



KELSO SCHOOL DISTRICT

THE MISSION OF
KELSO SCHOOL
DISTRICT IS TO
PREPARE EVERY
STUDENT FOR
LIVING, LEARNING,
AND ACHIEVING
SUCCESS AS A
CITIZEN OF OUR
CHANGING WORLD.

601 Crawford Street
Kelso, WA 98626
360.501.1900
kelso.wednet.edu
#WeAreKelso



Dear Kindergarten Students and Families,

Welcome to the Kelso School District! We are looking forward to our time together this coming school year.

Kindergarten is an exciting time. In Kelso, we are committed to making every school day an opportunity for learning and growing. It's going to be a great year!

The attached forms will help us get to know you better and provide information needed by the school. If you have questions about any of these forms or kindergarten registration, please contact your school's office or the Student Services Department at (360) 501-1905.

Thank you and welcome to our Kelso family!

Sincerely,

Mary Beth Tack, Superintendent
marybeth.tack@kelsosd.org
(360) 501-1927



**NEW STUDENT
ENROLLMENT
CHECKLIST**

Student Last Name

Student First Name

Grade

Date

Kelso School District Enrollment Checklist

| Forms/Documentation | Family Use | Staff Use |
|--|------------|-----------|
| FORMS: | | |
| Enrollment Information Form (p. 1) | | |
| Proof of Residence (p. 3) <i>(See form for acceptable proof)</i> | | |
| Housing Questionnaire (p. 4) | | |
| Race & Ethnicity Form (p. 6) | | |
| Home Language Survey (p. 8) | | |
| Non-Disclosure Form (p. 9) | | |
| Technology Acceptable Use Agreement (p. 12) | | |
| Health Information Sheet (p. 13) | | |
| Student Rights & Responsibilities Form (p. 15) | | |
| Indian Education (p. 17) <i>(optional form)</i> | | |
| DOCUMENTATION: | | |
| Medically Verified Immunization Records <i>(examples on p. 14)</i> | | |
| Birth Certificate <i>(Required for Kindergarten)</i> | | |

School you are enrolling in:

Either verify your address or confirm that your Choice Transfer Form has been accepted before selecting a school.

| | | |
|--|---|---|
| <p><u>Elementary Schools</u></p> <p><input type="checkbox"/> Barnes</p> <p><input type="checkbox"/> Butler Acres</p> <p><input type="checkbox"/> Carrolls</p> <p><input type="checkbox"/> Lexington</p> <p><input type="checkbox"/> Rose Valley</p> <p><input type="checkbox"/> Wallace</p> | <p><u>Middle Schools</u></p> <p><input type="checkbox"/> Coweeman</p> <p><input type="checkbox"/> Huntington</p> | <p><u>High School</u></p> <p><input type="checkbox"/> Kelso High School</p> <p><input type="checkbox"/> Loowit High School</p> |
| <u>Alternative Learning Education Programs (ALE)</u> | | |
| <u>K-12 ALE Program</u> | | |
| <input type="checkbox"/> Kelso Virtual Academy | | |

KELSO SCHOOL DISTRICT NO. 458

DATE _____

STUDENT REGISTRATION FORM

SCHOOL _____

| DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY | | | | | |
|---|----------------------------|--|----------------------------|----------------------------|--|
| School Entry Date: _____ Records Requested on: _____ | Office Information: | Identification Verified: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Physical/Hospital Cert <input type="checkbox"/> Adoption Record/Other | Nutrition Services: | Choice Information: | Critical Information: <input type="checkbox"/> Medical <input type="checkbox"/> Legal |

| STUDENT INFORMATION | | | | | |
|-----------------------------------|-----------------------|---------------------------------------|--|--------------------------|------------------------|
| Legal Last Name | | Legal First Name | | Legal Middle Name | Also known as: |
| Birthdate (Month/Day/Year) | Gender: M F | Birthplace: City State Country | | Grade Level | Graduation Year |

| PREVIOUS SCHOOL INFORMATION | | |
|---|-------------|----------|
| School Name | City, State | Phone |
| Has student ever attended a Kelso public school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school(s)? | | Grade(s) |
| Has student ever attended any other school in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school and district? | | Grade(s) |
| Has student ever been suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | |

| PRIMARY HOUSEHOLD (student's primary residence) | | | | | |
|---|-------------------------|--------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| PARENT/GUARDIAN 1 | | | | | |
| Last Name | | First Name | | Birthdate (Month/Day/Year) | Relationship to student: |
| Email Address | | Cell Phone () | Home Phone () | Work Phone () | |
| PARENT/GUARDIAN 2 | | | | | |
| Last Name | | First Name | | Birthdate (Month/Day/Year) | Relationship to student: |
| Email Address | | Cell Phone () | Home Phone () | Work Phone () | |
| Parent/Guardian 1 Employer | | | Parent/Guardian 2 Employer | | |
| Resident's Address | Street | Apt # | City | State | Zip |
| Mailing Address (If different) | Street or PO Box | Apt # | City | State | Zip |

| SECONDARY HOUSEHOLD | | | | | |
|---------------------------------------|-------------------------|--------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| PARENT/GUARDIAN 1 | | | | | |
| Last Name | | First Name | | Birthdate (Month/Day/Year) | Relationship to student: |
| Email Address | | Cell Phone () | Home Phone () | Work Phone () | |
| PARENT/GUARDIAN 2 | | | | | |
| Last Name | | First Name | | Birthdate (Month/Day/Year) | Relationship to student: |
| Email Address | | Cell Phone () | Home Phone () | Work Phone () | |
| Parent/Guardian 1 Employer | | | Parent/Guardian 2 Employer | | |
| Resident's Address | Street | Apt # | City | State | Zip |
| Mailing Address (If different) | Street or PO Box | Apt # | City | State | Zip |

SPECIAL SERVICES

Has your student ever qualified for or been enrolled in a Special Education Program or IEP? Yes No
 Please indicate other special programs in which your student has been enrolled: Speech Physical Therapy Occupational Therapy
 Has your student ever qualified for or had a 504 Plan? Yes No
 Has your student ever participated in: Title 1/LAP Gifted Other _____
 Has your student attended an English Language Development (ELD) Program or English as a Second Language (ESL) Program? Yes No
 Has your student ever been retained? Yes No If yes, at what grade? _____

LEGAL ISSUES

| | |
|---|---|
| Is there a parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ |
| Copies of legal papers must be on file in the school office for enforcement. Have copies been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

MILITARY AFFILIATION (REQUIRED)

Does your student have a parent/guardian currently serving as a member of the U.S. Armed Forces (active duty), Reserves of the U.S. Armed Forces, or Washington National Guard?

PLEASE CHECK ALL THAT APPLY

| | | |
|---|--|---|
| <input type="checkbox"/> U.S. Armed Forces (Active Duty) | <input type="checkbox"/> Both Parents/Guardians are Affiliated | <input type="checkbox"/> Information applies to Primary Household |
| <input type="checkbox"/> U.S. Armed Forces (Reserves) | <input type="checkbox"/> No Military Service Affiliation | <input type="checkbox"/> Information applies to Secondary Household |
| <input type="checkbox"/> National Guard (Washington/Oregon) | <input type="checkbox"/> No Response/Refuse to State | |

SIBLING INFORMATION (list school and grade if applicable)

| Last Name | First Name | Age | School | Grade |
|-----------|------------|-----|--------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMERGENCY CONTACT INFORMATION (other than parents/guardians)

| Last Name | First Name | Relationship to Student | Phone Number 1 | Phone Number 2 |
|-----------|------------|-------------------------|----------------|----------------|
| | | | | |
| | | | | |
| | | | | |

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parent/guardian, I authorize that my student may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ **Date** _____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact a parent/guardian immediately. If a parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my student.

Legal Parent/Guardian Signature _____ **Date** _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or attendance in the Kelso School District.

Legal Parent/Guardian Signature _____ **Date** _____



Kelso School District Statement of Residence

If you qualify as "homeless" per the KSD Student Housing Questionnaire on page 4, you do not need to complete this form.

| |
|---------------|
| Student Name: |
| Address: |

As per state requirements and KSD Policy 3120 Enrollment, all students must provide proof of residency to enroll in the Kelso School District, unless the student qualifies as homeless.

- **Residency is defined as the physical location where the student spends the majority of their time, where they consistently spend a minimum of four nights a week.**

Please provide a copy of one the following documents to be kept in your student's permanent file as proof of residency.

PROOF OF RESIDENCY DOCUMENTATION

- **If you own your home:**

- Cowlitz County Assessor website (print property info)
- Escrow papers
- Current phone bill (land line, not cell phone)
- Current utility bill with a full month charge (Cowlitz County PUD)
- DSHS address documentation: applying for benefits or receiving benefits

- **If you are renting or leasing your home:**

- Lease or Rental Agreement – **AND** one of the following:
 - Current phone bill (land line, not cell phone)
 - Current utility bill with a full month charge (Cowlitz County PUD)
 - DSHS address documentation: applying for benefits or receiving benefits

- **If you are purchasing a home or building a home:**

- **IF YOU ARE MOVING FROM OUT-OF-DISTRICT, YOU WILL NEED TO FILL OUT AND SUBMIT YOUR BOUNDARY PAPERWORK TO THE STUDENT SERVICES DEPARTMENT AT THE DISTRICT OFFICE.**
- You will also need one of the following:
 - Final closing papers with move in date/commitment papers
 - Acceptance contract from seller with closing date
 - Building permit from Cowlitz County and a contract from your general contractor showing a completion date and a move-in date
 - Purchase agreement contract from the bank
 - DSHS address documentation: applying for benefits or receiving benefits
- **NOT ACCEPTABLE PROOF OF PENDING RESIDENCY:**
 - Title insurance just showing plot of land cleared and purchased

As the parent/guardian of the student listed above, I hereby declare that my student resides at the address listed. Should this address change during the school year, I will notify the school within two (2) days.

Parent/Guardian Signature: _____ Date: _____



Kelso School District

Student Housing Questionnaire

If you own/rent your own home, you do not need to complete this form.

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information.)

If you do not own or rent your own home, please check all that apply to your current housing.

- Living in a motel
- Living in a shelter
- Moving from place to place/couch surfing
- Living in someone else's house or apartment with another family
- Living in a residence with inadequate facilities (no water, heat, electricity, etc.)
- Living in a car, park, campsite, or similar location
- Living in transitional housing
- Other _____

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____ Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to any Kelso School District Office, or mail to Student Services Department, Kelso School District, 601 Crawford St, Kelso WA 98626.

For School Personnel Only: For data collection purposes and student information system coding

- (N) Not Homeless
- (A) Shelters
- (B) Doubled-Up
- (C) Unsheltered
- (D) Hotels/Motels

SEC. 725. DEFINITIONS

For purposes of this subtitle:

- (1) The terms “enroll” and “enrollment” include attending classes and participating fully in school activities.
- (2) The term “homeless children and youths” —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 11032(a)(1)); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 11032(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term “unaccompanied youth” includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<https://naehcy.org/resources/>

<http://www.schoolhouseconnection.org/>

Kelso School District

Race/Ethnicity Collection Form (Formulario de Recopilación de Raza/Origen Étnico)



Date (Fecha): _____

Student Last Name: _____ Student First Name: _____
(Apellido del estudiante) (Nombre del estudiante)

School: _____ Grade: _____ Gender (Sexo): M F (circle one)
(Escuela) (Nivel escolar) (haga un círculo alrededor de uno)

QUESTION 1. Is your child of Hispanic or Latino origin?

PREGUNTA 1. ¿Es su niño de origen hispano o latino?

H01 **NOT HISPANIC/LATINO**

HISPANIC/LATINO (may check categories and use write-in)

- | | | | |
|---|--|---|--|
| H00 <input type="checkbox"/> Hispanic | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican | H23 <input type="checkbox"/> Puerto Rican |
| H02 <input type="checkbox"/> Argentine | H09 <input type="checkbox"/> Cuban | H16 <input type="checkbox"/> Mexican | H24 <input type="checkbox"/> Salvadoran |
| H03 <input type="checkbox"/> Bolivian | H10 <input type="checkbox"/> Dominican | H17 <input type="checkbox"/> Mestizo | H25 <input type="checkbox"/> Spaniard |
| H04 <input type="checkbox"/> Brazilian | H11 <input type="checkbox"/> Ecuadorian | H18 <input type="checkbox"/> Native | H26 <input type="checkbox"/> Surinamese |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan |
| H06 <input type="checkbox"/> Chilean | H13 <input type="checkbox"/> Guyanese | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan |
| H07 <input type="checkbox"/> Colombian | H14 <input type="checkbox"/> Honduran | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
| | | H22 <input type="checkbox"/> Peruvian | |

QUESTION 2. What race(s) do you consider your child? (check all that apply)

PREGUNTA 2. ¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).

AMERICAN INDIAN/ALASKA NATIVE (may check categories and use write-in)

N00 American Indian/Alaskan Native

- | | | |
|--|---|---|
| N01 <input type="checkbox"/> Chinook Tribe | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe | N25 <input type="checkbox"/> Skokomish Indian Tribe |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | N15 <input type="checkbox"/> Muckleshoot Indian Tribe | N26 <input type="checkbox"/> Snohomish Tribe |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation | N16 <input type="checkbox"/> Nisqually Indian Tribe | N27 <input type="checkbox"/> Snoqualmie Indian Tribe |
| N05 <input type="checkbox"/> Cowlitz Indian Tribe | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington | N28 <input type="checkbox"/> Snoqualmoo Tribe |
| N06 <input type="checkbox"/> Duwamish Tribe | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| N07 <input type="checkbox"/> Hoh Indian Tribe | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation | N31 <input type="checkbox"/> Steilacoom Tribe |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N21 <input type="checkbox"/> Quinault Indian Nation | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| N10 <input type="checkbox"/> Kikiallus Indian Nation | N22 <input type="checkbox"/> Samish Indian Nation | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington | N34 <input type="checkbox"/> Swinomish Indian Tribal Community |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | | N35 <input type="checkbox"/> Tulalip Tribes of Washington |

N36 Alaska Native Write in: _____

N37 American Indian Write in: _____

ASIAN (may check categories and use write-in)

- | | | | |
|--|---|--|--|
| A00 <input type="checkbox"/> Asian | A08 <input type="checkbox"/> Filipino | A15 <input type="checkbox"/> Mien | A22 <input type="checkbox"/> Sri Lankan |
| A01 <input type="checkbox"/> Asian Indian | A09 <input type="checkbox"/> Hmong | A16 <input type="checkbox"/> Mongolian | A23 <input type="checkbox"/> Taiwanese |
| A02 <input type="checkbox"/> Bangladeshi | A10 <input type="checkbox"/> Indonesian | A17 <input type="checkbox"/> Nepali | A24 <input type="checkbox"/> Thai |
| A03 <input type="checkbox"/> Bhutanese | A11 <input type="checkbox"/> Japanese | A18 <input type="checkbox"/> Okinawan | A25 <input type="checkbox"/> Tibetan |
| A04 <input type="checkbox"/> Burmese/Myanmar | A12 <input type="checkbox"/> Korean | A19 <input type="checkbox"/> Pakistani | A26 <input type="checkbox"/> Vietnamese |
| A05 <input type="checkbox"/> Cambodian/Khmer | A13 <input type="checkbox"/> Lao | A20 <input type="checkbox"/> Punjabi | A27 <input type="checkbox"/> Asian Write in: _____ |
| A06 <input type="checkbox"/> Cham | A14 <input type="checkbox"/> Malaysian | A21 <input type="checkbox"/> Singaporean | |
| A07 <input type="checkbox"/> Chinese | | | |

BLACK (may check categories and use write-in)

- | | | | |
|---|---|---|-----|
| B00 <input type="checkbox"/> Black/African American | B01 <input type="checkbox"/> African American | B02 <input type="checkbox"/> African Canadian | B02 |
|---|---|---|-----|

Caribbean

- | | | | |
|--|--|--|---|
| B03 <input type="checkbox"/> Anguillian | B08 <input type="checkbox"/> British Virgin Islander | B12 <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) | B16 <input type="checkbox"/> Jamaican |
| B04 <input type="checkbox"/> Antiguan | B09 <input type="checkbox"/> Caymanian (Cayman Island) | B13 <input type="checkbox"/> Grenadian | B17 <input type="checkbox"/> Martiniquais/Martiniquaise |
| B05 <input type="checkbox"/> Bahamian | B10 <input type="checkbox"/> Cuba Dominican | B14 <input type="checkbox"/> Guadeloupean | B18 <input type="checkbox"/> Montserratian |
| B06 <input type="checkbox"/> Barbadian | B11 <input type="checkbox"/> Dominican (Dominican Republic) | B15 <input type="checkbox"/> Haitian | B19 <input type="checkbox"/> Puerto Rican |
| B07 <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) | | | B20 <input type="checkbox"/> Caribbean Write in: _____ |

Central African

- | | | | |
|--|---|--|---|
| B21 <input type="checkbox"/> Angolan | B24 <input type="checkbox"/> Chadian | B26 <input type="checkbox"/> Congolese (Democratic Republic of the Congo) | B29 <input type="checkbox"/> São Toméan |
| B22 <input type="checkbox"/> Cameroonian | B25 <input type="checkbox"/> Congolese (Republic of the Congo) | B27 <input type="checkbox"/> Equatorial Guinean | B30 <input type="checkbox"/> Príncipe |
| B23 <input type="checkbox"/> Central African (Central African Republic) | | B28 <input type="checkbox"/> Gabonese | B31 <input type="checkbox"/> Central African Write in: _____ |

East African

- | | | | |
|---|--|---|---|
| B32 <input type="checkbox"/> Burundian | B38 <input type="checkbox"/> Malagasy (Madagascar) | B44 <input type="checkbox"/> Rwandan | B50 <input type="checkbox"/> Tanzanian (United Republic of Tanzania) |
| B33 <input type="checkbox"/> Comoran | B39 <input type="checkbox"/> Malawian | B45 <input type="checkbox"/> Seychellois/Seychelloise | B51 <input type="checkbox"/> Zambian |
| B34 <input type="checkbox"/> Djiboutian | B40 <input type="checkbox"/> Mauritian (Mauritius) | B46 <input type="checkbox"/> Somali | B52 <input type="checkbox"/> Zimbabwean |
| B35 <input type="checkbox"/> Eritrean | B41 <input type="checkbox"/> Mahoran (Mayotte) | B47 <input type="checkbox"/> South Sudanese | B53 <input type="checkbox"/> East African Write in: _____ |
| B36 <input type="checkbox"/> Ethiopian | B42 <input type="checkbox"/> Mozambican | B48 <input type="checkbox"/> Sudanese | |
| B37 <input type="checkbox"/> Kenyan | B43 <input type="checkbox"/> Reunionese | B49 <input type="checkbox"/> Ugandan | |

Latin American

- | | | | |
|--|--|---|--|
| B54 <input type="checkbox"/> Argentine | B60 <input type="checkbox"/> Costa Rican | B66 <input type="checkbox"/> Guyanese | B73 <input type="checkbox"/> South Georgia and the South Sandwich Islands |
| B55 <input type="checkbox"/> Belizean | B61 <input type="checkbox"/> Ecuadorian | B67 <input type="checkbox"/> Honduran | B74 <input type="checkbox"/> Surinamese |
| B56 <input type="checkbox"/> Bolivian | B62 <input type="checkbox"/> El Salvadoran | B68 <input type="checkbox"/> Mexican | B75 <input type="checkbox"/> Uruguayan |
| B57 <input type="checkbox"/> Brazilian | B63 <input type="checkbox"/> Falkland Islander | B69 <input type="checkbox"/> Nicaraguan | B76 <input type="checkbox"/> Venezuelan |
| B58 <input type="checkbox"/> Chilean | B64 <input type="checkbox"/> French Guianese | B70 <input type="checkbox"/> Panamanian | B77 <input type="checkbox"/> Latin American Write in: _____ |
| B59 <input type="checkbox"/> Colombian | B65 <input type="checkbox"/> Guatemalan | B71 <input type="checkbox"/> Paraguayan | |
| | | B72 <input type="checkbox"/> Peruvian | |

South African

- | | | | |
|--|--|--|---|
| B78 <input type="checkbox"/> Botswanan | B79 <input type="checkbox"/> Mosotho (Lesotho) | B81 <input type="checkbox"/> South African | B83 <input type="checkbox"/> South African Write in: _____ |
| | B80 <input type="checkbox"/> Namibian | B82 <input type="checkbox"/> Swazi | |

West African

- | | | | |
|---|--|---|--|
| B84 <input type="checkbox"/> Beninese | B88 <input type="checkbox"/> Ivorian (Cote d'Ivoire) | B92 <input type="checkbox"/> Malian | B97 <input type="checkbox"/> Senegalese |
| B85 <input type="checkbox"/> Bissau-Guinean | B89 <input type="checkbox"/> Gambian | B93 <input type="checkbox"/> Mauritanian | B98 <input type="checkbox"/> Sierra Leonean |
| B86 <input type="checkbox"/> Burkinabé (Burkina Faso) | B90 <input type="checkbox"/> Ghanaian | B94 <input type="checkbox"/> Nigerien (Niger) | B99 <input type="checkbox"/> Togolese |
| B87 <input type="checkbox"/> Cabo Verdean | B91 <input type="checkbox"/> Liberian | B95 <input type="checkbox"/> Nigerian (Nigeria) | C01 <input type="checkbox"/> West African Write in: _____ |
| | | B96 <input type="checkbox"/> Saint Helenian | |

C02 Black Write in: _____

MIDDLE EASTERN and NORTH AFRICAN (may check categories and use write-in)

- | | | | |
|---|---------------------------------------|--|--|
| W08 <input type="checkbox"/> Algerian | W15 <input type="checkbox"/> Copt | W22 <input type="checkbox"/> Jordanian | W28 <input type="checkbox"/> Palestinian |
| W09 <input type="checkbox"/> Amazigh or Berber | W16 <input type="checkbox"/> Druze | W23 <input type="checkbox"/> Kurdish Kuwaiti | W29 <input type="checkbox"/> Qatari |
| W10 <input type="checkbox"/> Arab or Arabic | W17 <input type="checkbox"/> Egyptian | W24 <input type="checkbox"/> Lebanese | W30 <input type="checkbox"/> Saudi Arabian |
| W11 <input type="checkbox"/> Assyrian | W18 <input type="checkbox"/> Emirati | W25 <input type="checkbox"/> Libyan | W31 <input type="checkbox"/> Syrian |
| W12 <input type="checkbox"/> Bahraini | W19 <input type="checkbox"/> Iranian | W26 <input type="checkbox"/> Moroccan | W32 <input type="checkbox"/> Tunisian |
| W13 <input type="checkbox"/> Bedouin | W20 <input type="checkbox"/> Iraqi | W27 <input type="checkbox"/> Omani | W33 <input type="checkbox"/> Yemeni |
| W14 <input type="checkbox"/> Chaldean | W21 <input type="checkbox"/> Israeli | | |
| W34 <input type="checkbox"/> Middle Eastern Write in: _____ | | | |
| W35 <input type="checkbox"/> North African Write in: _____ | | | |

PACIFIC ISLANDER (may check categories and use write-in)

- | | | | |
|--|--|---|--|
| P00 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | P05 <input type="checkbox"/> i-Kiribati / Gilbertese | P11 <input type="checkbox"/> Palauan | P17 <input type="checkbox"/> Tokelauan |
| P01 <input type="checkbox"/> Carolinian | P06 <input type="checkbox"/> Kosraean | P12 <input type="checkbox"/> Papuan | P18 <input type="checkbox"/> Tongan |
| P02 <input type="checkbox"/> Chamorro | P07 <input type="checkbox"/> Maori | P13 <input type="checkbox"/> Pohpeian | P19 <input type="checkbox"/> Tuvaluan |
| P03 <input type="checkbox"/> Chuukese | P08 <input type="checkbox"/> Marshallese | P14 <input type="checkbox"/> Samoan | P20 <input type="checkbox"/> Yapese |
| P04 <input type="checkbox"/> Fijian | P09 <input type="checkbox"/> Native Hawaiian | P15 <input type="checkbox"/> Solomon Islander | P21 <input type="checkbox"/> Pacific Islander Write in: _____ |
| | P10 <input type="checkbox"/> Ni-Vanuatu | P16 <input type="checkbox"/> Tahitian | |

WHITE (may check categories and use write-in)

- | | | | |
|--|---------------------------------------|--|--|
| W00 <input type="checkbox"/> White | | | |
| <u>Eastern European</u> | | | |
| W01 <input type="checkbox"/> Bosnian | W03 <input type="checkbox"/> Polish | W05 <input type="checkbox"/> Russian | W07 <input type="checkbox"/> Eastern European Write in: _____ |
| W02 <input type="checkbox"/> Herzegovinian | W04 <input type="checkbox"/> Romanian | W06 <input type="checkbox"/> Ukrainian | |
| W36 <input type="checkbox"/> White Write in: _____ | | | |



The Home Language Survey is given to *all* students enrolling in Washington schools.

| | | |
|--|---|--------------------|
| Student Name: _____ | Grade: _____ | Date: _____ |
| Parent/Guardian Name _____ Parent/Guardian Signature _____ | | |
| <p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p> | <p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? _____ Yes _____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? _____ Yes _____ No Language _____</p> | |
| <p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p> | <p>2. What language(s) did your child first speak or understand? _____ (Native Language)</p> <p>3. What language does your child use the most at home? _____ (Home Language)</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes _____ No _____ Don't Know _____</p> | |
| <p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p> | <p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) _____ Yes _____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p> | |

Thank you for providing the information needed on the Home Language Survey. If you have further questions about this form or about services available at your student's school, please contact Teaching & Learning Department at the Kelso School District office or call (360) 501-1939.

Note to district: This form is available in multiple languages on <https://www.k12.wa.us/student-success/access-opportunity-education/migrant-and-multilingual-education/multilingual-education-program/multilingual-family-communication-templates>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 OR #4 of a language other than English could prompt further conversation with the family to ensure that #2 or #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Kelso School District

NONDISCLOSURE FORM (Optional) FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Kelso School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student's education records. However, the Kelso School District may disclose appropriately designated "directory information" (which consists of name, age, and photo likeness) without written consent, unless you have advised the district that you wish to opt out of the disclosure of directory information regarding your student. The primary purpose of disclosures of directory information is to allow the Kelso School District to include student information in school-related publications.

To request withholding of information pursuant to FERPA, please complete this form (one form per family) and return it to your school office. If this form is not completed and filed with the district, directory information listed below may be disclosed. If this form is completed and filed, it will remain effective for the duration of your student's enrollment in the district unless you notify your school office in writing that you would like to revoke this nondisclosure form.

DO NOT DISCLOSE TO MILITARY:
Federal law requires Kelso School District to provide military recruiters a list of all juniors and seniors. This list will include your student's name, address, telephone number, and school they are currently attending. High schools must provide student information to the Defense Department upon request unless parents/guardians object.

DO NOT DISCLOSE DIRECTORY INFORMATION:
Educational institutions may release directory information without parental consent, in accordance with FERPA, for non-commercial, non-fundraising purposes. Directory information is defined as parent/guardian name(s) and address(es), student name, address, telephone number, date and place of birth, dates of attendance, participation in school sports and activities, weight and height of members of athletic teams, diplomas and awards received, and the most recent school attended.

DO NOT DISCLOSE TO HIGHER EDUCATION:
Federal law requires the Kelso School District, upon request, to release the name, home address, and telephone number of all high school students to institutions of higher education (such as colleges and universities) unless the student or the student's parent/guardian have directed the school not to release this information.

DO NOT DISCLOSE PUBLIC PHOTO:
Names and/or photographs of students in school and school-sponsored activities could be published on school and district websites and newsletters, school/district social media accounts, and in the media (e.g., honor roll, newspaper articles). Generally, photos are published to show the "Great Things Happening in Kelso School District." Names and/or photographs could be published with the student's grade and school of attendance.

DO NOT DISCLOSE TO YEARBOOK:
School yearbook staffs publish students' photographs and names and grade level in their school yearbooks, which are made available for sale to the student body.

Procedure 2022P allows for group and action photos (video or still) to be published when students are not identified. If this is still a concern, please make an appointment with your student's principal to discuss it.

| | | | | |
|------------|-------------|--------------|------------------------|-------|
| | | | | |
| Legal Last | Legal First | Legal Middle | School Student Attends | Grade |

Parent/Guardian Legal Name (Please Print Clearly)

Parent/Guardian Signature

Date



Kelso School District Technology Acceptable Use Agreement

PURPOSE: Kelso School District (KSD) may issue students a one-to-one (1:1) technology device that can be used both at school and at home as a means to promote achievement and provide flexible learning opportunities.

This agreement outlines KSD expectations for students and families issued a 1:1 device. In addition to this agreement, the use of district-provided technology requires students to abide by the KSD Technology Use Guidelines as provided on the Instructional Technology page on the district website www.kelso.wednet.edu/page/instructional-technology.

KSD expects that students will use district-issued equipment responsibly. This agreement will help you understand the appropriate use of both the technology and district network resources. KSD also expects that students will make a good faith effort to keep their 1:1 devices safe, secure, and in good working order. This agreement includes the following specific responsibilities and restrictions.

Student Expectations:

1. **Charge your 1:1 device at home every night** and bring it to school each day with a full charge.
2. **Communicate Responsibly!** Electronic communication must be conducted in a professional and academic manner, using appropriate language, and avoiding profanity and offensive or inflammatory speech.
3. **Back up important files regularly.** KSD maintains 1:1 devices with periodic updates. Students should save files in online storage to avoid accidental loss of data. KSD cannot guarantee data loss will not occur and is not liable for such loss. Ask for assistance if you do not know how to back up your files.
4. **Use technology for school-related purposes only.** Use for commercial or political purposes is prohibited.
5. **Follow copyright laws and fair use guidelines.** Only download/save music, videos, or other content related to specific assignments. Do not use your device to store personal digital content.
6. **Make your 1:1 device available for inspection by any administrator or teacher upon request.**
7. Keep the device in its school-issued case (if applicable).
8. **Return the device to school promptly if you withdraw from the district.**

The following activities are prohibited:

1. Do not mark or deface your KSD issued 1:1 device or case. Defacing includes the use of non-district stickers or tape.
2. Do not loan your KSD 1:1 device, charger, or cord to anyone; do not leave your device in a vehicle or unattended at any time; and, do not eat or drink while using your device.
3. Do not attempt to change or bypass the internet filtering, security, network/wifi settings, or any other device settings, including the installation of games or other unauthorized software.
4. Do not attempt to access systems beyond your authorized access. This includes sharing your account password for any system with others, or using another person's account and/or password.
5. Do not attempt to locate, view, share, or store materials that are unacceptable in an academic setting. **This includes, but is not limited to, pornographic, obscene, racist, graphically violent, or vulgar images, sounds, music, language, video, or other materials.** The criteria for acceptability is demonstrated in the types of material made available to students in district-provided learning materials and resources.
6. Do not take pictures or videos of other students or staff without their permission.



Kelso School District Technology Acceptable Use Agreement

Hacking: Please note that “hacking” of any type, including the intentional introduction of malicious software (viruses), attempts to gain unauthorized network or system access, or attempts to disrupt normal network traffic, will result in district discipline and may lead to criminal charges.

Student Safety:

1. **Students should not intentionally reveal or post identifying personal information, files, or communications to unknown persons through email or other means.**
2. Bullying or harassment, including personal attacks or threats toward anyone using online resources, **is strictly prohibited and may lead to criminal charges.** *If you are aware of bullying or harassment, please report it to responsible school personnel.*
3. All student 1:1 computing devices are configured to filter internet content and communications at school, at home, and on any other network. Activities on district computers and accounts are not private.
4. While internet filtering is intended to restrict access to inappropriate or non-educational content, the district cannot guarantee that students will not intentionally or unintentionally access content that may be deemed unacceptable. If you access inappropriate content on your device, report it to school staff immediately.
5. The electronic communications, activities, and files created and/or accessed on district technology are not private and are subject to being viewed, monitored, and/or archived by the district at any time.

Parental/Guardian Monitoring Responsibility: Despite the filtering measures detailed above, parents and/or guardians assume responsibility for monitoring their student’s activity on district-issued devices and accounts during non-school hours and on non-student attendance days. Users are responsible for the appropriate use of the device and all accounts, applications, and services.

If information is collected that indicates activity outside of the acceptable use, that information will be reviewed with the student and/or parent/guardian during normal school business hours.

IMPORTANT SAFETY NOTE: Information obtained by school district officials, after school business hours, suggesting or indicating imminent danger to a person(s) will initiate a 911 report upon receiving that information. Building administration will contact the parents/guardians on the next school business day regarding the matter.

Fiscal Responsibility: The district strives to limit the financial responsibility for families of students issued 1:1 devices. In cases of accidental damage, a 1:1 device will be repaired up to two times per year at no cost to the family. If the device is lost or stolen, and the school determines that the student is not at fault, a replacement fine will be assessed by the technology department. If a device is damaged, lost, or stolen due to willful negligence, the family may be responsible for the full cost to repair or replace the 1:1 device. A police report must be filed by the family for all devices stolen when off campus.



Kelso School District Technology Acceptable Use Agreement

Student Name: _____ **School:** _____

Graduation Year: _____

By signing this document, you agree to abide by the conditions listed in the Technology Acceptable Use Agreement and assume responsibility for the appropriate and safe use and care of KSD district-issued technology. You understand that should you fail to comply with the terms of this agreement, access to 1:1 technology, the internet, and other digital content or services may be limited. Students may also be subject to disciplinary action as outlined in the KSD Student Code of Conduct.

STUDENT: I have read and will abide by the Acceptable Use Agreement of the Kelso School District. I understand that the devices and resources provided to me are to support my learning. I also understand that should I violate this agreement, my privileges may be revoked and/or disciplinary action may be taken.

| | |
|-------------------------------------|--------------|
| Student Name (please print): | |
| Student Signature: | Date: |

PARENT/GUARDIAN: I have read and agree that access to district technology and resources is designed for educational purposes. I understand that students will use Google Apps for Education and videoconferencing platforms, and I understand that my student's name will be used for creating their account. No student information will be used by Google in any way. I give permission for my student to use Google Apps for Education, videoconferencing platforms and other educational resources provided by teachers. I understand that inappropriate use of technology equipment and resources by my student may result in revocation of technology privileges and the imposition of school discipline and appropriate legal actions. I accept all financial and legal liabilities that may result from my student's use of the Kelso School District equipment and resources. I release Kelso School District, its officers, employees, agents, representatives, and all organizations and individuals related to Kelso School District technology system from any and all liability or damages that may result from my student's use of the district's equipment and electronic communication system.

| | |
|---|--------------|
| Parent/Guardian Name (please print): | |
| Parent/Guardian Signature: | Date: |

Kelso School District

Student Health History & Emergency Medical Treatment Consent Form



Student Name: _____ **School:** _____
Address: _____ **Birth date:** _____ **Gender:** _____
Student's Doctor/Healthcare Provider: _____ **Phone:** _____

Kelso School District requires that a parent/guardian complete a Student Health History Form. The district may use this information to advise families of the need for further medical attention, and to plan for potential health concerns during the school day.

NOTE: If your student has a life-threatening condition, such as severe bee sting or severe food allergies, asthma, diabetes, seizure, etc., they are required by Washington State Law to have a medication, treatment order, and nursing plan in place BEFORE they can attend school. The medication and treatment order must be from the student's licensed health care provider and needs to be reviewed/renewed before the start of EACH school year in accordance with RCW 28A.210.320. The law defines life-threatening condition as a "health condition that will put the student in danger of death during the school day if a medication, treatment order, and a nursing plan are not in place".

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

| HEALTH CONDITION | YES | NO | EXPLANATION |
|------------------------------------|-----|----|---|
| Medication Allergies | | | List: |
| Food Allergies | | | Food(s): Peanut__ Dairy__ Eggs__ Other: _____ Life Threatening: Yes (requires IHP & Epi-pen at school)___ No___ |
| Allergy to Bee Stings | | | Life Threatening: Yes (requires IHP & Epi-pen at school)___ No___ |
| Asthma (requires an IHP) | | | Last date inhaler was used: |
| History of Asthma | | | Has resolved: No longer requires inhaler |
| Diabetes (requires an IHP) | | | Type 1:___ Insulin Injection:___ Insulin Pump:___ Type 2:___ Insulin Injection:___ Oral Medication___ Diet:___ |
| Seizure Disorder (requires an IHP) | | | Type: _____ Medications: _____ Date of last seizure: _____ |
| Neurological Disorders | | | Specify: |
| Heart Condition | | | Specify: |
| Blood Disorder | | | Specify: _____ Treatment: _____ |
| Cancer | | | Specify: _____ Treatment: _____ |
| Bowel/Bladder Issues | | | Specify: _____ Treatment: _____ |
| Bone/Muscle Problems | | | Specify: |
| Scoliosis | | | Treatment: |
| ADD/ADHD | | | Medication: _____ Needed at school: Yes___ No___ |
| Mental Health/Behavioral | | | Specify: _____ Treatment: _____ |
| Wears Glasses/Contacts | | | Glasses:___ Contacts:___ |
| Hearing Loss | | | Right Ear:___ Left Ear:___ |
| Other Health Concerns | | | Specify: _____ Treatment: _____ |
| Medication Taken at Home | | | List (if not listed above): |

The information on this form may be shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my student, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis, and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury, and/or unforeseen circumstances. I understand that Washington law requires that my student's immunizations are complete or conditional before starting school. I give permission to my student's school to add immunizations into the Washington State Immunization Information System to maintain my student's immunization record.

_____ **Parent/Guardian Printed Name** _____ **Parent/Guardian Signature** _____ **Date**

FOR OFFICE USE ONLY:

Reviewed by Health Specialist: _____ **Date:** _____ **School Year:** _____ **Grade:** _____ **Grad Year:** _____



Kelso School District Medically Verified Immunization Requirements

The State of Washington and the Kelso School District recognize the importance of healthy students and require that all immunization records submitted to schools, by state law, be medically verified. This means immunization records turned in to the school must be from a health care provider, or you must attach to your handwritten form, paperwork from a health care provider to verify the accuracy of your student's records.

Immunization records must be turned in to the school on or before the first day of attendance. **Your child will not be able to attend any Kelso public school until these records are provided.**

The following are examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- Copy of medical records showing immunizations received.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school with a completed Certificate of Exemption. Found on our website www.kelso.wednet.edu (Documents>Departments>Student Services>Health Information) or from your school office.

If your child already meets immunization requirements and has verified records on file with a Kelso school, you do not need to do anything.

If you have any questions, please contact one of our district nurses.

Stephanie Toms, BSN, RN
KSD Nurse
stephanie.toms@kelsosd.org

Laura Dieter, RN
KSD Nurse
laura.dieter@kelsosd.org



Kelso School District Student Rights and Responsibilities Form

In Kelso, we believe it is extremely important to provide a safe and productive learning environment for all of our students and to ensure that students are at school on time, all day, and every day that they are healthy enough to attend.

Kelso School District updates and publishes a Student Rights and Responsibilities Handbook to explain student rights, responsibilities, and the importance of regular attendance. You can find a copy of the Student Rights and Responsibilities Handbook by clicking [here](#), or on the Kelso School District webpage <https://kelso.wednet.edu> under Quick Links. You may also request a printed copy from your student's school office.

After reviewing the handbook with your student, please return this signed form to your school's teacher or office. Your signature verifies that you and your student are aware and understand the contents within the Student Rights and Responsibilities Handbook.

Student Name (print) _____

Student Signature _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____

***In addition, your signature above serves as acknowledgment of parents/guardians rights to review student records according to Policy [3231](#) and Procedure [3231P](#).*

The information contained in this handbook was accurate and current at the time of its distribution. District policies and procedures are often updated to reflect changes to federal, state, and local laws. If you are looking for the most up-to-date information, it is always best to view this handbook online.



Kelso School District Indian Education Information

The Kelso Indian Education Program's purpose is to meet the culturally related academic needs of children of native heritage. Through a partnership with Youth and Family LINK, we are able to offer free after-school programs, cultural activities, a yearly pow wow, and a parent committee where you can be involved in your student's education.

The program's requirements include the identification of students who are of native heritage. If your child is of native descent and has a tribal affiliation number or other evidence establishing membership in the Tribe, please complete the federal form on page 19.

Your student's enrollment, whether they actively participate in this program or not, will make it possible for others to do so, as our funding is directly related to the number of students with the enrollment forms on file.

This is a great opportunity for your student and your family!

For more information please contact:

- Kim Hogue at khogue@linkprogram.org
- The OSPI website:
<https://www.k12.wa.us/student-success/access-opportunity-education/native-education/title-vi-indian-education-programs-%E2%80%94-district-2019-20>
- The Kelso School District Student Services Department at 601 Crawford St., Kelso WA 98626 or (360) 501-1905.

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335