your child communicate in a language other than English? ☐ No ☐ Yes _____ (specify language)
3. Which language did your child learn first? _____ (specify language)
4. In which language do you prefer to receive information from the school? _____ (specify language)
5. What is your relationship to the child? ☐ Father ☐ Mother ☐ Guardian ☐ Other (specify) _____

ESPAÑOL (SPANISH)

1. ¿Se habla otro idioma que no sea el inglés en su casa? ☐ No ☐ Sí _____ (especifique idioma)
2. ¿Habla el estudiante un idioma que no sea el inglés? ☐ No ☐ Sí _____ (especifique idioma)
3. ¿Cuál fué el primer idioma que aprendió su hijo/a? _____ (especifique idioma)
4. ¿En que idioma prefiere recibir comunicaciones de la escuela? _____ (especifique idioma)
5. ¿Cuál es su relación con el estudiante? ☐ Padre ☐ Madre ☐ Guardián ☐ Otro (especifique) _____

FRANÇAIS (FRENCH)

1. Parle-t-on une autre langue que l'anglais chez vous ? ☐ Non ☐ Oui _____ (veuillez préciser la langue)
2. Votre enfant parle-t-il une autre langue que l'anglais ? ☐ Non ☐ Oui _____ (veuillez préciser la langue)
3. Quelle langue votre enfant a-t-il apprise en premier ? _____ (veuillez préciser la langue)
4. Dans quelle langue préférez-vous recevoir les communications de l'école ? _____ (veuillez préciser la langue)
5. Quelle est votre lien de parenté avec l'enfant ? ☐ Père ☐ Mère ☐ Tuteur ☐ Autre (veuillez préciser) _____

Tiếng Việt (VIETNAMESE)

1. Có nói tiếng nào khác tiếng Anh không được nói ở nhà quý vị không?
☐ Không ☐ Có _____ (hãy cho biết tiếng nào)
2. Con quý vị có nói tiếng nào khác tiếng Anh không?
☐ Không ☐ Có _____ (hãy cho biết tiếng nào)
3. Con quý vị đã học tiếng nào đầu tiên? _____ (hãy cho biết tiếng nào)
4. Quý vị muốn nhận được thông tin từ trường học bằng tiếng nào?
_____ (hãy cho biết tiếng nào)
5. Quý vị có quan hệ như thế nào đối với con?
☐ Cha ☐ Mẹ ☐ Người giám hộ ☐ Quan hệ khác (hãy cho biết) _____

Signature of Parent/Guardian: _____

Date: _____

New Orleans Military and Maritime Academy
RACE & ETHNICITY SURVEY

Cadet LAST NAME

Cadet FIRST NAME

DOB

GRADE

Please complete parts A and B, then sign and date.

Part A. Is this Cadet Hispanic/Latino? (Choose only one)

☐ **No, not Hispanic/Latino**

☐ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your Cadet's race to be.

Part B. What is the cadet's race? (Choose one or more)

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

☐ **I decline to state.**

Parent or Guardian Name

Signature

Date

New Orleans Military and Maritime Academy

CADET NEEDS FORM

Cadet LAST NAME

Cadet FIRST NAME

DOB

GRADE

Please provide as much information on your child so we can provide them with appropriate services. Your responses have no impact on your child's admittance into school, as your child has already been accepted.

GENERAL INFORMATION	Agree	Disagree	Not Applicable
Could use extra help in reading			
Could use extra help in writing			
Could use extra help in math			
Received interventions for academics and/or behavior			
Struggles to concentrate on work all day			
Has a hard time following directions			
Cannot sit still			
Often feels frustrated in school or about school work			
Struggles to get along with peers			
Has a hard time keeping hands/feet to themselves			
SPECIAL EDUCATION/504/IEP	Yes	No	Don't Know
My child has received special education services in the past			
I would like for my child to be evaluated for Special Education Services			
My child has an Individual Education Plan (IEP)			
My child receives services under 504 Rehabilitation Act			
My child receives ELL or ESL services			
My child has been evaluated for special education services. Date: _____ Location: _____			
ADDITIONAL INFORMATION	Yes	No	Notes
My child has been retained? (If Yes, Grade)			
My child has been suspended (If Yes, reason and # of times)			
My child has been expelled (If Yes, when)			
MEDICATION / THERAPY (please check all that apply) (be sure to include this information on the medical form)			
_____ My child has been referred for medication. Date: _____ For: _____			
_____ My child is currently taking medication for _____			
_____ My child has taken medication in the past for _____ Date ended: _____			
_____ My child attends therapy. How often? _____ Since: _____			



NEW ORLEANS
MILITARY & MARITIME
ACADEMY

Mr. Daniel Garbarino, Principal
Col Chris Schlafer, Commandant

425 O'Bannon Street
New Orleans, LA 70114

Phone (504) 227-3810
Fax (504) 875-4326

August 10, 2020

Dear Parents and Guardians,

Federal law, 10 U.S.C.S. 503(c)(1), requires schools who receive certain federal funding to release students' directory information to military recruiters unless that family opts out in writing. Therefore, unless you or your child (if they are above the age of 18) fill out the form below and return it to the school counselor by **September 1**, the school will release the name, mailing address, and telephone listing of your student. You may email a picture or scanned copy of the form to the school counselor.

REQUEST Opt-Out Form for High School Students

I, _____, hereby exercise my federal right, granted to me by the Congress of the United States under 10 U.S.C.S. 503(c)(1)(B) (and any other applicable state, federal or local law or any school policy), and request that the name, address, and telephone listing of _____, a current student at New Orleans Military and Maritime Academy, not be released to military recruiters without prior written parental consent. I do, however, consent to the disclosure of such information to institutions of higher education.

Parent Signature _____

Date _____

Student's Name _____

Address _____

City/State/Zip _____



New Orleans

MILITARY & MARITIME ACADEMY

2020-2021 PARENT/**ADDENDUM** CADET SIGN OFF SHEETS

Parents and Cadets, This sub-packet includes additional essential information needed for a successful school start. Fill out the attached forms, which are required by the State and/or Academy, and return to NOMMA before August 17th.

<u>Forms</u>	<u>Page</u>
____ NOMMA Online and Hybrid Learning Expectations	1-1 - 1-4
____ Video Remote Communications Consent and Release	2
____ JCAMPUS Signup	3
____ How to Sign Into Google Classroom	4
____ NOMMA Course Change Request	5

Parent/Guardian Signature

Date

Cadet Signature

Grade

Date

*Failure to sign this acknowledgement form does not remove responsibility from the cadet.

NOMMA Online and Hybrid Learning Expectations

The standards of behavior for online and hybrid classes are as important as they are when in the building. In other words, our online classrooms are real classrooms with real teachers; therefore, appropriate cadet behavior is expected. To ensure that all cadets understand how to behave in an online and hybrid environment, we have expectations that all cadets are required to follow. These expectations address participation and cadet interactions with NOMMA faculty, staff, and other NOMMA cadets, as well as their individual actions.

NOMMA defines our online and hybrid environment as any electronic platform used to facilitate learning and communication between teachers and cadets. This includes, but is not limited to email, Google Classroom, Zoom, Teams, etc.

Participation

1. Arrive on time for the class session using a fully charged school approved laptop. The student will be admitted to the “waiting room” before being admitted to the class.
2. Report to the session properly groomed and dressed for class in accordance with NOMMA Dress Code Policy for Non-Formal events found in the Cadet-Parent Handbook.*
3. Posture before the camera must be conducive to active learning and participation (e.g., no reclining). The student’s full face must be visible in the camera frame.*
4. The background for a Zoom session may be either the student’s physical setting or a virtual background. If using a virtual background, it must be of a solid color in red, gold, or black. This setting must be appropriate to the other participants and offer enough light for the student’s face to be visible.*
5. Taking screenshots or screen recordings without the explicit permission from the teacher is prohibited.
6. Microphone should be muted unless specifically instructed to do so by the teacher. Use digital hand-raising and wait to be called on.
7. Usernames may not be changed. Cadet usernames must be the student’s first and last name.
8. Cadets experiencing technology difficulties must contact the teacher immediately via email, phone, or other means with information about the error and a photograph/screenshot of the error or issue if possible. Failure to contact the teacher in a timely manner regarding technical issues will result in work being considered late in accordance with the school late policy.

* These items apply if video is being used.

Interactions with NOMMA Faculty and Staff

1. Cadets should address all NOMMA faculty and staff members as adults with the courtesy expected for education professionals. They are to use both the appropriate title (Mr., Mrs., Ms., or Dr.) or rank and last name only. No other form of address is acceptable.
2. Cadets should phrase communications with NOMMA faculty and staff in a polite and courteous manner appropriate for speaking to adults. The tone of emails, video, and phone conversations must be respectful.
3. Since our online environment is a learning environment, Cadets should strive to use professional language conventions. Cadets must communicate with teachers in complete sentences.
4. Cadets are not to use obscene, profane, threatening, or disrespectful language, images, or any content in communications with NOMMA faculty and staff. These actions are prohibited and will be met with disciplinary consequences.

Interactions with Other Users

1. All communications with other NOMMA Cadets must be of a course-related nature. Any sending of unsolicited email or messages to other classmates is prohibited.
2. All communications with other cadets in any forum, course related email, discussion post, message, etc., must be polite, courteous and respectful. Cadets should not use obscene, profane, threatening, or disrespectful language, images, or content in any communications with other NOMMA cadets. These actions are prohibited.
3. Login credentials must not be shared with others. Sharing of login information violates other Cadets' and teachers' rights to confidentiality, and could allow class participation by unauthorized persons and/or lead to disruptive behaviors that detract from a productive and positive learning environment.
4. The integrity and authenticity of cadet work is something that we take seriously and check using a variety of technologies. Copying the work of others, allowing others to knowingly copy your work, and/or misusing content from the Internet could result in a failing grade and disciplinary action. The full Academic Dishonesty policy can be found in the Parent Cadet Handbook.
5. Do not collaborate with other cadets (work with) on your assignments unless directed to do so by your teacher. Working together is useful in the traditional classroom, but it is not permitted in our online or hybrid environment without specific teacher instructions to do so. In addition, parents/guardians should not allow others to log in to a cadet account and complete coursework.

6. Cadets are expected to read and abide by the Technology/Internet Safety Policy that is accepted as part of enrollment in our school. This information is found in the Cadet-Parent Handbook.

Appropriate Use of the Internet and NOMMA Accounts

1. NOMMA Cadets are subject to all local, state, and federal laws governing the Internet. Consequently, program administrators will cooperate fully with local, state, or federal officials in any investigation related to illegal activities conducted through Internet access. This may include but is not limited to illegally procuring content, accessing illicit or adult content, or any other illegal activity.
2. Any Cadet who violates the Cadet Code of Conduct or the Technology/Internet Safety Policy will be subject to disciplinary action in accordance with NOMMA policy.

Disciplinary Action

Cadets who violate the expectations as described in this document will receive appropriate consequences in accordance with NOMMA Policy. Consequences may include temporary or permanent loss of access to NOMMA technology. Violations to the NOMMA Cadet Code of Conduct as outlined in the Parent-Cadet Handbook will initiate the following procedure:

1. The teacher will notify the Cadet and parent/guardian that the Cadet has violated the code.
2. The teacher will complete and submit the NOMMA Cadet Referral Form. This action will notify the NOMMA Deans of Students.
3. Based on the report, the Dean of Students will investigate and determine what disciplinary action will be taken. A violation of the NOMMA Cadet Code of Conduct will result in a disciplinary action in accordance with NOMMA policy found in the Cadet-Parent Handbook.

Privacy Guidelines for Cadets and Parents/Guardians

To maintain a positive, productive learning environment and assure confidentiality for Cadets and teachers during online or hybrid learning, all parents/guardians are asked to follow the following privacy guidelines.

1. Online or hybrid classes are designed for Cadets. To prevent disruptions to the learning environment, parents/guardians should not actively participate in class sessions. If needed, parents/guardians may assist their child with technology and/or remain nearby.
2. Do not video record, audio record, photograph, live stream, or transmit in any other way any part of the online class, including not posting on any social media platform.

3. Any confidential or personally identifiable information related to Cadets participating online should not be collected, discussed or shared.
4. Parents/guardians should not engage with Cadets or Teachers during online class sessions. If you need to speak with your child during a check-in session, first ensure your child's microphone is muted.

If a parent/guardian has a question, please email your child's teacher.

NOMMA administration will automatically be alerted to any inappropriate communication in email, chats, and assignments turned in. This includes but is not limited to bullying and threats of any kind.



**New Orleans Military & Maritime Academy
Video Remote Communications Consent and Release**



Please sign the following if you wish for your Cadet to participate in video conferencing with teachers, employees, and other cadets to facilitate remote learning.

Parent/legal guardian name: _____

Cadet name: _____ ("Cadet")

As the parent or legal guardian of above named cadet, I hereby consent to the participation of cadet in video conferencing with teachers, cadet, and others. The video conferencing may take place via Google Meet, Google Hangouts, Zoom, Webex, Microsoft Teams, or some other platform or service.

I agree and understand that New Orleans Military and Maritime Academy, its officers, agents, employees, cadets, assigns, and licensees (collectively referred to as "NOMMA") is not responsible or liable for the content of the communications delivered via video conference. Further, the NOMMA makes no promises or guarantees as to the availability, quality, or security of the video conferencing service or the content delivered.

I acknowledge receipt and understanding of the separate NOMMA Online and Hybrid Learning Expectations, including those applicable to video remote communications.

I acknowledge that video conference communications may occur in a one teacher to one cadet environment, and expressly consent to the same.

I understand that during video conferences, cadets and sometimes members of the cadet's household may be visible/audible to other participants. It is also possible that others in the participant's household may see or hear the participants. I agree to avoid the inclusion of others in the background of the video to the extent possible.

In the course of the video conference, the NOMMA may collect information about the cadet, including but not limited to name.

I acknowledge that the NOMMA may in its sole discretion, but is not required to, record any such video conferences.

I further hereby perpetually and irrevocably grant to the NOMMA the absolute right, permission, and license to record cadet's likeness and/or voice as used in any video conference with still photography, film, videotape, digital recording or storage device and to edit such still photographs, film, videotape, or digital files at the NOMMA's discretion, and to use, reproduce, display, and/or distribute, and/or to make derivative works from any of them for educational purposes.

I do hereby waive any right to inspect or to approve the still photographs, films, videotapes, digital files or presentations or the editorial or printed matter that may be used in conjunction therewith. I further waive any claim that I have or may have with respect to the eventual use to which any of the aforementioned materials are or may be applied. Such still photographs, films, videotapes, or digital files may be used at the NOMMA's sole discretion, with or without my name, alone or in conjunction with any other material of any kind or nature.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the laws of the State of Louisiana and any applicable federal law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read and understand these terms. I am signing the release freely and voluntarily.

Parent/Legal Guardian name (print): _____

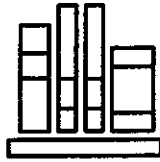
Parent/Legal Guardian (signature): _____ Date: _____

JCAMPUS SIGNUP

- 1. GO TO WWW.NOMMA.NET**
- 2. GO TO RESOURCES -> PARENT AND CADET RESOURCES**
- 3. CLICK ON JCAMPUS LOGIN**
- 4. CLICK ON REGISTER NEW USER**
- 5. ENTER DISTRICT: 348 NOMMA SCHOOL DISTRICT**
- 6. ENTER THE REST OF THE PARENT OR GUARDIAN'S INFORMATION**
 - PSN NUMBER IS THE LAST FIVE DIGITS OF THE STUDENT'S SOCIAL SECURITY NUMBER**

HOW TO SIGN INTO GOOGLE CLASSROOM

INSTRUCCIONES



A continuación encontrará los códigos de Google para el aula de cada nivel de grado. Escriba google aula en cualquier motor de búsqueda. Haga clic en el signo + y seleccione unirse a una clase. Una vez que se le solicite ingresar un código, ingrese su Código de nivel de grado. Ahora tiene acceso a su información de nivel de grado.

8TH GRADE CLASS CODE

yfuhf2w

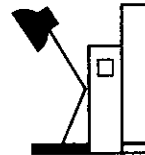


9TH GRADE CLASS CODE

2ifege7

10TH GRADE CLASS CODE

qxrcjmq



11TH GRADE CLASS CODE

w7jjwnc

12TH GRADE CLASS CODE

cc2hdai

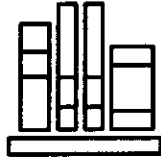


CLASSROOM.GOOGLE.COM

FROM THE NOMMA COUNSELING OFFICE

HOW TO SIGN INTO GOOGLE CLASSROOM

INSTRUCCIONES



Below you will find google classroom codes for each grade level. Type in google classroom in any search engine. Click on the + sign and select join a class. Once you are prompted to enter a code, enter your Grade Level Code. You now have access to your grade level information.

8TH GRADE CLASS CODE

yfuhf2w

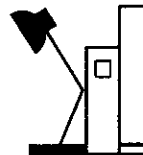


9TH GRADE CLASS CODE

2ifege7

10TH GRADE CLASS CODE

qxrcjmq



11TH GRADE CLASS CODE

w7jjwnc

12TH GRADE CLASS CODE

cc2hdai



CLASSROOM.GOOGLE.COM

NOMMA Course Change Request

Student Name: _____ Date: _____

Parent Name & Phone Number: _____ Grade: _____

1. This is a **REQUEST** form **ONLY**. There are no guarantees that your request will be granted.
2. Schedule changes are subject to class availability. Since some changes require the shifting of other classes, it **MAY NOT** be possible to grant the request due to conflicts and/or class size.
3. You must **REMAIN in assigned classes** until notified of the change.
4. All requests for a schedule change must have all required signatures and a detailed reason for the change should be included.
5. Course change requests **must be submitted no later than the end of the 1st week** of school.
6. You will be notified by receiving a new schedule or note explaining why we are not able to make a change.

REASON FOR REQUEST: (please circle)

Unassigned Period

Missing Graduation Requirement

Placement to more appropriate course level (AP <-> Regular)

Other (Attach detailed explanation)

**Changes due to teacher preference will not be granted*

CHANGE REQUESTED:

Drop Requested	Add Requested
Class (which class you will drop)	Class (which class do you want to add)

Comments:

Add/Drop requests are not guaranteed. I have been advised by the counselor of the possible impact of changing my courses and agree to take responsibility for any repercussions that this change causes (i.e. change in college acceptance, scholarship & sports eligibility, GPA, etc). Under no reason will I hold my counselor, or NOMMA responsible for issues that arise due to this class change. I am aware of the Add/Drop policy.

Student Signature: _____

Parent Signature: _____

Date: _____

Date: _____

*****Counseling Use Only*****

Received: _____

Approved

Denied

Counselor Signature: _____

Principal Signature: _____