Zachary High School
4100 Bronco Lane
Zachary, LA 70791
(225)654-2776 Fax (225)658-0010

Documents required for enrollment in Zachary Community Schools:

1. Drop Slip or withdrawal form from previous school
2. Copy of most recent report card or transcript of credits earned
3. LEAP Test Scores (incoming 9th grade)
4. Copy of birth certificate
5. Immunization records
6. Social Security Card
7. Non-Parents with legal custody must provide a CERTIFIED copy of the Judgment of a Court which orders the adoption/custody of the minor child. Provisional Custody by mandate shall not be accepted.
8. The following proofs of residence are required:

    - You must have the **original** mortgage or lease agreement/rental contract for the domicile located in Zachary Community School District.
    - **Original** deposit slip for the connection of water or current City of Zachary bill.

-AND-

At least three of the following documents:

a. Original deposit slip or current bill for electricity.
b. Current telephone bill.
c. Cable bill.
d. Copy of the current tax assessment notice.
e. Current medical/Medicare or social security insurance card.
f. Current Homestead Exemption

Zachary Community Schools

School Registration

School	Date
SID#	Teacher
Method of Transportation	Bus #

Student Information

Social Security or ID assigned by previous LA District _____ Birth Certificate # _____

Last Name _____

First Name _____

Middle Name _____ Generation (Jr., III, etc) _____

Sex _____ Grade _____

Primary Ethnic: (choose one)
☐ 0 White ☐ 1 Black ☐ 2 Hispanic
☐ 3 Asian ☐ 4 Native American/Alaskan Native ☐ 5 Hawaiian/Pacific Islander

Secondary Ethnic: (if applicable)
☐ 0 White ☐ 1 Black ☐ 2 Hispanic
☐ 3 Asian ☐ 4 Native American/Alaskan Native ☐ 5 Hawaiian/Pacific Islander

Language spoken at home _____

Language first acquired by student _____

Language most often spoken by student _____

Birth Date _____ Place of Birth _____
Month Day Year

Date of Entry to U.S. (if not a natural born citizen) _____

Address Information

Physical Address _____

Apt.# _____ Apt. Complex _____ House# _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Home Telephone (225) _____

Names of Other ZCSB Students
living at the student's primary residence _____

_____

_____

Guardian Information

Father or Legal Guardian 1 Relationship to Student _____

Title _____ Last Name _____ First Name _____

Apt.# _____ Apt. Complex _____ House# _____

Street _____

City _____ Zip Code _____

Phone

Home # _____ Work # _____ Cell # _____

Email _____

Mother or Legal Guardian 2 Relationship to Student _____

Title _____ Last Name _____ First Name _____

Apt.# _____ Apt. Complex _____ House# _____

Street _____

City _____ Zip Code _____

Phone

Home # _____ Work # _____ Cell # _____

Email _____

Medical Information

Emergency Contact 1 Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Emergency Contact 2 Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Preferred

Hospital _____ Physician _____ Telephone _____

Allergies _____ Physical Handicaps _____

Additional Information

Please check any special education services your child has ever received

☐ Speech ☐ Special Education ☐ 504 ☐ Gifted Talented ☐ Other, please list

Has this student ever attended school in Zachary Community School System? _____

If yes, where? _____

Elementary aged students: Check all programs attended:

☐ Play School ☐ Nursery School ☐ Pre Kindergarten ☐ Kindergarten ☐ Headstart

Incoming Kindergarteners: Check all programs attended: ☐ Home (no Pre-K) ☐ Tribal Schools

☐ Public School PreK ☐ NonPublic PreK ☐ Licensed Childcare ☐ Head Start Programs

Please list the schools with the grades the student has attended

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

My signature attests to the accuracy of the information given on this form under penalty of law.

Louisiana Department of
EDUCATION

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date _____ District/Parish _____ School Name _____

Student Name_____ SSN/ID#_____

Male/Female _____ Date of Birth _____ Address _____

Telephone Number _____ Last School Attended _____ Current Grade _____

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 X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.*

1. ☐ **Yes** ☐ **No** Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
2. ☐ **Yes** ☐ **No** Is the temporary living arrangement due to loss of housing or economic hardship?
3. 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 _____

4. ☐ **Yes** ☐ **No** Does your child have a disability or receive any special education services? (Check One)
5. ☐ **Yes** ☐ **No** Does your child exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with ☐ uniforms ☐ student records ☐ school supplies ☐ transportation ☐other?
   (Describe: _____)
7. ☐ **Yes** ☐ **No** Migrant - Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including poultry processing, dairy, nursery, and timber) or fishing?
8. ☐ **Yes** ☐ **No** Does your child have siblings?

Name _____ Grade _____ Name _____ Grade_____
Name _____ Grade _____ Name _____ Grade_____
Name _____ Grade _____ Name _____ Grade_____

9. The undersigned certifies that the information provided above is accurate.

_____

Print Parent/Guardian Name/Adult Caring for Student Signature Date

_____

(Area Code) Phone number Street Address City State Zip

School Use Only ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

Homeless Liaison Use Only- Check All That Apply

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA ☐ Hotel/Motel Unaccompanied youth ☐ Yes ☐ No

_____

Print School Contact Title Signature (*required*) Date ***(Revised 3/2010)***

OFFICE USE ONLY: ____RETURNING STUDENT ____NEW ENROLLEE ____CHANGE OF ADDRESS REQUESTED

Complete One Per Student

2014 – 2015 School Year

Zachary Community Schools Bus Service Request Form

Please NEATLY PRINT or Type All Information

Student's Name: _____.

I, (parent/guardian's name) _____, DO ( ) DO NOT ( ) want bus service for my child for the 2014-15 school year. If you DO NOT want bus service for your child, please enter your name and your child's name on the lines above, sign on the signature line below*, and return this form to your child's school. If you DO WANT bus service for your child, please enter ALL requested information on this form and return to your child's school immediately. If a child does not need transportation in the morning or evening because of car pooling or other arrangements, please indicate so by writing "no ride" in the morning or evening box.

_____ _____

Parent/Guardian Signature* Sign Here **Today's Date**

Student's School for 2014 - 15:_____ _____Student's Grade for 2014/15:_____

Parent/Guardian's Name:_____

Physical Home Address (No P.O. Boxes):_____

Town/City, Zip Code:_____

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE PICKED UP IN THE MORNING (NO P.O BOXES):

⬇

_____

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE DROPPED OFF IN THE EVENING (NO P.O. BOXES):

⬇

_____

Home Phone Number:_____

Work Phone Number of Mother: _____Cell #:_____

Work Phone Number of Father: _____Cell#:_____

Other Emergency Names and Phone Numbers:_____

If your child receives Special Education services, does your child's I.E.P. indicate special transportation services be provided? _____Yes _____ NO

Thanks in Advance for Your Assistance

ZACHARY COMMUNITY SCHOOLS
SCHOOL NURSE DEPARTMENT

Welcome to Zachary Community Schools. We are excited that you have chosen our school system, which is one of the fastest growing, top-rated districts in the state, to educate your child.

In order to provide the best care possible for your child while at school, it is important for us to be aware of any medical conditions that might affect them during school hours or any condition that requires medication or possible nursing assistance (e.g. asthma, seizure disorder, diabetes, severe allergies, etc.). If your child does not have any medical issues or does not require any medication at school, we only need your signature on the "HIPAA Policy" form to be returned to school.

If your child has special medical needs, please complete and sign the enclosed forms. In addition, if your child requires medication at school, you may pick up the state mandated medication packet at your child's school or you may download these forms from your child's school's website (click "Teacher Pages", then "Nurses" icon, then "Medication Packet"), and complete and return them to school. A parent will have to bring the medication to school to be checked and logged in. **Please note that medication of any kind, including over-the-counter medication, may NEVER be sent to school with your child, and MUST be checked in by a parent along with the medication packet completed.**

Also, please ensure that your child's immunizations are up-to-date and that his/her school has an updated copy. This is required by Louisiana Department of Health and Hospitals and must be on file for your child to attend school.

Thank you in advance for your cooperation. We look forward to caring for your child.

Zachary Community School Nurses

3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

Dear Parent,
Attached you will find the Zachary Community School Board HIPAA policy Notice of Use of Personal Health Information. Please sign and return this form, so that we may maintain a record of your having received the information. Failure to return the signed form may result in a delay in servicing your child.

Thank you,

Zachary Community School Nurses

This is to certify that I have received and read a copy of the "Notice of Use of Personal Health Information".

_____
Parent's Signature

Names of children attending Zachary Community Schools and grades/homeroom teachers of each:

Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher

If you have any questions, please feel free to contact your child's school.

ZACHARY COMMUNITY SCHOOL BOARD

NOTICE OF USE OF PERSONAL HEALTH INFORMATION

This Notice Describes How Medical Information About Your Child May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

We understand that information we collect about your child and their health is personal. Keeping health information of your child private is one our most important responsibilities. We are committed to protecting their health information and following all laws about its use. You have the right to discuss with the system's Privacy Officer your concerns about how their health information is shared. The law says:

1. We must keep their health information from others who do not need it.
2. You may ask us not to share certain health services information. Sometimes, we may not be able to agree to your request.

Your child may receive certain services from nurses, therapists, social workers, doctors or other health care related individuals. They may see, use and share your child's health or medical information to determine any plan of treatment, diagnosis, or outcome of information as described in an Individualized Education Program (IEP) or other plan document. This use may cover such health services your child had before now or may have later.

We review such health services information and claims to make sure that you get quality services and that all laws about providing and paying for such health services are being followed. We may also use the information to remind you about service or to tell you about treatment alternatives. We also use the information to obtain payments for such services as a result of the Medicaid program. We must submit information that identifies you and your child, your child's diagnosis and the treatment of services provided to your child for reimbursement by Medicaid.

We may share your health care information with health plans, insurance companies, or government programs to help get the benefits and so that the School System can be paid or pay for such health care or medical services.

In most cases, you may see your child's health information but the request cannot include psychotherapy notes or information gathered for judicial proceedings. There may be legal reasons or safety concerns that may limit the amount of information that you may see. You may ask in writing to receive a copy of your child's health information. We may charge a small amount for copying costs.

If you think some of the health information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your child's health information from us. You may ask us for a list of where we sent the health information.

You may ask to have the health information sent to others. You will be asked to sign a separate form, called an authorization form, permitting the health information of your child to go to them. The authorization form tells us what, where and to whom the information must be sent. You can stop or limit the amount of information sent any time by letting us know in writing.

Note: A child 18 years old or older can give consent for his or her health information to be kept private from others unless the child signs an authorization form.

We follow laws that tell us when we have to share health information of your child even if you do not sign an authorization form. We always report:

1. Contagious diseases, birth defects and cancer;
2. Firearm injuries and other trauma events;
3. Reactions to problems with medicines or defective medical equipment;
4. To the police or other governmental agencies when required by law;
5. When a court orders us to;
6. To the government to review how our programs are working;
7. To a provider or insurance company who needs to know if your child is enrolled in one of our programs;
8. To Worker's Compensation for work related injuries;
9. Birth, death and immunization information;
10. To the federal government when they are investigating something important to protect our country, the President and other government workers;
11. Abuse, neglect and domestic violence, if related to child protection or vulnerable adults; or
12. To parents and other designated by law.

We may also share health care information for permitted research purposes, for matters concerning organ donations and for serious threats to public health or safety.

This notice is yours. You may ask for a copy at any time. If there are important changes to this notice, you will get a new one within 60 days.

If you have any questions about this notice of privacy rights of your child or that such rights have been violated, you can contact:

Zachary Community School Board Office
(225) 658-4969 telephone
3755 Church Street, Zachary, LA 70791

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights. Your health care services will not be affected by any complaint made to the School Board, Secretary of Health and Human Services or Office of Civil Rights.

STATE OF LOUISIANA
HEALTH INFORMATION
TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

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.

Student Name: Last First M.I.		Sex: ❑ M ❑ F	DOB:	Grade:	School:
Student's Mailing Address:		City:	State:		Zip:
Student's Physical Address:		City:	State:		Zip:
Name of Mother/Legal Guardian	Home Phone	Work Phone	Cell Phone		Employer
Name of Father/Legal Guardian	Home Phone	Work Phone	Cell Phone		Employer
Name of pediatrician/primary care provider	Phone No	Name of medical specialists/clinics		Phone No.	

Parents: Please notify the school nurse of any changes in the students medical condition.

Parent/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 _____ Phone Number _____ Cell 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. Parents are responsible to keep the school nurse informed regarding their child's health status.

❑ **ALLERGIES**

Allergy Type:

❑ Food (list food(s) _____ ❑ Medication (list medication(s)) _____

❑ Insect sting (list insect(s)) _____ ❑ Other (list) _____

Reactions: (Date of last occurrence) _____

❑ Coughing (Date: _____) ❑ Swelling (Date: _____) ❑ Rash (Date: _____)

❑ Difficulty breathing (Date: _____) ❑ Nausea (Date: _____) ❑ Other _____

❑ Hives (Date: _____) ❑ Wheezing (Date: _____) (Date: _____)

Currently prescribed medications and treatments:

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

❑ **ASTHMA**

Triggers (i.e., tobacco, dust, pets, pollen, etc.) (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

Name: _____ DOB: _____

❑ **DIABETES**

Currently prescribed medications and treatments:

❑ Insulin: ❑ Syringe ❑ Pen ❑ Pump

❑ Blood sugar testing ❑ Glucagon

❑ Oral medication(s) List medication(s) _____

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

❑ **SEIZURE DISORDER**

Type of seizure: ❑ Absence (staring, unresponsive) ❑ Generalized Tonic-Clonic (Grand Mal/Convulsive)

❑ Complex Partial ❑ Other (explain) _____

Physical Education Restrictions: ❑ No ❑ Yes

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

Date of last seizure _____ Length of seizure _____

❑ **OTHER HEALTH CONDITIONS**

❑ Anemia	❑ Depression	❑ Hemophilia	❑ Speech problems
❑ ADD/ADHD	❑ Digestive disorders	❑ Heart condition	❑ Other (explain) _____
❑ Cancer	❑ Emotional/Psychological	❑ Physical disability	
❑ Cerebral Palsy	❑ Juvenile Rheumatoid Arthritis	❑ Sickle Cell Disease	
❑ Cystic Fibrosis		❑ Skin disorders	

Physical Education Restrictions: ❑ No ❑ Yes (explain): _____

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

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning):

❑ No ❑ Yes (explain): _____

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

Are there anticipated frequent absences or hospitalizations? ❑ No ❑ Yes

(explain): _____

❑ **VISION CONDITIONS**

❑ Contacts/glasses ❑ Other _____

❑ **HEARING CONDITIONS**

❑ Hearing aid(s) ❑ Other _____

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

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

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

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

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

Special safety considerations: ❑ No ❑ Yes (explain): _____

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

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

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

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

Nurse Notes: _____

_____

_____

_____

_____

_____ _____

School Nurse Signature Date

RETURN COMPLETED FORM TO SCHOOL NURSE AS SOON AS POSSIBLE

ZACHARY COMMUNITY SCHOOL SYSTEM
MEDICAL HISTORY UPDATE FORM
(To be completed by student's physician)

Medical information is needed for the following student in order to determine if there are health impairments sufficient to warrant special education services and will also be utilized by the school nurse to provide health services to students. Please check appropriate behaviors and provide a simple explanation when indicated: **Please return this completed form to the school nurse at your child's school.**

Name: _____ **DOB**: _____

Name of Parent(s)/Guardian: _____

CURRENT DIAGNOSIS, MEDICAL STATUS, AND CURRENT MEDICATIONS:
_____
_____
_____

Date Last Seen: _____ **Severity of Illness**: ☐ Mild ☐ Moderate ☐ Severe

Condition Causes:
☐ temporary or chronic lack of strength
☐ temporary or chronic lack of vitality
☐ temporary lack of alertness
☐ reduced efficiency in school work because of _____

Student is substantially limited in the following major life activity/activities: ☐ caring for one's self
☐ seeing ☐ working ☐ hearing ☐ walking ☐ performing manual tasks ☐ breathing
☐ speaking ☐ learning ☐ other major life activity (describe): _____

Recommendations For Student Integration Into The School Setting

Activity Restrictions/Limitations _____

Accommodations _____

Nutritional/Dietary _____

Adaptive Physical Education _____

Physical Therapy/ Occupational Therapy _____

Special Procedures _____

Return To Clinic: _____

Physician's Signature: _____ **Date**: _____

Physician's Name Printed: _____

Physician's Address: _____

Office #: _____ **Fax #**: _____

ZACHARY COMMUNITY SCHOOL BOARD

Dear Parent,

Attached you will find the Zachary Community School Board HIPAA policy Notice of Use of Personal Health Information. Please sign and return this form, so that we may maintain a record of your having received the information. Failure to return the signed form may result in a delay in servicing your child.

Thank you,

Zachary Community School Nurses

This is to certify that I have received and read a copy of the "Notice of Use of Personal Health Information".

_____

Parent's Signature

Names of children attending Zachary Community Schools and grades/homeroom teachers of each:

Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher
Name	Grade	Homeroom Teacher

If you have any questions, please feel free to contact your child's school.

LOUISIANA

IMMUNIZATION REQUIREMENTS

11 – 12 Years of Age, Entering 6th grade or any other grade	4 Years and older, Entering Kindergarten, Pre-K, Daycare or Head Start	Under 4 Years, Entering Pre-K, Daycare or Head Start
One (1) Meningococcal Vaccine (MCV-4)	Booster dose of Poliovirus vaccine (IPV) received on after the 4th birthday.	Three (3) doses of Pneumococcal Conjugate vaccine (PCV) for children less than 24 months of age. If a child is less than 24 months of age and has received 4 doses of PCV-7 he/she is to get a single dose of PCV-13 for Daycare and Head Start.
		Two (2)or (3)Three doses of polio vaccine (IPV)
Two (2) doses of Measles, Mumps, Rubella vaccine (MMR)	Two (2) doses of Measles, Mumps, Rubella vaccine (MMR)	One (1) Or Two (2) doses of Measles, Mumps, Rubella vaccine (MMR)
Three (3) doses of Hepatitis B vaccine (HBV)	Three (3) doses of Hepatitis B vaccine (HBV)	Three doses of Hepatitis B vaccine (HBV)
Two (2) doses of Varicella vaccine(Var)	Two (2) doses of Varicella vaccine (Var)	One(1) dose of Varicella Vaccine(Var)
One (1)dose of Tetanus Diphtheria Acellular Pertussis vaccine (Tdap)	Booster dose of Diphtheria Tetanus Acellular Pertussis vacccine (DtaP)received on after the 4th birthday	Three (3) or Four (4) doses Diphtheria Tetanus Acellular Pertussis vacccine(DtaP)
		Three (3)doses of Haemophilus Influenza Type B vaccine (Hib)

UNIFORM POLICY

UNIFORM SHIRTS

The uniform shirt is a navy or white, knit, short-sleeved or long-sleeved golf-style shirt with the OFFICIAL Zachary Community Schools logo monogrammed on it. Cap sleeves are not permitted. Girls should wear white or skin-tone undergarments. Only white undershirts may be worn. Decals and other colors may not show through the material of the uniform shirt. Long-sleeved shirts over or under the uniform shirt are not allowed.

Shirts must be tucked into the pants and must be long enough to stay tucked when the arms are raised over the head. The style must be pullover, with three buttons at the top. Shirts will not be excessively stained, faded, or frayed and will not have holes or cuts.

UNIFORM SLACKS

Uniform slacks must be khaki. They should be a style worn at the waist and must have belt loops. They may not be rolled at the waist or ankle, nor may they be gathered by elastic at the ankle. Length of slacks must be to the top of the shoe. Pants made of denim, corduroy, or any stretch fabric are prohibited. No slacks with pockets below the hips may be worn. Tight-fitting pants or excessively loose-fitting pants are unacceptable. No frayed hems on slacks will be allowed. All pants must be worn with a solid black, brown, khaki, cordovan or navy belt. Belts must be visible.

UNIFORM SKIRTS

Skirts are not to be worn unless approved by the principal for religious reasons.

SHOES

Shoes with closed toe and closed heel are required. Loafers, oxfords, and athletic style shoes are acceptable. Boots may be worn with slacks, provided the slacks are worn over the boots and the slacks are not cut. Slacks may not be tucked into the boots.

Sandals, flip-flops, house shoes, slippers, and similar types of shoes are not acceptable. Shoes with excessively high heels or excessively raised shoes are not permitted for safety reasons. Loose shoe laces or loose straps on shoes are prohibited. Leggings are NOT to be worn as outer garments.

OVER GARMENTS

A uniform sweatshirt in SOLID navy, red, black, white, or gray may be worn during cold weather. Large logos on sweatshirts, jackets, or coats are not acceptable. No more than one small logo is permitted. Hoods cannot be worn on campus or on buses. Any outer jacket or coat must be solid NAVY, BLACK, BROWN, KHAKI, RED, WHITE, GRAY, or approved Zachary High School attire. Denim jackets or jackets with excessive fur or trim are prohibited. No more than one small logo** is acceptable on the outer garments. Coats or jackets may not exceed mid-thigh length. **(small logo cannot be more than two inches square)**

DRESS AND GROOMING CODE

1. **Caps, hats, or head coverings (bandanas, scarves, head bands, big bows, etc.) are NOT to be worn during the school day or inside the school building. DO NOT BRING CAPS OR HATS ON CAMPUS DURING SCHOOL TIME. THEY WILL BE CONFISCATED.**
2. **Rollers, picks, curlers, forks, beads, or combs in hair are prohibited.**
3. **Hair should be a natural color. Hair colors and styles that are a distraction to the learning environment are not permitted.**
4. **Ponytails or headbands on males are unacceptable. Male hair length shall not exceed the collar of the shirt nor shall it be worn in styles that cover the student's eyes.**
5. **NO FACIAL HAIR WILL BE ALLOWED ON STUDENTS. Sideburns should be no longer than the bottom of the ear.**
6. **Male students are not allowed to wear earrings (or straws to preserve the pierced hole). Girls will be allowed to wear earrings, but they cannot be larger than 2 inches. Excessive jewelry is not allowed. Other visible body piercing or tattoos of any type is not allowed.**
7. **Sunglasses are not to be worn on school grounds, unless accompanied by a doctor's order and approved by an administrator.**
8. **Pictures or writing on garments, book sacks, gym bags, jackets, skin, etc., of an offensive, derogatory, profane, suggestive, or obscene nature is prohibited at school (e.g. alcohol, tobacco, drugs, weapons, skulls, blood, etc.).**
9. **A valid ZHS student ID must be worn and visible at all times.**