

SCHOOL NAME

JOB DESCRIPTION

I. JOB TITLE:

DEPARTMENT:

REPORTS TO:

SUPERVISES:

SALARY GRADE:

EXEMPT OR  NON-EXEMPT

DATE APPROVED: \_\_\_\_\_ DATE REVISED: \_\_\_\_\_

II. GENERAL SUMMARY:

*List in about three sentences a summary that reflects the basic purpose and function of this job within the school.*

**ADD SCHOOL'S MISSION STATEMENT HERE:**

III. MINIMUM QUALIFICATIONS:

**A. Education, Experience & Certifications:**

*List the minimum education requirements, the minimum experience in the same or similar position, and any certifications that are required to perform the job (for example, bachelor's degree, professional certification, driver's license, etc.)*

**B. Other Qualifications:**

*List any specialized skills necessary to perform the job duties, such as being trained in a specific process or knowing how to use a specific software program or any other applicable skill needed. List all equipment, systems, materials or products required to perform the job.*

**C. Physical Demands:**

*Must indicate the amount of weight employee is required to lift (if applicable) and whether it is constantly, frequently, occasionally, seldom. Include any other physical demands (such as walking, stooping, lifting, bending, squatting, kneeling, climbing, handling, talking, seeing, etc.), the length of time this effort should be expended, and the frequency it will be expended.*

**D. Working Environment:**

*The general physical environment or surroundings under which the job must be performed, such as lighting, indoor, outdoor, hot, cold, dusty or cramped conditions, isolated, etc. Include any hazards such as noise hazards, chemical hazards, including mental or physical qualification required to perform the work safely.*

**IV. ESSENTIAL JOB DUTIES/PERFORMANCE STANDARDS:**

*List Essential Job Duties below in broad, brief statements and assign a percentage of the time that the employee will be expected to spend performing each duty in the "Weight" area. The total of all job duties must equal 100% and each duty cannot be less than 10% or more than 35%. Then, list the detailed duties under "Standards". Note: There can be less than eight Essential Job Duties.*

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1. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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2. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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3. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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4. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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5. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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6. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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7. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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8. Essential Job Duty:

**Weight:**

\_\_\_\_%

**Standards:**

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**V. APPROVALS:**

_____ Signature	_____ Title (Supervisor-if any)	_____ Date
_____ Signature	_____ Pastor	_____ Date

**VI. This job description is a summary of the essential duties and responsibilities of the position. It is not intended to be a comprehensive listing of all duties and responsibilities. This job description is subject to change at management's discretion.**

**EMPLOYEE ACKNOWLEDGEMENT:**

I have received a copy of this job description and I acknowledge that I understand and will perform the duties of the job according to the standards set forth above.

_____ Employee Signature	_____ Employee Name Printed	_____ Date
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School Name	
Site Code	

Student Name	
Student Address	
Parent Name	
Parent Phone #	
Parent Email	

I, as a school administrator, acknowledge that the Department of Education shall remit Scholarship payments directly to the participating school which has enrolled the student and that the parent will not receive any Scholarship funds from the Department of Education, from any other state or local government agency, or from the participating school.

I acknowledge that by enrolling the student in a participating school, the parent/responsible adult is assigning the full value of the Scholarship funds for that student to that participating school.

I acknowledge that the Department of Education shall make payments of Scholarship funds directly to the participating school in four equal payments and that these four equal payments shall occur in September, November, February and May of each school year.

I acknowledge that Scholarship fund payments by the Department of Education to the participating school shall be based on the number of Scholarship students enrolled at the participating school.

I acknowledge that the number of Scholarship students at the participating school will be determined pursuant to Scholarship student counts, with the dates of the Scholarship student counts to be determined by the Department of Education.

I acknowledge that, once the student is enrolled in a participating school, the Department of Education will make payments of Scholarship funds to the participating school based on the number Scholarship students enrolled at the participating school as of the last Scholarship student count and will continue to make payments to the participating school based on that Scholarship student count until the next Scholarship student count.

*Louisiana Believes*

School Name	
Site Code	

Student Name	
Student Address	
Parent Name	
Parent Phone #	
Parent Email	

I, the parent/guardian of \_\_\_\_\_ (student's name) have had any and all rules, policies, and procedures of this school, including but not limited to, academic policies, disciplinary rules, and procedures of the school explained to me prior to the enrollment of this student. I understand that enrollment in this school constitutes acceptance of any such rules, policies, and procedures of the school.

Parent/Guardian Signature	Date
School Representative Signature	Date

**Instructions for form:**

The attached form is being provided by the Louisiana Department of Education for the use of the participating school to document that the parent/responsible adult has been informed by the school administration all rules, policies, and procedures of the school, prior to enrollment of the student in the school. This procedure is required under the R.S. 17:4022(7).

- The school should complete this form for each Scholarship recipient and place the original signed copy in the student's cumulative folder upon enrollment.
- Compliance with this requirement is subject to audit; therefore, this information should be retained for 3 years along with all other information related to the enrolled Scholarship recipient.

**Louisiana Believes**

I acknowledge that, once the student is enrolled in a participating school, there shall be no refund of Scholarship funds if the student withdraws from the Scholarship program or is otherwise not enrolled in a participating school prior to the next student count date.

I acknowledge that, once the student is enrolled in a participating school, the parent agrees to notify the school if the student changes addresses. The school is responsible for notifying the Department within 5 business days of any address changes as well as notifying the Department if the student no longer attends the Scholarship school or transfers to another school.

Parent/Guardian hereby acknowledges that he/she has enrolled the student in the participating school of his/her own free will and that he/she has not been compelled to enroll the student in the participating school by the Department of Education or any other state or local educational agency or any other government agency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

**Instructions for form:**

This form is being provided by the Louisiana Department of Education for the use of the participating school to document that the parent/guardian has been informed by the school administration that payments will be made on behalf of the parent/guardian for each Scholarship award student as required by the statute.

- The parent/guardian must complete this form.
- The original signed form for each Scholarship recipient must be maintained in the student's cumulative folder upon enrollment.
- Compliance with this requirement is subject to audit. Therefore, this information must be retained for the duration of the student's enrollment plus three years, together with all other information related to the enrolled Scholarship award student.

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School Name	
Site Code	

Student Name	
Parent Name	
Parent Phone Number	

I am the parent/guardian of (child's name) \_\_\_\_\_, who seeks enrollment at (school name) \_\_\_\_\_.

I understand that the school is not obligated to provide special education and related services to my child, and I hereby waive any right my child may have to these services at this school, now and in the future.

I understand that my child will remain eligible for any Equitable Services available from the public school system pursuant to the Equitable Services provisions of IDEA at 34 CFR §300.130, et seq.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Instructions for form:**

This form is being provided by the Louisiana Department of Education for the use of the participating school to document that the parent/guardian has been informed by the school administration that the school is not obligated to provide special education and related services to Scholarship students with disabilities.

- The parent/guardian must complete this form.
- The original signed form for each Scholarship recipient must be maintained in the student's cumulative folder upon enrollment.
- A copy of this form for each Scholarship student must be maintained in the school's administrative records.
- Compliance with this requirement is subject to audit. Therefore, this information must be retained for the duration of the student's enrollment plus three years, together with all other information related to the enrolled Scholarship award student.

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