



NOMMA SY 2021-22

REQUIRED

ANNUAL REGISTRATION FORMS

Monday, August 9, 2021

Cadets & Parents/Guardians:

Students and their Parent(s)/Legal Guardian(s) are required to complete the attached forms, all of which are required by both the State of Louisiana and New Orleans Military & Maritime Academy.

THIS PACKET IS DUE BY CLOSE OF BUSINESS WEDNESDAY, AUGUST 11, 2021.

REQUIRED FORMS CHECKLIST¹

Check (when completed)	Page(s)	Check (when completed)	Page(s)
<input type="checkbox"/> Required Forms Checklist.....	i	<input type="checkbox"/> Online/Hybrid Learning Expectations Form...	13a - d
<input type="checkbox"/> Cadet & Parent/Guardian Compact.....	1	<input type="checkbox"/> Video Communications Consent & Release....	14
<input type="checkbox"/> Cadet Contact & Emergency Information.....	2a-b	<input type="checkbox"/> Laptop/Device/Computer Use Agreement.....	15a - d
<input type="checkbox"/> Race/Ethnicity Survey.....	3	<input type="checkbox"/> Bring Your Own Device Policy.....	16a - e
<input type="checkbox"/> Media Release.....	4	<input type="checkbox"/> Student Progress Center Brief.....	17
<input type="checkbox"/> Transportation Form.....	5	<input type="checkbox"/> Google Classroom ® Brief.....	18
<input type="checkbox"/> Lunch Application Form.....	6	<input type="checkbox"/> Confidential Records Release.....	19
<input type="checkbox"/> Louisiana Residency Questionnaire Form.....	7	<input type="checkbox"/> TOPS Consent Form.....	20a - b
<input type="checkbox"/> Louisiana Health Information Form.....	8a - b	<input type="checkbox"/> Cadet Needs Form.....	21a - b
<input type="checkbox"/> Authorization for Release of Conf. Info.....	9	<input type="checkbox"/> Military Opt-Out Form.....	22
<input type="checkbox"/> Medication Order & Release.....	10a-b	<input type="checkbox"/> Home Language Survey.....	23a - e
<input type="checkbox"/> Medical Release.....	11	<input type="checkbox"/> Medical Addendum.....	24
<input type="checkbox"/> Cadet-Parent Handbook 2021-22 Form.....	12		

I attest that I have read, understand, and accept the contents of the following required forms and have accurately completed these forms to the best of my ability. I recognize that full comprehension of and compliance with the NOMMA policies outlined within this **REQUIRED INFORMATION** packet requires review of NOMMA and MJROTC guidelines, all of which are provided to cadets and their families via both printed materials and from the NOMMA homepage: <https://nomma.net/Resources>.

Cadet Signature

Date

Cadet Name (Last, First, M.I. - **PLEASE PRINT**)

Grade

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date

¹ Failure to sign this acknowledgement does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY CADET & PARENT/GUARDIAN COMPACT

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

As a New Orleans Military & Maritime Academy (NOMMA) Cadet, I will do the following.

1. I will attend school daily except when absent for reasons due to illness or other excused absences.
2. I will come to school prepared to learn.
3. I will model the leadership traits of an [MCJROTC Cadet](#).
4. I will follow the [NOMMA 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 the *NOMMA Cadet-Parent Handbook 2021-22* for said standards). Failure to do so will result in execution of the disenrollment process.
7. I will protect and use properly the uniforms, computers/electronic equipment, and any other NOMMA resources issued to me as a cadet of the NOMMA MCJROTC Program.

Cadet Signature

Date

As a Parent/Guardian of a NOMMA Cadet, I agree to the following.

1. I will ensure that my cadet attends school daily except for reasons specified in the "Cadet Agreement, Subsection 1."
2. I will ensure that my cadet arrives at school on time each day and is further present for the entire day. Cadets should arrive by 7:30 AM and remain at school through dismissal. Repeated instances of tardiness, early dismissals, and/or absences are calculated in awarding Carnegie Credits per Seat Time requirements as per the Louisiana Department of Education.
3. I will ensure that my cadet will complete his/her homework assignments as per teacher directions and deadlines.
4. I will contact the school staff should I have any questions or concerns.
5. I will ensure that my cadet dresses in accordance with MCJROTC grooming regulations, with the understanding that failure to do so will result in the execution of the disenrollment process for my cadet.
6. I will ensure that my cadet protects and uses appropriately any uniforms, devices, and/or any other NOMMA resources issued to him/her as a cadet in the NOMMA MCJROTC program.

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

CADET CONTACT & EMERGENCY INFORMATION

Cadet Name

Last First Middle

PRIMARY Mobile: (____) ____ - ____ Grade ____ Resides with: _____

Select ALL that apply

- ☐ ESL
☐ Resides on a Federal Base

***Mother's Name:** _____

Address: _____ Apt: _____ City: _____

State: ____ Zip Code: _____ Home: (____) ____ - ____ Mobile: (____) ____ - ____

Email: _____ Language: _____ Active Military: Y N

***Father's Name:** _____

Address: _____ Apt: _____ City: _____

State: ____ Zip Code: _____ Home: (____) ____ - ____ Mobile: (____) ____ - ____

Email: _____ Language: _____ Active Military: Y N

***Guardian OR Emergency ContactName:** _____

Address: _____ Apt: _____ City: _____

State: ____ Zip Code: _____ Home: (____) ____ - ____ Mobile: (____) ____ - ____

Email: _____ Language: _____ Active Military: Y N



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

OTHER Individual(s) Authorized to Check-Out Cadet

_____	(____) ____ - _____	_____
Name	Primary/Mobile	Relation

_____	(____) ____ - _____	_____
Name	Primary/Mobile	Relation

_____	(____) ____ - _____	_____
Name	Primary/Mobile	Relation

Non-Authorized Person(s)

_____	_____
Name	Relation

_____	_____
Name	Relation

_____	_____
Name	Relation

I attest to the accuracy of the information provided above, and I pledge to contact NOMMA should any of said information change.

Parent/Guardian Name(s) - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY RACE/ETHNICITY SURVEY

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

New Orleans Military & Maritime Academy (NOMMA) will keep this information confidential and will update it in your child's student records. The information you share will neither be used to identify/determine your [family's] immigration status nor will it be reported to any law enforcement agency.

Part A. Ethnicity: Is your child Hispanic, Latino/a?

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- ☐ I decline to answer.

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 child's race to be.

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

- ☐ **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 Phillipine 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 answer.

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY MEDIA RELEASE

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

There may be times while my child is enrolled at New Orleans Military & Maritime Academy (NOMMA) in which the media or others related to this and other fields wish to photograph and/or videotape NOMMA, its faculty and staff, and, most importantly, its cadets. NOMMA may further wish to provide photographic and/or audio/video recordings of its campus, its faculty and staff, and its cadets for promotional/marketing purposes.

I, _____, hereby grant permission to members of local, national, and international media² (including newspapers, magazines, television, Internet/Social Media, and OTHER media), NOMMA faculty and staff, NOMMA Board Members, and other contracted employees to conduct media inquiries limited to photographing, recording, and interviewing my child, heretofore denoted as “media projects.”

It is my understanding that any media projects or portions thereof may be used for public view as well as 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 any product of any media projects, including, but not limited to, still photographs, films, videotapes, digital files or presentations, Social Media postings, or the editorial or printed material 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, Social Media postings, or digital files may be used at NOMMA's sole discretion, with or without my or my child's name, alone or in conjunction with any other material of any kind or nature. I agree, to the fullest extent permitted by law, to hold harmless and indemnify NOMMA in conjunction with any media project or projects.

☐ 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/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date

² Any and all members of external media organizations invited to conduct said media projects will be thoroughly vetted by, but not limited to, NOMMA administration.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY TRANSPORTATION FORM

Cadet LAST Name Cadet FIRST Name Middle DOB Grade

My child will arrive and depart New Orleans Military & Maritime (NOMMA) as follows.

- ☐ I will drive my child to and from NOMMA.
- ☐ My child will take the Yellow Bus (NOMMA-contracted school bus).
If YES, please note the bus number: _____.
- ☐ My child has specialized transportation, as indicated in his/her IEP.
- ☐ My child will take public transportation (e.g. RTA).
- ☐ My child will walk.

NOMMA cadets are provided with a monthly RTA Bus Pass to use to get to and from NOMMA if

1. they reside within Orleans Parish
- AND**
2. are not within a reasonable distance to one of the yellow bus (NOMMA-contracted school bus) stops.

Cadets will receive only one (1) RTA bus pass every thirty (30) days. Cadets who damage, lose, sell, or otherwise find themselves without their monthly bus pass will not be deemed eligible for another bus pass until thirty (30) days after having received their original bus pass. In such instances, cadets and their parent(s)/guardian(s) are solely responsible for providing the appropriate resources for daily on-time arrival and departure from NOMMA.

Cadets must present their NOMMA school ID's to the front office staff in order to receive RTA passes.

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

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date

For Administrative Use Only

Bus Pass #

Office Admin. Signature

Date



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY LUNCH APPLICATION INFORMATION

Cadet LAST Name Cadet FIRST Name Middle DOB Grade

Free and Reduced Meal Applications for New Orleans Military & Maritime Academy (NOMMA) CADETS

SCHOOL FEES AND APPLICATIONS
EASY AS 1, 2, 3

Visit Our Website
Go to family.titank12.com.
Access from any computer, tablet or mobile device.

Create Free Account
Our user-friendly portal makes signing up easy and quick.

Add Funds and Apply
Add funds securely to student accounts and apply for free and reduced meals.

MOBILE APP ALSO AVAILABLE

MAKING SCHOOLS STRONGER.™

Submitting the application does not require an account to be created. However, to add funds, an account is required.

I acknowledge that I have read this document and understand its terms. I understand that I must apply in a timely manner should I desire free or reduced meals for my child. I am signing this release freely and voluntarily.

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*



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.

- ☐ 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.)
- ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
- ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
- 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: _____

- ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
- ☐ 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?
- ☐ 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 _____
- The undersigned certifies that the information provided above is accurate.

 Print Parent/Guardian/Adult Caring for Student's Name

 Signature

 Date

 (Area Code) Phone Number

 Street Address

 City

 State

 Zip Code

 Print School Contact Name

 Title

 Signature

 Date

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



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

FINAL 11/06

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.					
<input type="checkbox"/> 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 _____	
<input type="checkbox"/> 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					



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

FINAL 11/06

Name: _____ DOB: _____

<input type="checkbox"/> 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	
<input type="checkbox"/> 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 _____	
<input type="checkbox"/> 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): _____	
<input type="checkbox"/> VISION CONDITIONS	<input type="checkbox"/> HEARING CONDITIONS
Contacts/glasses	Hearing aid(s)
Other _____	Other _____
<input type="checkbox"/> 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

Page 2 of 2



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

FINAL 11/06

STATE OF LOUISIANA

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

PART 1: CONTACT INFORMATION

Student's/Child's Legal Name	Date of Birth	Social Security #
Parent/Legal Guardian _____		Telephone # _____
Mailing Address _____		

PART 2: RECORD REQUEST

Complete box A **OR** box B below. Both boxes may not be completed on the same form.

A. Specify the records to be released for the treatment date(s) listed below in Part 3: <input type="checkbox"/> COMPLETE RECORD(S) <input type="checkbox"/> Discharge Summary <input type="checkbox"/> History & Physical <input type="checkbox"/> Operative Report <input type="checkbox"/> Consultation <input type="checkbox"/> Progress Notes <input type="checkbox"/> Cardiopulmonary (Indicate EKG, Stress Test, Sleep Study) <input type="checkbox"/> Emergency Room <input type="checkbox"/> Lab <input type="checkbox"/> Pathology <input type="checkbox"/> Radiology Results <input type="checkbox"/> Other _____	B. If initialed below, I specifically authorize release of the following: Psychotherapy notes and records indicating psychological or psychiatric impairment(s) _____ Initials of parent/legal guardian
--	---

PART 3: AUTHORIZATION

This does not authorize the release of the following: drug and alcohol use counseling and treatment and HIV/AIDS and sexually transmitted disease testing and treatment.

I authorize: Name: _____ (School System) <input type="checkbox"/> TO RELEASE Information TO AND/OR <input type="checkbox"/> TO OBTAIN Information FROM (Place an "X" in the box that indicates if the information is being released AND/OR requested.) Name: _____ (Hospital, Physician, Service Agency, School RN and/or other health provider) For treatment date(s): _____ The information is to be released for the purpose(s) of: <input type="checkbox"/> Evaluation to determine eligibility or continued eligibility for special education services <input type="checkbox"/> Providing physical therapy treatment <input type="checkbox"/> Providing occupational therapy treatment <input type="checkbox"/> Designing an individual educational program <input type="checkbox"/> Determining appropriate placement for treatment needs <input type="checkbox"/> _____ I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the same medical records department receiving this authorization form. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____ If I fail to specify an expiration date, event or condition, this authorization will expire in nine (9) months from the date of authorization. An authorization is voluntary. I will not be required to sign an authorization as a condition of receiving treatment services or payment, enrollment, or eligibility for health care services. Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected under the Health Insurance Portability & Accountability Act of 1996. _____ Signature of Student or Legal Representative (Parent/Legal Guardian must sign if student < 18) _____ Date (Relationship to student) _____ Signature of Witness _____ Date		
---	--	--



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

STATE OF LOUISIANA MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE

Student's Name: _____
DOB: _____
School: _____ Grade: _____
Parent or Legal Guardian Name (print): _____
Parent or Legal Guardian Signature: _____ Date: _____
(Please note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)

PART 2: LICENSED PRESCRIBER TO COMPLETE

1. Relevant Diagnosis(es): _____
 2. Student's General Health Status: _____
 3. Medication: _____ Strength of medication: _____ Dosage (amount to be given): _____
Route: ☐ By mouth ☐ By inhalation ☐ Other _____ Frequency _____ Time of each dose _____
- ALL PRN MEDICATION MUST DENOTE TIME INTERVAL BETWEEN DOSAGE
School medication orders shall be limited to medication that cannot be administered before or after school hours.
Special circumstances must be approved by school nurse.
4. Duration of medication order: ☐ Until end of school term ☐ Other _____
 5. Desired Effect: _____
 6. Possible side-effects of medication: _____
 7. Any contraindications for administering medication: _____
 8. Allergies to food or medicine include: _____
 9. Other medications taken at home: _____
 10. Next visit is: _____

_____ Licensed Prescriber's Name (Printed)	_____ Address	_____ Phone/Fax Numbers
_____ Licensed Prescriber's Signature	_____ Credentials (i.e., MD, NP, DDS)	_____ APRN # Date

Each medication order must be written on a separate order form. Any future changes in directions for medication ordered require new medication orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be written.

PART 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE

Inhalants / Emergency Drugs

Release Form for Students to be Allowed to Carry Medication on His/Her Person

Use this space only for students who will self-administer medication such as asthma inhaler.

1. Is the student a candidate for self-administration? ☐ Yes ☐ No
2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/her medication at school, provided that the school nurse has determined it is safe and appropriate for this student in his/her particular school setting? ☐ Yes ☐ No

_____ Licensed Prescriber's Signature	_____ Credentials (i.e., MD, NP, DDS)	_____ APRN #	_____ Date
--	--	-----------------	---------------



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

PARENT/GUARDIAN'S REQUEST AND AUTHORIZATION FOR MEDICATION (Please Print)

STUDENT: _____ M/F: _____ DOB: _____

GRADE: _____ TEACHER: _____ SCHOOL: _____

ADDRESS: _____

NAME OF MEDICATION: _____
Name, dosage, and time of administration at school

LIST WHAT YOUR CHILD IS ALLERGIC TO: _____

LIST MEDICATIONS STUDENT RECEIVES AT HOME: _____

1. Do you give permission for the school nurse or the designated unlicensed trained person to give the named medications? YES _____ NO _____
2. Do you give permission to the school nurse to share information with the physician, pharmacist, and appropriate school personnel relative to the prescribed medication administration? YES _____ NO _____
3. Do you understand that you may retrieve the medication from school at any time and that you must pick up remaining medication and the container when notified at the end of the term or it will be destroyed? YES _____ NO _____
4. Have you administered the initial dose at home and have you allowed sufficient time (overnight) for observation of adverse reactions before asking school personnel to administer the medication? YES _____ NO _____

SIGNATURE OF PARENT/GUARDIAN _____

RELATIONSHIP TO STUDENT _____ DATE _____

HOME PHONE _____ WORK _____ EMERGENCY _____

Use this space only for a student who will administer his/her own medication or self carry emergency medication(s). Student should notify School Nurse or Designated Trained Staff when medication has been self administered. Student should also have a Self Carry contract on file with School Nurse.

- ♦ Do you give permission for your son/daughter to self-administer medication if the school nurse determines it is SAFE AND APPROPRIATE IN THE SCHOOL SETTING?
Yes _____ No _____
- ♦ Do you feel that your child is sufficiently responsible and informed to administer his/her own medication?
Yes _____ No _____
- ♦ Do you understand that regular medication orders must be provided for students who self-administer medication at school?
Yes _____ No _____

SIGNATURE OF PARENT/GUARDIAN _____

RELATIONSHIP TO STUDENT _____ DATE _____



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY MEDICAL RELEASE

By granting permission, I/WE as the parent(s)/guardian(s), understand there are risks associated with any physical activity. It is our responsibility to inform the New Orleans Military & Maritime Academy (NOMMA) instructors of anything that should keep our child from participating in the Cadet Program. **In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.**

_____ has permission to participate in the Cadet Program. ☐ Yes ☐ No
Printed Name of Cadet *Select one.*

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date

It is mandatory to complete this screening form prior to participating in the Cadet Program. Please indicate if **your child has/had any of the following by checking yes or no to the following:**

1. Has there been any significant change to your child's health in the past 6 months? ☐ Yes ☐ No

If "YES" please describe: _____

2. Is your child currently on a medical profile exempting him/her from PT activities? ☐ Yes ☐ No

3. Has a physician ever indicated your child has heart disease, heart, or breathing troubles? ☐ Yes ☐ No

a. Does your child suffer from pains in his/her chest, especially with physical activity? ☐ Yes ☐ No

b. Does your child feel faint or have dizzy spells during or after physical activity? ☐ Yes ☐ No

c. Does your child have shortness of breath related to asthma or any other condition that exercise could aggravate? ☐ Yes ☐ No

4. Has your child experienced a significant weight change in the past 6 months? ☐ Yes ☐ No

If "Yes," please indicate the estimated amount ☐ Gained ☐ Lost _____ lbs.

5. Has your child ever been diagnosed or displayed symptoms of heat stress? ☐ Yes ☐ No

6. Does your child take any dietary, herbal, or nutritional supplements, which contain any of the following substances:

☐ Ephedra/Ephedrine ☐ Phenylephrine ☐ N/A

☐ Guarana ☐ Pseudoephedrine

☐ Other _____

7. Do you have any other medical issues that may cause a safety concern during physical exercise? (e.g., allergies, pregnancy, etc.) ☐ Yes ☐ No

If "YES" please list: _____

If my child requires medical care/treatment including, but not limited to, x-rays, laboratory, surgical treatment, anesthesia, and other medical/hospital procedures as may be performed or prescribed by an attending physician and/or paramedics, I waive my right to informed consent of treatment **in the event neither parent(s)/guardian can be reached in the event of an emergency.**

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

Health Insurance Information: _____ *Please enter N/A if no insurance.*

Parent/Guardian Signature(s) _____ Date _____



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY RECEIPT OF ACKNOWLEDGEMENT: *NOMMA CADET-PARENT HANDBOOK 2021-22*

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

Attending New Orleans Military & Maritime Academy (NOMMA) establishes acknowledgement and agreement to its school rules and policies within the *NOMMA Cadet-Parent Handbook 2021-22* and other official NOMMA publications.

The *NOMMA Cadet-Parent Handbook 2021-22* is in place to help students gain the greatest possible benefit from their educational opportunities. Parents/legal guardians and children must review the *NOMMA Cadet-Parent Handbook 2021-22* together and discuss the importance of being safe, responsible, and respectful at school and in everyday life. **Once you have read this publication with your cadet, you are required to sign this acknowledgement**

As indicated by my signature (*below*), I acknowledge that I have read, understand, and accept the *NOMMA Cadet-Parent Handbook 2021-22* policies and procedures (which are further located via the NOMMA website: <https://nomma.net/Resources>).

Cadet Signature

Date

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY NOMMA ONLINE & 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. Cadets must use the restroom before each meeting and therefore shouldn't have any reason to leave their screen. However, if the cadet must step away, the cadet must notify the teacher in accordance with the teachers' classroom expectations.
3. Report to the session properly groomed and dressed for class in accordance with NOMMA Dress Code Policy for Non-Formal events found in the *NOMMA Cadet-Parent Handbook 2021-22*³.
4. 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 frame².
5. Refrain from eating, using cellphone, playing video games, or any other distraction that would not be allowed in the classroom.
6. 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 visible².
7. Taking screenshots or screen recordings without the explicit permission from the teacher is prohibited.
8. Microphone should be muted unless specifically instructed to do so by the teacher. Use digital hand-raising and wait to be called on.
9. Usernames may not be changed. Cadet usernames must be the student's first and last name.
10. 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.

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.

³ These items apply if video is being used.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

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 *NOMMA Cadet-Parent Handbook 2021-22*.
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 *NOMMA Cadet-Parent Handbook 2021-22*.

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

1. 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. 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 *NOMMA Cadet-Parent Handbook 2021-22* will initiate the following procedure:
 - A. The teacher will notify the Cadet and parent/guardian that the Cadet has violated the code.
 - B. The teacher will complete and submit the NOMMA Cadet Referral Form. This action will notify the NOMMA Deans of Students.
 - C. 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 *NOMMA Cadet-Parent Handbook 2021-22*.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

Privacy Guidelines for Cadets and Parents/Guardians

1. 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, s/he should email his/her child's teacher.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY RECEIPT OF ACKNOWLEDGEMENT: NOMMA ONLINE & HYBRID LEARNING EXPECTATIONS

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

As indicated by my signature (*below*), I acknowledge that I have read, understand, and accept the NOMMA Online & Hybrid Learning Expectations. I consent for my child to be recorded during any potential Zoom ® sessions and I agree to hold harmless and indemnify NOMMA.

Cadet Signature

Date

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY RECEIPT OF ACKNOWLEDGEMENT: VIDEO REMOTE COMMUNICATIONS CONSENT & RELEASE

Cadet LAST Name Cadet FIRST Name Middle DOB Grade

Please sign the following if you wish for your Cadet to participate in video conferences with teachers, employees, and other cadets to facilitate remote learning with the New Orleans Military & Maritime Academy, its officers, agents, employees, cadets, assigns, and licenses (collectively referred to as "NOMMA")

I, _____ (Last, First, Middle - **PLEASE PRINT**), as the parent or legal guardian of _____, heretofore denoted as "Cadet," hereby consent to the participate of Cadet in video conferencing with the NOMMA teachers, NOMMA cadets, and others relative to NOMMA. 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 NOMMA is not responsible for or liable for the content of the communications delivered via video conferencing. Further, the NOMMA makes no promise or guarantees as to the availability, quality, or security of the video conferencing service(s) or the content delivered.
- ☐ I acknowledge receipt and understanding of the separate NOMMA Online Hybrid Learning Expectations, including those applicable to video remote communications.
- ☐ In the course of the video conference, cadets and sometimes members of the cadet's household may be visible/audible to other participants. It is also possible that others in a 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.
- ☐ I acknowledge that the NOMMA may in its sole discretion, but is not required to, record any such video conference.
- ☐ I further hereby perpetually and irrevocably grant to the NOMMA the absolute right, permission, and license to record the 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, videotapes, 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 material 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 or 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.
- ☐ As indicated by my signature (*below*), I acknowledge that I have read, understand, and accept the NOMMA Video Remote Communications Policy.

Parent/Guardian Signature(s)

Date

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Grade



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY LAPTOP/DEVICE/COMPUTER USE AGREEMENT

In the interest of assisting the cadets of the New Orleans Maritime & Military Academy ("School"), the School will make available for use by the cadet one (1) Laptop Computer (Laptop) for use while the Cadet is registered in the school. Please note that cadets are not issued laptops during the summer. While in school (and not during the summer), cadets will use their laptops to support and guide their learning at the School.

The laptop is intended for educational purposes only and will be issued upon the cadet's and parent/guardian's signed acceptance of the terms of the Laptop Computer Use Agreement. The below guidelines are necessary to ensure that the laptops provided are effective educational tools while protecting the School's cadets, networks, and devices. Failure to comply may result in disciplinary and/or legal action.

I. Requirements of Use

- a. Enrollment at NOMMA
- b. Signed copy of the NOMMA Laptop Computer Use Agreement

II. Rules of Use

The Cadet shall abide by the rules set forth in the NOMMA Cadet-Parent Handbook 2021-22 and the rules stated on this agreement with respect to the laptop issued to Cadet (the "Laptop") and related accessories including the charger and battery (the "Laptop Accessories") (collectively, the Laptop and Laptop Accessories are referred to as the Computer). Failure to comply with Rules of Use will result in repossession of the Computer and, if applicable, fees.

A. By signing to this Agreement, Cadet and his/her parent(s)/guardian(s) agree to the following:

1. Cadet and his/her parent(s)/guardian(s) will not engage in any **Unacceptable Uses** as defined in this Agreement.
2. Cadet and his/her parent(s)/guardian(s) shall immediately report the theft or suspected theft of the Computer to the School.
3. Cadet and his/her parent(s)/guardian(s) will notify police and provide a copy of an official police report to the School, if the Laptop and/or Laptop Accessories are stolen outside of School.
4. Cadet and his/her parent(s)/guardian(s) shall return the Computer to the School prior to the conclusion of each school year or prior to the withdrawal of Cadet from School, whichever is earlier.
5. Cadet and his/her parent(s)/guardian(s) shall be responsible at all times for the care and appropriate use of the Computer and shall adhere to this Agreement any time the Computer is used, whether or not on School property.
6. Cadet and his/her parent(s)/guardian(s) agree to deliver the Computer to the School for inspection or other information, upon School's request. Such inspection may include any messages, communication, or files sent or received on the Computer or any laptop issued by the School.
7. Cadet and his/her parent(s)/guardian(s) agree that the use of the Computer is a privilege, not a right, and may be revoked by the School at any time.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

B. **Unacceptable Use** refers to any use in violation of the Technology/Internet Safety Policy located in the *NOMMA Cadet-Parent Handbook 2021-22* or the Cadet Code of Ethics, including, but not limited to, the following:

1. Unauthorized installation of software, including downloads or modifications of the Computer;
2. Unauthorized loading of media (music, video, etc.) files;
3. Unauthorized usage of Laptop webcam;
4. Playing any unauthorized games or computer programs;
5. Using the laptop or network access to copy, alter, or destroy information belonging to others;
6. Using profanity, obscenity, or offensive language on any program or application;
7. Communication to anyone without the original author's permission;
8. Copying software or other copyright protected material in violation of copyright or intellectual property law;
9. Using the laptop or network for any illegal activity or private business purposes;
10. Spreading computer viruses deliberately or by importing files from unknown sources;
11. Harassment towards any individuals or groups;
12. Using the network to disrupt school business or educational activities;
13. Use of any Computer or program in a manner other than that which was intended;
14. Allowing use or possession of the Computer by anyone other than the Cadet to whom the computer is issued.

III. Notice of School Rights

The Cadet has no ownership, interest in, and no right to title in the Computer. The School is the sole owner of the Computer and as such will enforce its rights vigorously through all means civil and criminal. Cadets who are in material breach of this agreement and/or who deny any of the School's ownership rights to the Computer may be subject to disciplinary action, including referral for possible civil action or prosecution for theft under Louisiana's criminal law.

Notice of these civil and criminal remedies will be sent to any cadet in violation of the agreement prior to action being taken, but the failure to give such notice shall not impair or limit the School's rights.

III. Indemnification

Cadets and his/her parent(s)/guardian(s) agree to reimburse and hold the School harmless from and against any and all liabilities, costs, collection costs, and damages (including attorney fees), which arise out of or relate in any way to the use of, misuse of, or failure to return the Computer or any associated software by the Cadet or others. **Unless otherwise provided by Section VI of this Agreement, the Cadet and his/her parent(s)/guardian(s) assume the risk of loss of Computer by theft, destruction, vandalism, or damage.**



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

IV. Modifications, Upgrades & Repairs

The Cadet shall not modify, upgrade, or attempt repairs to the Computer or its installed software without the express written permission of the School. Any modifications, upgrades, or repairs made shall become the property of the School. Any damage to the laptop, or other requirement for modification, upgrading, or repair shall be immediately brought to the attention of the School. The Cadet and his/her parent(s)/guardian(s) are responsible for the cost of any modifications, upgrades or repairs to the laptop, including the carrying case and peripheral equipment, or its installed software, where it is required as a result of the Cadet's misuse, negligence or intentional conduct, or other acts or omissions in violation of the agreement. Any required software must be installed by authorized NOMMA personnel.

V. Warranty Coverage, Damage, Repairs, and Fees

All laptops are covered with a Hardware Warranty and Accidental Damage Protection coverage.

1. *Hardware Warranty and Accidental Damage Protection Coverage cover the following:*
 - a. Computer hardware malfunction
 - b. Accidental damage to Laptop (1 claim per device per year)
2. *Hardware Warranty and Accidental Damage Protection Coverage do NOT cover the following:*
 - a. Lost or stolen Laptop or Laptop Accessories
 - b. Intentional physical damage by any person
 - c. Intentional damage to the operating system by any person
 - d. Computer virus
 - e. Lost or damaged charger
 - f. Lost or damaged battery

VI. Fees and Replacement Costs

In the event of accidental damage to a laptop:

- a. The Cadet and his/her parent(s)/guardian(s) will not be financially responsible for the first (1) accidental damage claim made during a single school year. Any additional accidental damage claims will result in the Cadet and his/her parent(s)/guardian(s) incurring all repair or replacement costs.

In the event of loss, theft, or intentional damage to the Laptop:

- b. NOMMA is owed the full repair or replacement value of the missing item(s).

Again, ANY additional accidental damage claims will result in the cadet and his/her parent(s)/guardian(s) incurring all repair or replacement costs. In the event of loss, theft, or intentional damage to the Laptop: NOMMA is owed the full repair or replacement value of the missing item(s).



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY LAPTOP COMPUTER USE AGREEMENT: RECEIPT OF ACKNOWLEDGEMENT: CADET, PARENT(S)/GUARDIAN(S)

The Laptop Computer Use Agreement contract is made by and between the New Orleans Military and Maritime Academy, the cadet, and parent(s)/guardian(s) listed below. Please indicate that you have read the entire agreement and accept all terms.

I, _____ (Cadet), acknowledge that on _____ (date), I received a copy of NOMMA's Laptop Computer Use Agreement Policy. I have read it, understood it, and, as such, agree to comply with it. I understand that NOMMA has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time. No statement or representation by a school administrator, teacher, or any NOMMA employee, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the IT Director of NOMMA. I also understand that any delay or failure by NOMMA to enforce any policy or rule will not constitute a waiver of NOMMA's right to do so in the future.

Cadet Signature

Date

Cadet Name (Last, First, M.I. - **PLEASE PRINT**)

Grade

Cadet Identification Number

Parent/Guardian Signature(s)

Date

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY BRING YOUR OWN DEVICE POLICY

New Orleans Military and Maritime Academy and its subsidiaries and affiliates (collectively, the “**NOMMA**”) permits all employees and cadets to use their own personal electronic devices, including but not limited to smartphones, tablets, laptops, computers, mobile phones, and cellphones (“**Personal Device**”), to perform work for NOMMA or on NOMMA's behalf. However, to protect NOMMA and its employees and cadets, any use of a **Personal Device** for NOMMA purposes must conform to this policy as described below. A **Personal Device** is used for NOMMA purposes under this policy if the device is used for the purpose of carrying out any act on behalf of the NOMMA as opposed to a personal or non-NOMMA reason, including but not limited to the receiving or sending of NOMMA emails. In addition, each user is responsible for using their **Personal Device** in a sensible, productive, ethical, and lawful manner.

This policy applies to work performed for NOMMA purposes on a Personal Device on NOMMA's behalf during working and non-working hours, on and off of NOMMA's premises.

I. No Expectation of Privacy

- a. All material, data, communications, and information, including but not limited to email (both outgoing and incoming), telephone conversations and voicemail, instant messages, and internet and social media postings and activities created on, received or transmitted by, printed from, or stored or recorded on the **Personal Device** relating to work or schooling at NOMMA or on behalf of NOMMA ("**NOMMA Content**") is the property of NOMMA, regardless of who owns the device(s) used.
- b. You are expressly advised that in order to prevent misuse, **NOMMA reserves the right to monitor, intercept, review, and remotely wipe any Personal Device on which NOMMA Content is located, without further notice, in NOMMA's sole discretion.**
 - i. This might include, without limitation, the monitoring, interception, accessing, recording, disclosing, inspecting, reviewing, retrieving, and printing of transactions, messages, communications, postings, logins, recordings, and other uses of the **Personal Device** as well as keystroke capturing and other network monitoring technologies, whether the **Personal Device** is in your possession or NOMMA's possession. Therefore, you should have no **expectation of privacy whatsoever** in any NOMMA Content.
 - ii. If you have used a device to perform work on NOMMA's behalf, you also should have **no expectation of privacy** in any other content on the device, including your personal content, except where protected by law.
 - iii. While NOMMA will provide you advance notice when possible and will always take reasonable precautions to avoid the loss of your personal content if the **Personal Device** must be wiped, it is your responsibility to regularly back up your personal content so that you do not lose personal information if the **Personal Device** is wiped by NOMMA.
- c. NOMMA may also make and preserve copies of all NOMMA Content, in NOMMA's sole discretion, for a period of time after those copies are created and may delete those copies from time to time without notice.
- d. In addition, NOMMA may obtain and disclose copies of any NOMMA content or the entire contents of the **Personal Device**, including your personal content, for litigation, investigations, and as otherwise required by law.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

By signing this Policy, you understand and hereby consent to NOMMA's monitoring, intercepting, reviewing, copying, disclosing, and remotely wiping all NOMMA Content or the entire contents of the Personal Device, including all of your personal content, in NOMMA's sole discretion.

You also agree that the use of any Personal Device relating to NOMMA Content or on behalf of NOMMA is at your own risk and NOMMA will not be responsible for any losses, damages, or liability arising out of the use of any Personal Device for NOMMA Content or on behalf of NOMMA under this policy, including any loss, corruption, or use of any content or loss of access to or use of any Personal Device, its software, or its functionality.

II. Security Requirements – General

- a. All devices used for NOMMA Content or on behalf of NOMMA must be registered with and authorized by the IT Director.
- b. To protect NOMMA's confidential information from being lost or becoming public, you must immediately report any device used for NOMMA Content or on behalf of NOMMA that is lost, stolen, accessed by unauthorized persons, or otherwise compromised so NOMMA can assess the risk and, if necessary, remotely wipe all NOMMA Content or, if necessary, the entire contents of the Personal Device, including your personal content, in NOMMA's sole discretion.
- c. You must also promptly provide NOMMA with access to the Personal Device when requested or required for NOMMA's legitimate educational purposes, including in the event of any security incident or investigation.
- d. NOMMA's Technology/Internet Safety Policy and the *NOMMA Cadet-Parent Handbook 2021-22* applies to all uses of your Personal Device for NOMMA Content or on behalf of NOMMA. You must:
 - i. Install any security software requested by NOMMA and consent to NOMMA's efforts to manage the Personal Device and secure its data, including providing NOMMA with any necessary passwords or other means of accessing the Personal Device.
 - ii. Comply with NOMMA's Personal Device configuration requirements.
 - iii. Password protect the Personal Device through the use of strong passwords that meet the following criteria:
 1. At least eight (8) characters;
 2. Is not the same or similar to a password used to access any other devices or websites;
 3. Is not a single word or commonly-used phrase; and
 4. Is not a common password such as password, sunshine, or 12345678.
 - iv. Maintain the Personal Device's settings such that the device locks itself and requires a password if it is idle for five minutes and use of the Personal Device is suspended after three failed login attempts.
 - v. Maintain the Personal Device's original operating system and keep it current with security patches and updates.
 - vi. Not download or install software (other than the Personal Device's operating system and any security patches and updates thereto) unless explicitly authorized by NOMMA.
 - vii. Not alter the security settings of the Personal Device without NOMMA's consent.
 - viii. Prohibit use of the Personal Device by anyone not authorized by NOMMA, including your family, friends, and NOMMA associates, when NOMMA Content is accessible on such Personal Device by such user.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

- ix. Not download or transfer work product or sensitive NOMMA Content to your Personal Device, for example via email attachments. You must erase any such information that is inadvertently downloaded to your Personal Device.
- x. Not back up or otherwise store NOMMA Content locally or to cloud-based storage or services without NOMMA's consent. Any such backups or other stored copies of NOMMA content inadvertently created must be deleted immediately. To the extent you create backups or otherwise store NOMMA Content with NOMMA's consent or otherwise, you must provide NOMMA with access to your local or cloud-based storage to access and review any such backups or other stored copies of NOMMA Content when requested or required for NOMMA's purposes, including in the event of any security incident or investigation
- xi. Not use the Personal Device as a personal mobile hotspot without NOMMA's consent.
- xii. Not transmit any NOMMA information over an unsecured WiFi network.
- e. At all times, you must use your best efforts to physically secure your Personal Device against loss, theft, damage, or access to NOMMA Content by persons who have not been authorized to access the device by NOMMA. You must notify the IT Director with notice of any Personal Devices within 24 hours of loss, theft, damage, or access to NOMMA Content by persons who have not been authorized to access the device by NOMMA.
- f. To access NOMMA data, you must use a Secure Sockets Layer ("SSL") Virtual Private Network.
- g. You may not store NOMMA Content on personal cloud storage accounts such as Dropbox ®, Box ®, Google Drive ®, or any other software to sync NOMMA Content to other personal devices such as BitTorrent Sync, Sugar Sync, etc.

III. Security Requirements – International Travel

- a. If you travel internationally, whether for NOMMA purposes or leisure, with a Personal Device with any NOMMA Content, you must advise the IT Director at least two weeks in advance of your international travel plans, including the dates of travel and the countries you intend to visit, and follow any instructions regarding NOMMA Content on your Personal Device, including providing access to your Personal Device, encryption, deletion, or other security measures or actions.

IV. Appropriate Use

- a. **Applications of NOMMA Policies.** NOMMA's policies prohibiting harassment, discrimination, and retaliation, apply to the use of all Personal Devices under this policy. You may not use any Personal Device in a manner that may be construed by others as harassing or offensive based on race, national origin, sex, sexual orientation, age, disability, religious beliefs, or any other characteristic protected by federal, state, or local law.
- b. **Nonexempt employees.** Nonexempt employees using their own Personal Devices under this policy are not permitted to use their devices for NOMMA purposes during non-working hours without prior written authorization from NOMMA.
- c. **First Use.** Any new employee using their own Personal Device under this policy for the first time must erase all information related to any previous employment before using their device for NOMMA Content or on behalf of NOMMA.
- d. **Discontinued Use.** Any employee or cadet who discontinues use of their Personal Device under this policy (such as by replacing your old device with a newer device), graduates, or leaves NOMMA's employ must allow NOMMA to remove any NOMMA Content, NOMMA's work



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

- e. product, or sensitive NOMMA content from their device and to disable any software or services provided by NOMMA on their device.

NOMMA expressly prohibits employees and cadets from talking, texting, emailing, or otherwise using a mobile or other electronic device, regardless of who owns the device, while operating NOMMA vehicles, machinery, or equipment, or while operating personal vehicles, machinery, or equipment for NOMMA purposes or on behalf of NOMMA.

Employees and cadets must also comply with any applicable federal, state, or local law restricting the use of mobile or other electronic devices while operating vehicles, machinery, or equipment. For their own health and safety and the health and safety of others, employees and cadets should not use their devices while operating vehicles, machinery, or equipment of any kind.

V. Technological Support

- a. NOMMA provides the following technological support for Personal Devices:
 - i. Basic OS and Software troubleshooting and support
 - ii. Basic Hardware troubleshooting and support

VI. Costs and Reimbursements

- a. Employees and cadets must pay for their own Personal Device costs under this policy, including but not limited to voice and data usage charges and costs for device acquisition and repair. By signing this Policy, you acknowledge that you alone are responsible for all costs associated with your Personal Device and that you understand that using your Personal Device for NOMMA purposes may increase amounts due under your device's voice and/or data plan.

VII. Consequences for Failure to Comply

- a. Employees and cadets who violate any provision of this policy are subject to discipline, up to and including reprimand, suspension, or termination.

VIII. Administration of This Policy

- a. The IT Director and Commandant are responsible for the administration of this policy. If you have any questions regarding this policy or if you have questions about using a Personal Device relating to work at or for NOMMA that are not addressed in this policy, please contact the IT Director.

NOMMA expressly reserves the right to change, modify, or delete the provisions of this Bring Your Own Device Policy without notice.

IX. Conduct Not Prohibited by This Policy

- a. This policy is not intended to preclude or dissuade employees from engaging in activities protected by state or federal law, including the National Labor Relations Act, such as discussing wages, benefits, or terms and conditions of employment, forming, joining, or supporting labor unions, bargaining collectively through representatives of their choosing, raising complaints about working conditions for their and their fellow employees' mutual aid or protection, or legally required activities.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY BRING YOUR OWN DEVICE AGREEMENT RECEIPT OF ACKNOWLEDGEMENT: CADET, PARENT(S)/GUARDIAN(S)

The Laptop Computer Use Agreement contract is made by and between the New Orleans Military and Maritime Academy, the cadet, and parent(s)/guardian(s) listed below. Please indicate that you have read the entire agreement and accept all terms.

I, _____ (Cadet), acknowledge that on _____ (date), I received a copy of NOMMA's Bring Your Own Device Policy. I have read it, understood it, and, as such, agree to comply with it. I understand that NOMMA has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time. No statement or representation by a school administrator, teacher, or any NOMMA employee, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the IT Director of NOMMA. I also understand that any delay or failure by NOMMA to enforce any policy or rule will not constitute a waiver of NOMMA's right to do so in the future.

Cadet Signature

Date

Cadet Name (Last, First, M.I. - **PLEASE PRINT**)

Grade

Cadet Identification Number

Parent/Guardian Signature(s)

Date

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

**NEW ORLEANS MILITARY & MARITIME ACADEMY
STUDENT PROGRESS CENTER
RECEIPT OF ACKNOWLEDGEMENT:
CADET, PARENT(S)/GUARDIAN(S)**

Cadet LAST Name

Cadet FIRST Name

Middle

DOB

Grade

Student Progress Center

User Name

Password

Login

[Forgot Password?](#)

05.17.21 12:30

Register New User

Help

Browse School Courses

English

If you are a FIRST TIME USER of the STUDENT PROGRESS CENTER, navigate to <https://edgear.net/progress/>.

Click the button “**REGISTER AS A NEW USER.**”

[Register New User](#)

Step 1: Verification

Choose Registration Method :

☒ Personal Security Number

☐ Two Factor Authentication

- Please enter below the information about the PARENT/GUARDIAN registering the account.
- The PSN number will be provided by the student's school.

Use PSN Validation

Relationship : Required

First Name : Required

Last Name : Required

PSN Number : Required

Select the answer which most closely matches your relationship with the cadet. Note this via the drop down menu. Then, enter your information in the proceeding fields.

Further Note: The information that you enter must match the information you provided to the school.

Enter the school district code - **348**.

I acknowledge that I have received and reviewed information regarding registration for the Student Progress Center, and that I will contact NOMMA faculty should I have any additional questions or concerns.

Parent/Guardian Signature(s)

Date _____

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY GOOGLE CLASSROOM® RECEIPT OF ACKNOWLEDGEMENT: CADET, PARENT(S)/GUARDIAN(S)

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

New Orleans Military & Maritime Academy (NOMMA) uses Google Classroom® as its primary online Learning Management System (LMS) as a means to facilitate both efficient in-class distribution of materials among faculty and cadets and as a system wherein out-of-classroom instruction can continue. This LMS offers a “Guardian Summaries” feature. However, there are often misconceptions about what constitutes a parental/guardian “summary” or “view.” NOMMA faculty will take cadets’ parents’/guardians’ email addresses and “link” them to cadets’ Google Classroom® accounts. When this happens, parents/guardians receive “Guardian Email Summaries,” which include the following.

- **Missing Work** — Work that’s late at the time the email was sent
- **Upcoming Work** — Work that’s due today and tomorrow (for daily emails) or work that’s due in the upcoming week (for weekly emails)
- **Class Activities** — Announcements, assignments, and questions recently posted by teachers

Guardian summaries do NOT grant parents/guardians access to their child’s individual Google Classrooms®. Only Cadets can be enrolled in the classes. Moreover, NOMMA’s domain does not allow for users outside of the @NOMMA.net to register for or receive participatory access in a given Google Classroom®. Should you wish to see your child’s coursework, etc., please either ask your child directly for access or contact your child’s instructors.

I acknowledge that I have received and reviewed information regarding Google Classroom® and that I will contact NOMMA faculty should I have any additional questions or concerns.

Parent/Guardian Signature(s)

Date

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

**NEW ORLEANS MILITARY & MARITIME ACADEMY
RECEIPT OF ACKNOWLEDGEMENT:
CONFIDENTIAL RECORDS RELEASE**

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

Parent(s)/Guardian(s):

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

CONSENT FOR ACCESS TO EDUCATION RECORDS

The Family Education Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without written consent, except under limited circumstances. The Louisiana Revised Statutes Title 17 (R.S. 17:3914) also restricts the Louisiana Department of Education (hereinafter referred to as “LDOE”) from accessing students’ personally identifiable information (e.g. full name, date of birth, social security number) unless it meets one of the law’s limited exceptions.

Registrar and/or Counselor: You are hereby authorized to release from your records the following data concerning the student listed above.

- Standardized Test Data
- Medical Data/Immunizations
- Birth Certificate
- Social Security Number
- IEP/504/ELL Records
- Behavior/Disciplinary Records
- Scholastic Achievement Data including, but not limited to, student transcripts and report cards

Student's Previous School Enrollment History			
	Grade Level(s)	School Name	Location: City, State, County (<i>if not US</i>)
1.			
2.			
3.			
4.			
5.			

I authorize the staff of New Orleans Military & Maritime Academy (NOMMA) to request records for my cadet from any previously attended school(s).

Parent/Guardian Name(s) - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date _____



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*



Monday, August 9, 2021

Dear Parents and Guardians:

Louisiana State Law requires that you make an election - either at the beginning of the academic year in which your child enters the eighth grade or when your child first enters public school (following the eighth grade) - as to whether you give or deny consent for this school to collect your child's Personal Identifiable Information (PII) and disclose this information to the Louisiana Office of Student Financial Assistance (LOSFA) for the Taylor Opportunity Program for Students (TOPS) and other financial aid or to the state's colleges and universities (institutions) for admissions. Once you sign this form, your decisions to consent or not consent to the collection and disclosure of your child's PII will be valid. Your decision may be changed at any time by again completing and returning the following form.

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

Please read the following **Consent Form** and then complete and sign the portion of the form which applies to your decision to either grant or deny consent.

Please note that Louisiana State Law was amended during the 2018 Legislative Session such that the previous consent form was changed. As a result of these changes, you must complete this form and return it to the school even if you completed it in the past.

Please return this form to the school.

Regards,

Danny Garbarino
Principal
New Orleans Military & Maritime Academy



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*



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



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY CADET NEEDS FORM

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

Please provide as much information on your child as possible so that we can provide him/her with the appropriate service(s). Your responses have no impact on your child's admittance into NOMMA, as s/he has already been accepted.

GENERAL INFORMATION

My child:

	Agree	Disagree	N/A
• could use extra help in reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• could use extra help in writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• could use extra help in math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• previously received interventions for academics and/or behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• struggles to concentrate on work (all day; at all).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• has a hard time following directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• cannot sit still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• often feels frustrated in school or about school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• has a hard time keeping hands/feet to him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL EDUCATION/IEP/504/ELL/ESL

My child:

	Yes	No	Unknown
• has been evaluated for Special Education services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ If YES: _____ Date(s) _____ Location(s)			
• has received Special Education services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ If YES: _____ Date(s) _____ Location(s)			
• has - or has had - an Individual Education Plan (IEP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ If YES: _____ Date(s) _____ Location(s)			
• has - or has had - a Behavior Intervention Plan (BIP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ If YES: _____ Date(s) _____ Location(s)			
• receives services under the 504 Rehabilitation Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ If YES: _____ Date(s) _____ Location(s)			
• receives - or has received - English Language Learner (ELL) or English as a Second Language (ESL) services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ If YES: _____ Date(s) _____ Location(s)			



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

ADDITIONAL INFORMATION

My child:

Yes

No

If YES, please indicate the relevant grade level(s).

• has been retained.

☐☐

• has been suspended.

☐☐

• has been expelled.

☐☐

MEDICATION/THERAPY

My child:

Please check ALL that apply⁴.

☐ has been referred for medication for _____
from _____ to _____. *(if currently using this medication, write **Present**)*

☐ is currently taking medication for _____.

☐ has taken medication in the past for _____.

☐ has a diagnosis of _____ as of _____ *(Date)*

☐ attends/ed therapy _____ times a _____ from _____ to _____ *(if current, write **Present**)* for
(select ALL that apply):

☐ Physical

☐ OT

☐ Mental

☐ Health

☐ Other: _____

☐ receives/ed school social work services _____ times a _____ from _____ to _____ *(if current, write **Present**)*.

I attest that the information provided above is accurate to the best of my knowledge.

Parent/Guardian Name(s) - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date

⁴ Please ensure any relevant information regarding, but not limited to, current medications and diagnoses, is replicated in the provided **health** forms located in Pages 8a-11 of this packet.



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY RECEIPT OF ACKNOWLEDGEMENT: MILITARY OPT-OUT FORM

Monday, August 9, 2021

Dear Parents and Guardians:

Federal Law, 10 U.S.C. 503(c), requires schools who receive certain federal funding to release students' directory information to military recruiters unless that child's family opts out in writing. Therefore, unless you or your child (if s/he is above the age of 18) complete the following form below and return it to the school counselor by September 1, 2021, NOMMA will release the name, mailing address, and telephone number directory information of your child. Please note you may email a picture or scanned copy of this form to your child's 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 of America under 10 U.S.C. 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 & 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.

Signature of Parent/Legal Guardian(s)

My Child's Full Name

Printed name of Parent/Legal Guardian(s)

Date

Address _____

City/State/Zip _____



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

NEW ORLEANS MILITARY & MARITIME ACADEMY HOME LANGUAGE SURVEY

English

Please complete this home language survey during your child's INITIAL enrollment. This form must be signed and dated by you, the child's parent(s)/guardian(s). It must further be kept in the student's file. This form will ONLY be used for determining if your child may need English Learner services. **It will NOT be used for immigration matters. It will NOT be reported to immigration authorities.**

Español

Complete esta encuesta sobre el idioma del hogar durante la inscripción INICIAL de su hijo. Este formulario debe estar firmado y fechado por usted, los padres / tutores del niño. Además, debe mantenerse en el archivo del estudiante. Este formulario SOLO se utilizará para determinar si su hijo puede necesitar servicios para estudiantes de inglés. **NO se utilizará para asuntos de inmigración. NO se informará a las autoridades de inmigración.**

Tiếng Việt

Vui lòng hoàn thành khảo sát về ngôn ngữ mẹ đẻ này trong thời gian con bạn đăng ký BAN ĐẦU. Biểu mẫu này phải có chữ ký và ghi ngày của bạn, (các) phụ huynh / (những) người giám hộ của đứa trẻ. Nó phải được lưu giữ thêm trong hồ sơ của học sinh. Mẫu đơn này CHỈ được sử dụng để xác định xem con bạn có thể cần các dịch vụ dành cho Người học Anh ngữ hay không. **Nó sẽ KHÔNG được sử dụng cho các vấn đề nhập cư. Nó sẽ KHÔNG được báo cáo cho cơ quan nhập cư.**

português

Por favor, preencha esta pesquisa de língua materna durante a inscrição INICIAL do seu filho. Este formulário deve ser assinado e datado por você, os pais / responsáveis da criança. Deve ainda ser mantido no arquivo do aluno. Este formulário será usado SOMENTE para determinar se seu filho pode precisar dos serviços de aprendizagem de inglês. **NÃO será usado para questões de imigração. NÃO será relatado às autoridades de imigração.**

français

Veuillez remplir ce sondage sur la langue parlée à la maison lors de l'inscription INITIALE de votre enfant. Ce formulaire doit être signé et daté par vous, le(s) parent(s)/tuteur(s) de l'enfant. Il doit en outre être conservé dans le dossier de l'étudiant. Ce formulaire sera UNIQUEMENT utilisé pour déterminer si votre enfant peut avoir besoin des services d'apprentissage de l'anglais. **Il ne sera PAS utilisé pour les questions d'immigration. Il ne sera PAS signalé aux autorités de l'immigration.**

Kreyòl ayisyen

Tanpri ranpli sondaj lang sa a lakay ou pandan enskripsyon INITIAL pitit ou a. Fòm sa a dwe siyen ak date pa ou, paran timoun nan (yo) / gadyen (yo). Li dwe plis kenbe nan dosye elèv la. Fòm sa a ap itilize SELMAN pou detèmine si pitit ou a ka bezwen sèvis Apranti Anglè. **Li pap itilize pou zafè imigrasyon. Li pap rapòte bay otorite imigrasyon yo.**

Pilipino

Mangyaring kumpletuhin ang survey ng wikang ito sa bahay sa panahon ng INITIAL na pagpapatala ng iyong anak. Ang form na ito ay dapat na naka-sign at pinetsahan ng ikaw, (mga) magulang / tagapag-alaga ng bata. Dapat itong itago pa sa file ng mag-aaral. Gagamitin lamang ang form na ito para malaman kung maaaring kailanganin ng iyong anak ang mga serbisyong English Learner. **HINDI ito gagamitin para sa mga usapin sa imigrasyon. HINDI ito maiuulat sa mga awtoridad sa imigrasyon.**

يرجى إكمال استطلاع اللغة المنزلية هذا أثناء التسجيل الأولي لطفلك. يجب أن يتم التوقيع على هذا النموذج وتأريخه بواسطة أنت ووالد الطفل / الوصي (الأوصياء) عليه. يجب أيضًا الاحتفاظ بها في ملف الطالب. سيتم استخدام هذا النموذج فقط لتحديد ما إذا كان طفلك قد يحتاج إلى خدمات متعلم اللغة الإنجليزية. لن يتم استخدامه في مسائل الهجرة. لن يتم إبلاغ سلطات الهجرة.

عربي

中国人

请在您孩子的初始注册期间完成此家庭语言调查。此表格必须由您、孩子的父母/监护人签署并注明日期。它必须进一步保存在学生的档案中。此表格仅用于确定您的孩子是否需要英语学习者服务。它不会用于移民事务。它不会报告给移民当局。



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

Cadet LAST Name Cadet FIRST Name Middle DOB Grade

HOME LANGUAGE SURVEY

English

Child's Country of Birth _____

If your child was born outside of the United States of America and its territories (USA), when did your child arrive in the USA?

Month _____ Day _____ Year _____

What school(s) did your child attend in SY 2020-2021? _____

What was the last grade your child completed? _____

Is a language other than English spoken in your house? No Yes _____ (specify)

Does your child communicate in a language other than English? No Yes _____ (specify)

Which language did your child learn first? _____ (specify)

In which language do you prefer to receive information from the school? _____ (specify)

What is your relationship to the child attending the school? Father Mother Guardian

Other _____ (specify)

País de nacimiento del niño _____

Si su hijo nació fuera de los Estados Unidos de América y sus territorios (EE. UU.), ¿Cuándo llegó su hijo a EE. UU.?

Mes _____ Día _____ Año _____

¿A qué escuela (s) asistió su hijo en el ciclo escolar 2020-2021? _____

¿Cuál fue el último grado que completó su hijo? _____

¿Se habla en casa otro idioma además del inglés? No Sí _____ (Especificar)

¿Su hijo se comunica en un idioma que no sea el inglés? No Sí _____ (Especificar)

¿Qué idioma aprendió su hijo primero? _____ (Especificar)

¿En qué idioma prefiere recibir información de la escuela? _____ (Especificar)

¿Cuál es su relación con el niño que asiste a la escuela? Padre Madre Guardián/a

Otro/a _____ (Especificar)

Nước sinh của đứa trẻ _____

Nếu con của bạn được sinh ra bên ngoài Hợp chúng quốc Hoa Kỳ và các vùng lãnh thổ của nó (Hoa Kỳ), thì khi nào con bạn đến Hoa Kỳ?

Tháng _____ Ngày _____ Năm _____

Con bạn đã học ở trường nào trong SY 2020-2021? _____

Con của bạn đã hoàn thành lớp cuối cùng là bao nhiêu? _____

Có phải một ngôn ngữ khác ngoài tiếng Anh được sử dụng ở nhà không? Không Đúng

_____ (xác định)

Con bạn có giao tiếp bằng ngôn ngữ khác ngoài tiếng Anh không? Không Đúng

_____ (xác định)

Con bạn học ngôn ngữ nào đầu tiên? ify _____ (xác định)

Bạn muốn nhận thông tin từ trường bằng ngôn ngữ nào? _____ (xác định)

Mối quan hệ của bạn với đứa trẻ đang theo học tại trường là gì? Bố Mẹ Người giám hộ

Khác _____ (xác định)

Tiếng Việt



NOMMA SY 2021-22 **REQUIRED** ANNUAL REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet and/or his/her parent(s)/guardian(s).*

Cadet LAST Name Cadet FIRST Name Middle DOB Grade

HOME LANGUAGE SURVEY, *cont.*

português

País de nascimento da criança _____

Se o seu filho nasceu fora dos Estados Unidos da América e seus territórios (EUA), quando ele chegou aos EUA?

Mês _____ Dia _____ Ano _____

Que escola (s) o seu filho frequentou no SY 2020-2021? _____

Qual foi a última série que seu filho completou? _____

É falado outro idioma além do inglês em casa? Não Sim _____ (*Especificamos*)

Seu filho se comunica em um idioma diferente do inglês? Não Sim _____ (*Especificamos*)

Qual idioma seu filho aprendeu primeiro? _____ (*Especificamos*)

Em que idioma você prefere receber informações da escola? _____ (*Especificamos*)

Qual é a sua relação com a criança que frequenta a escola? Pai Mãe Guardião/a
Otro/a _____ (*Especificamos*)

français

Pays de naissance de l'enfant _____

Si votre enfant est né en dehors des États-Unis d'Amérique et de ses territoires (États-Unis), quand votre enfant est-il arrivé aux États-Unis ?

Mois _____ Jour _____ Année _____

Dans quelle(s) école(s) votre enfant a-t-il fréquenté en SY 2020-2021 ? _____

Quelle est la dernière année que votre enfant a terminée? _____

Une langue autre que l'anglais est-elle parlée à la maison ? Non Oui _____ (*spécifier*)

Votre enfant communique-t-il dans une autre langue que l'anglais ? Non Oui _____ (*spécifier*)

Quelle langue votre enfant a-t-il appris en premier ? _____ (*spécifier*)

Dans quelle langue préférez-vous recevoir les informations de l'école ? _____ (*spécifier*)

Quelle est votre relation avec l'enfant qui fréquente l'école ? Père Mère Gardien/ne
Autre _____ (*spécifier*)

Kreyòl ayisyen

Peyi nesans timoun nan _____

Si pitit ou a te fèt andeyò Etazini nan Amerik ak teritwa li yo (USA), ki lè pitit ou a te rive nan USA a?

Mwa _____ Jou _____ Ane _____

Nan ki lekòl pitit ou te ale nan SY 2020-2021? _____

Ki dènye klas pitit ou te konplete? _____

Èske yon lang ki pa angle pale lakay ou? Non Wi _____ (*presize*)

Èske pitit ou kominike nan yon lang ki pa angle? Non Wi _____ (*presize*)

Ki lang pitit ou te aprann an premye? _____ (*presize*)

Nan ki lang ou prefere resevwa enfòmasyon nan lekòl la? _____ (*presize*)

Ki relasyon ou genyen ak timoun nan lekòl la? Papa Manman gadyen
Lòt _____ (*presize*)

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

HOME LANGUAGE SURVEY, *cont.*

Pilipino

Bansa ng Kapanganakan ng Bata _____

Kung ang iyong anak ay ipinanganak sa labas ng Estados Unidos ng Amerika at mga teritoryo nito (USA), kailan dumating ang iyong anak sa USA?

Buwan _____ Araw ng _____ Taon _____

Anong (mga) paaralan ang dinaluhan ng iyong anak noong SY 2020-2021? _____

Ano ang huling baitang na nakumpleto ng iyong anak? _____

Ang isang wika maliban sa Ingles na sinasalita sa iyong bahay? Hindi Oo _____ (tukuyin)

Nakikipag-usap ba ang iyong anak sa ibang wika maliban sa Ingles? Hindi Oo _____ (tukuyin)

Aling wika ang unang natutunan ng iyong anak? _____ (tukuyin)

Saang wika mas gusto mong makatanggap ng impormasyon mula sa paaralan? _____ (tukuyin)

Ano ang iyong kaugnayan sa bata na pumapasok sa paaralan? Ama Ina Tagapag-alaga

Iba pang _____ (tukuyin)

بلد ميلاد الطفل _____

إذا ولد طفلك خارج الولايات المتحدة الأمريكية والأقاليم التابعة لها (الولايات المتحدة الأمريكية)، فمتى وصل طفلك إلى الولايات المتحدة؟ _____

شهر يوم سنه _____

ما المدرسة (المدارس) التي التحق بها طفلك في SY 2020-2021؟ _____

ما هو آخر صف أكمله طفلك؟ _____

هل لغة أخرى غير الإنجليزية يتم التحدث بها في المنزل؟ لا نعم (حدد) _____

هل يتواصل طفلك بلغة أخرى غير الإنجليزية؟ لا نعم (حدد) _____

ما هي اللغة التي تعلمها طفلك أولاً؟ (حدد) _____

بأي لغة تفضل تلقي المعلومات من المدرسة؟ (حدد) _____

ما علاقتك بالطفل الملتحق بالمدرسة؟ أب الأم وصي آخر (حدد) _____

عربي

孩子的出生国家 _____

如果您的孩子在美利坚合众国及其领土（美国）以外出生，您的孩子何时抵达美国？

月 日 年 _____

您的孩子在 2020-2021 学年就读于哪些学校？ _____

您孩子完成的最后一个年级是什么？ _____

在家说英语以外的语言吗？ 不 是的 _____ (指定)

您的孩子是否使用英语以外的语言进行交流？ 不 是的 _____ (指定)

您的孩子最先学习哪种语言？ _____ (指定)

你更喜欢用哪种语言从学校接收信息？ _____ (指定)

你和上学的孩子是什么关系？ 父亲 母亲 监护人 其他 _____ (指定)

中国人



NOMMA SY 2021-22 **REQUIRED** YEARLY REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet (and/or his/her parent(s)/guardian(s))*

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

HOME LANGUAGE SURVEY, *cont.*

I attest that the information provided above is accurate to the best of my knowledge.

Parent/Guardian Name(s) - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** YEARLY REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet (and/or his/her parent(s)/guardian(s))*

NEW ORLEANS MILITARY & MARITIME ACADEMY MEDICAL ADDENDUM

Cadet LAST Name	Cadet FIRST Name	Middle	DOB	Grade
-----------------	------------------	--------	-----	-------

I acknowledge that I have read these documents and understand the outlined policies. I am signing this release freely and voluntarily. I further understand I am to keep the following documents as a reference.

Cadet Signature

Date

Parent/Guardian Name(s) (Last, First, M.I. - **PLEASE PRINT**)

Parent/Guardian Signature(s)

Date



NOMMA SY 2021-22 **REQUIRED** YEARLY REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet (and/or his/her parent(s)/guardian(s))*



Dear Parent/Legal Guardian:

As we welcome you to the 2021-22 school year, School Health Services would like to keep you informed and prepared to help your child(ren) have a safe and healthy school year. School Health Services works to ensure that your children stay healthy, safe, and ready to learn. Our Nurses and Health Care Assistants work together as a team to manage health services at school and serve as the key resource for health-related matters. This letter will explain some of our health services policies, procedures, and guidelines. We recognize that to be successful, we need your assistance and cooperation in preparing for the possibility that your child may become ill or have an accident at school, need assistance with a medical condition, procedure or require medication administration.

EMERGENCY INFORMATION /HEALTH CONDITIONS /CHRONIC ILLNESSES / HEALTHCARE PLANS

Emergency contact and health information should be updated annually by the parent or legal guardian at the beginning of each school year and as information changes. Please list relatives/friends as emergency contacts for your child in the event you cannot be reached. *Please list your best contact information such as a cell phone number and/or work phone number.*

Updated health information enables the school to contact you in case of an emergency, accident, or illness. If any information changes during the school year, please contact the school immediately. It is the parent or legal guardian's responsibility to keep the student's health and contact information (telephone numbers, address, etc.) updated. The school should be informed if a child has a medical condition or chronic illness, or if a child requires assistance for any medical procedure or treatment.

Healthcare Plans and the *State of Louisiana Medication Order Form* are required for students with chronic illnesses and other conditions that necessitate care at school (i.e. – diabetes, asthma, severe allergies, seizure disorder, etc.). The school should also be informed if a child requires daily medication during the school day, has a severe allergy, if the child has a disability, or requires a special diet.

In case of a serious accident, illness or emergency at school, your child will be transported by ambulance to an emergency medical facility. The parent/legal guardian is responsible for all expenses and transportation.

STUDENT ILLNESS / INJURY

Students who are ill, has a fever of 100.4° or greater and/or may have a contagious illness (potential or actual) **MUST NOT** be sent to school and will not be permitted to remain in school. In order to return to school, a student should be free of fever (without medications to reduce fever), vomiting and diarrhea for at least 24 hours/a school day. In some cases, students must be cleared by a healthcare provider before returning to school and a note must be provided (i.e. contagious illnesses, chronic diarrhea or recurrent fever).

When a student becomes ill at school, has a fever, a potential contagious/communicable illness, a serious health problem or is impaired while at school, the parent/legal guardian will be notified to pick up their child immediately. *The parent/legal guardian MUST ARRANGE for the student to be taken home. A note from a healthcare provider may be requested by the school before your child can return to school.*

If your child has tested positive for COVID-19, has been exposed to COVID-19, or is experiencing COVID-19 symptoms, please notify the school immediately.

MEDICATIONS

When possible, medication should be taken at home, including all non-essential medications, such as vitamins, herbals, essential oils, and prescribed pain medications. However, if medication must be taken at school, on a field

Attention Cadet & Parent(s)/Guardian(s): Please keep this sheet for your reference.



NOMMA SY 2021-22 **REQUIRED** YEARLY REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet (and/or his/her parent(s)/guardian(s))*

trip or during a “before or after” school chaperoned activity, parents must provide all medications (prescribed and over-the-counter) and the following policies and procedures apply (IHS reserves the right to decline administration of nonessential medications).

Medications must be listed individually on the appropriate required *State of Louisiana Medication Order Form* and it is the parent/legal guardian responsibility to send the appropriate form to the school.

1. Authorization for Medication Form – The parent/legal guardian must complete Part 1 of the State of Louisiana Medication Order Form along with a Parental Consent authorizing staff to administer medication at school. For all prescription *and* over the counter medications, a healthcare provider must also sign the form. A faxed copy of the form from your doctor’s office that also contains the parent/legal guardian’s signature is acceptable. For your convenience, all schools have copies of the form on-site. We can email, fax, or send the form home with your child. Please Note: The school cannot give medications without the authorization forms. Medication Authorization Forms are only valid for one/current school year. A separate form **MUST** be used for each medication.
2. The medication and the authorization forms must be taken to the school clinic/office by the parent/legal guardian, or other adult. Please do not send medication to the school with the student. Any medication brought to school by students will be held until picked up by a parent/guardian. We encourage all medications to be kept in the school health office unless it is an approved emergency medication or inhaler, and the student has permission to carry the medication on his/her person during school hours. Permission to carry also requires the healthcare provider to complete Part 3 of the Medication Order form.
3. Only medication in its ORIGINAL container from the store or pharmacy is accepted. Both prescription and non-prescription medications sent to the school must have current labeling on the container. Medication in containers that have expired labeling will not be given to the student. The medication in the container must **MATCH** the label. The label must **MATCH** the student and the instructions on the order form. The prescription label on the container must be **CURRENT**. A new prescription container with correct labeling is required for any dosage change. The school cannot alter dosages without a new authorization form from you and/or your doctor/healthcare provider.
 - a. At the designated time, the student will go to the health office to take the medication. Assistance/supervision by the school health office personnel will be given in accordance with the instructions on the order form.
 - b. Medication is a parental responsibility. School employees will not assume any liability for supervising or administering medication. Our school system retains the privilege of refusing to supervise/assist in administering medication, except where otherwise required by law.
4. Discontinued medication should be retrieved by the parent from the school health office within one week after the medication is discontinued and any unused medication should be picked up by the end of the school year. Any discontinued, unused, or expired medication left in the health office at the end of the school year will be discarded.

By working together, we can ensure the health and well-being of every student so that he/she benefits from the learning environment. Should you have any questions or need additional information, please contact your School Healthcare Assistant/Nurse.

We are looking forward to a great school year!

Thank You,

Lachelle Jones/Glenda Hulbert
Health Office Assistants

Danita Y. Raymond, BSN, RN
School Health Services Coordinator

Attention Cadet & Parent(s)/Guardian(s): Please keep this sheet for your reference.



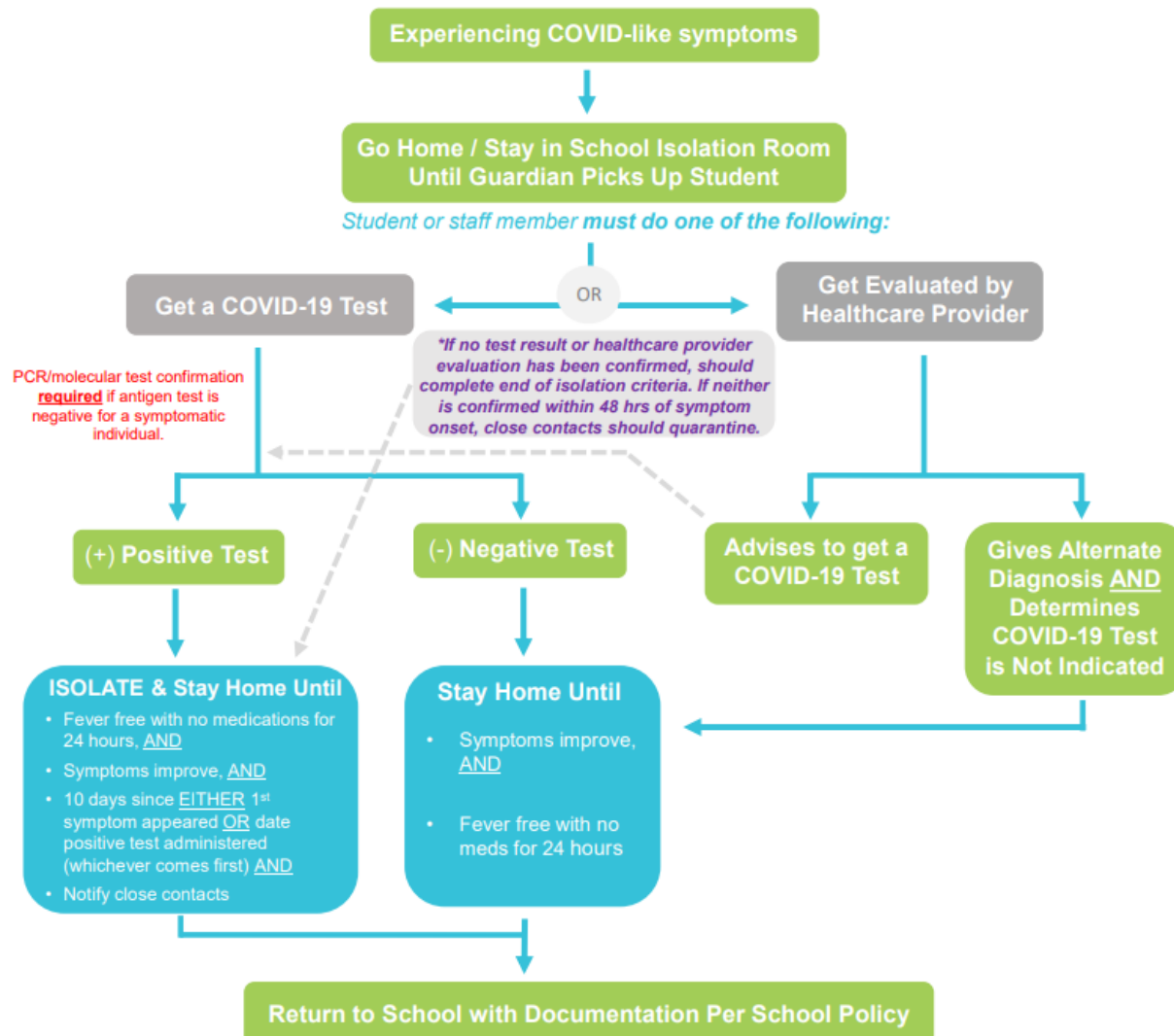
NOMMA SY 2021-22 **REQUIRED** YEARLY REGISTRATION FORMS

**Failure to sign these forms does not remove responsibility from the cadet (and/or his/her parent(s)/guardian(s))*

**Attention Cadet &
Parent(s)/Guardian(s):**

**Please keep this sheet
for your reference.**

School COVID-19 Screening Decision Tree: Responding to a Symptomatic Individual – 8.03.2021



Reference LDH Website for Form Titled: [Return-to-School Self-Certification for COVID-19](#)



**Children's Hospital
New Orleans**
LCMC Health



COVID-19 symptoms include but are not limited to:

- Fever ≥ 100.4 °F
- Shortness of breath
- Chest pain
- Increasingly nonproductive (dry) cough
- Body aches or fatigue
- GI symptoms (nausea, diarrhea)
- Loss of taste and/or smell
- Other flu or cold like symptoms such as headache, sore throat, or congestion

Reference LDH Website for Specifics on
Suspect Cases & Contact Tracing:
[COVID-19 Contact Tracing in Schools](#)

**Children's Hospital New Orleans
Hotline for School Wellness & Virtual
Care → 504.837.7760**

In case of an emergency, dial 911.

*This chart follows the most up-to-date CDC &
LDH recommendations. Download a copy at:
[https://www.chnola.org/community/thrivekids-
student-wellness/covid-19-support/school-covid-
19-decision-tree/](https://www.chnola.org/community/thrivekids-student-wellness/covid-19-support/school-covid-19-decision-tree/)*



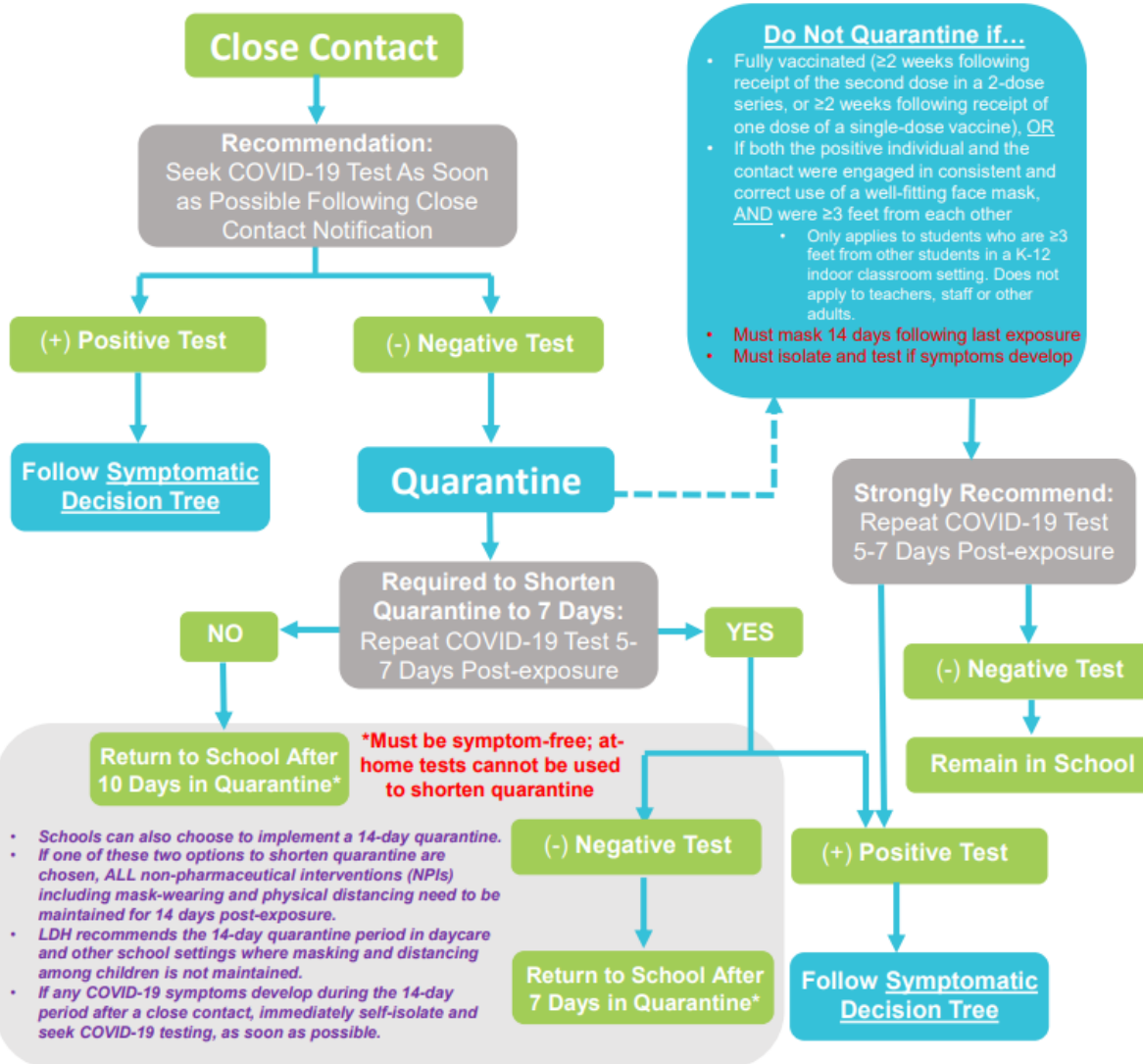
NOMMA SY 2021-22 **REQUIRED** YEARLY REGISTRATION FORMS

*Failure to sign these forms does not remove responsibility from the cadet (and/or his/her parent(s)/guardian(s))

Attention Cadet & Parent(s)/Guardian(s):

Please keep this sheet for your reference.

School COVID-19 Screening Decision Tree: Responding to Close Contact – 8.03.2021



CLOSE CONTACT =

- Within 6 feet of a COVID-19 infected person, for a **cumulative total of 15 minutes or more over a 24-hour period**;
- The infectious period for identifying close contacts include the 48 hours before the day the person became sick (or the 48 hours before specimen collection if asymptomatic) until the person was isolated.

Reference LDH Website for Specifics on Suspect Cases & Contact Tracing:
[COVID-19 Contact Tracing in Schools](https://www.louisiana.gov/COVID-19/COVID-19-Contact-Tracing-in-Schools)

Reference CDC Website for Correct Usage of Face Mask:
www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks

Children's Hospital New Orleans Hotline for School Wellness & Virtual Care →
504.837.7760

In case of an emergency, dial 911.

This chart follows the most up-to-date CDC & LDH recommendations. Download a copy at:
<https://www.chnola.org/community/thrivekids-student-wellness/covid-19-support/school-covid-19-decision-tree/>