

**FORM A**  
**Audio/Video Recording**

**JEFFERSON PARISH SCHOOL BOARD**  
**REQUEST FOR CAMERA INSTALLATION**

Upon receipt of a written request of a parent or legal guardian of an eligible student with a disability, the Jefferson Parish School Board (JP SB or District) will provide audio/video equipment (i.e., video cameras with audio recording capabilities) to its affected school campuses in accordance with State law and Administrative Procedures established by the Superintendent, subject to the availability of specific funding for such purpose. Audio/video recording is solely for the purpose of promoting student safety. Regular or continual monitoring of audio/video recordings is prohibited. Audio/video recordings are confidential and may only be accessed or viewed by certain individuals under very limited circumstances as defined by law and School Board policy and procedures. **An approved request for audio/video recording is only valid for the current school year. Operation of the requested audio/video camera(s) will not continue during the following school year unless the person eligible to make a request for the next school year submits a new request.**

***“Eligible Student with a Disability” means:***

- a student identified with a disability under Louisiana Department of Education (LDE) Bulletin 1508 who receives special education in a self-contained classroom or other special education setting on a school campus of the School Board in which a majority of students in regular attendance are provided special education and related services and are assigned to one or more self-contained classrooms or other special education settings for at least fifty percent (50%) of the instructional day. The term is not applicable to special education classrooms or settings where the only students with exceptionalities receiving special education and related services are those identified as gifted or talented (under LDE Bulletin 1508) who have not been identified as also having a disability under Bulletin 1508 and served in special instructional settings for 50% of the day as described herein. The term also does not include students in a resource classroom/instructional arrangement as described in LDE Bulletin 1706.

***“Parent” means:***

- a person, including a legal guardian, whose child receives special education and related services (not gifted/talented only) for at least 50% of the instructional day in the Self-Contained Classroom or Other Special Education Setting; **or**
- a student who receives special education and related services for at least 50% of the instructional day in a Self-Contained Classroom or Other Special Education Setting and is 18 years of age or older, unless the student has been determined to be incompetent or the student’s rights have been otherwise restricted by a court order.

***“Principal” means:***

- the principal of the school campus at which the Self-Contained Classroom or Other Special Education Setting is located.

***“Designated District Representative” means:***

- The individual the District has identified as the administrator with responsibility for coordinating procedures in compliance with La. R.S. 17:1948.

To request video recording pursuant to La. R.S. 17:1948, please complete the form contained on the next page. The District will review the request for eligibility and inform you of its decision.

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**Requester's Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Contact Information:**

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Email Address:** (List the email address that you authorize for use in response to this request).  
\_\_\_\_\_

**According to the above definitions, I (we) qualify as:**

- Parent(s)**                       **Legal Guardian(s)**                       **Adult Student**

Please provide the following information regarding your request:

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Classroom/Setting where camera is requested (Classroom/Room # or Special Education Teacher's Name):**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

*Please return the completed form to: the principal of the school.*

*You will be contacted regarding the status of your request within twenty-five (25) school business days after receipt of this form by the Designated District Representative. Incomplete requests will be returned without further action.*

\*\*\*\*\*

**For Office Use Only:**

**Principal Signature:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Self-Contained Classroom ID:** \_\_\_\_\_ **Classroom #:** \_\_\_\_\_

**Does classroom contain changing area/bathroom:** \_\_\_\_\_