



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. 10)		
Health Information Sheet (p. 15)		
Student Rights & Responsibilities Form (p. 17)		
Indian Education (p. 19)		
DOCUMENTATION:		
Medically Verified Immunization Records <i>(examples on p. 16)</i>		
Birth Certificate <i>(Required for Preschool, Transition to Kindergarten, and Kindergarten)</i>		

School/Program you are enrolling in:		
<i>Either verify your address or confirm your Choice Transfer Form has been accepted before selecting a school.</i>		
<u>Elementary Schools</u> <input type="checkbox"/> Barnes <input type="checkbox"/> Butler Acres <input type="checkbox"/> Carrolls <input type="checkbox"/> Lexington <input type="checkbox"/> Rose Valley <input type="checkbox"/> Wallace	<u>Middle Schools</u> <input type="checkbox"/> Coweeman <input type="checkbox"/> Huntington	<u>High School</u> <input type="checkbox"/> Kelso High School <input type="checkbox"/> Loowit High School
<u>Alternative Learning Education Program (ALE)</u>		
<input type="checkbox"/> Kelso Virtual Academy		
<u>Preschool Program</u>		
<input type="checkbox"/> Preschool Pups		

KELSO SCHOOL DISTRICT NO. 458

STUDENT REGISTRATION FORM

DATE _____

SCHOOL _____

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

School Entry Date:	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
Records Requested on:					

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? If yes, which school(s)?		Grade(s)
Has student ever attended any other school in Washington State? If yes, which school and district?		Grade(s)
Has student ever been suspended or expelled? 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

Is your student currently enrolled in a Special Education Program or do they have an IEP? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Is there a restraining order in effect? ☐ Yes ☐ No

If yes, who is the restraining order is against? ☐ Mother ☐ Father ☐ Other _____

Copies of legal papers **MUST** be on file in the school office for enforcement. Have copies been provided?? ☐ Yes ☐ 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

- ☐ U.S. Armed Forces (Active Duty) ☐ Both Parents/Guardians are Affiliated ☐ Information applies to Primary Household
- ☐ U.S. Armed Forces (Reserves) ☐ No Military Service Affiliation ☐ Information applies to Secondary Household
- ☐ National Guard (Washington/Oregon) ☐ 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	Primary Phone	Second Phone

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/Caregiver 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/Caregiver 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/Caregiver 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)

- **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)

- **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
- **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.

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

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, email to nancy.baldwin@kelsosd.org, or mail to Family & Community Resource Center, Youth & Family Support Specialist, 2001 Allen St., Kelso WA 98626.

If you have any questions regarding this form, please call 360-501-1993.

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 |
|---|---|---|

Caribbean

B03 ☐ Anguillian
B04 ☐ Antiguan
B05 ☐ Bahamian
B06 ☐ Barbadian
B07 ☐ Barthélemois/Barthélemoises
(Saint Barthélemy)

B08 ☐ British Virgin Islander
B09 ☐ Caymanian
(Cayman Island)
B10 ☐ Cuba Dominican
B11 ☐ Dominican
(Dominican Republic)

B12 ☐ Dutch Antillean
(Netherlands Antilles)
B13 ☐ Grenadian
B14 ☐ Guadeloupian
B15 ☐ Haitian

B16 ☐ Jamaican
B17 ☐ Martiniquais/Martiniquaise
B18 ☐ Montserratian
B19 ☐ Puerto Rican
B20 ☐ Caribbean Write in:

Central African

B21 ☐ Angolan
B22 ☐ Cameroonian
B23 ☐ Central African
(Central African Republic)

B24 ☐ Chadian
B25 ☐ Congolese
(Republic of the Congo)

B26 ☐ Congolese (Democratic
Republic of the Congo)
B27 ☐ Equatorial Guinean
B28 ☐ Gabonese

B29 ☐ São Toméan
B30 ☐ Príncipe
B31 ☐ Central African Write in:

East African

B32 ☐ Burundian
B33 ☐ Comoran
B34 ☐ Djiboutian
B35 ☐ Eritrean
B36 ☐ Ethiopian
B37 ☐ Kenyan

B38 ☐ Malagasy (Madagascar)
B39 ☐ Malawian
B40 ☐ Mauritian (Mauritius)
B41 ☐ Mahoran (Mayotte)
B42 ☐ Mozambican
B43 ☐ Reunionese

B44 ☐ Rwandan
B45 ☐ Seychellois/Seychelloise
B46 ☐ Somali
B47 ☐ South Sudanese
B48 ☐ Sudanese
B49 ☐ Ugandan

B50 ☐ Tanzanian (United Republic
of Tanzania)
B51 ☐ Zambian
B52 ☐ Zimbabwean
B53 ☐ East African Write in:

Latin American

B54 ☐ Argentine
B55 ☐ Belizean
B56 ☐ Bolivian
B57 ☐ Brazilian
B58 ☐ Chilean
B59 ☐ Colombian

B60 ☐ Costa Rican
B61 ☐ Ecuadorean
B62 ☐ El Salvadoran
B63 ☐ Falkland Islander
B64 ☐ French Guianese
B65 ☐ Guatemalan

B66 ☐ Guyanese
B67 ☐ Honduran
B68 ☐ Mexican
B69 ☐ Nicaraguan
B70 ☐ Panamanian
B71 ☐ Paraguayan
B72 ☐ Peruvian

B73 ☐ South Georgia and the
South Sandwich Islands
B74 ☐ Surinamese
B75 ☐ Uruguayan
B76 ☐ Venezuelan
B77 ☐ Latin American Write in:

South African

B78 ☐ Botswanan

B79 ☐ Mosotho (Lesotho)
B80 ☐ Namibian

B81 ☐ South African
B82 ☐ Swazi

B83 ☐ South African Write in:

West African

B84 ☐ Beninese
B85 ☐ Bissau-Guinean
B86 ☐ Burkinabé (Burkina Faso)
B87 ☐ Cabo Verdean

B88 ☐ Ivorian (Cote d'Ivoire)
B89 ☐ Gambian
B90 ☐ Ghanaian
B91 ☐ Liberian

B92 ☐ Malian
B93 ☐ Mauritanian
B94 ☐ Nigerien (Niger)
B95 ☐ Nigerian (Nigeria)
B96 ☐ Saint Helenian

B97 ☐ Senegalese
B98 ☐ Sierra Leonean
B99 ☐ Togolese
C01 ☐ West African Write in:

C02 ☐ Black Write in: _____

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

W08 ☐ Algerian
W09 ☐ Amazigh or Berber
W10 ☐ Arab or Arabic
W11 ☐ Assyrian
W12 ☐ Bahraini
W13 ☐ Bedouin
W14 ☐ Chaldean

W15 ☐ Copt
W16 ☐ Druze
W17 ☐ Egyptian
W18 ☐ Emirati
W19 ☐ Iranian
W20 ☐ Iraqi
W21 ☐ Israeli

W22 ☐ Jordanian
W23 ☐ Kurdish Kuwaiti
W24 ☐ Lebanese
W25 ☐ Libyan
W26 ☐ Moroccan
W27 ☐ Omani

W28 ☐ Palestinian
W29 ☐ Qatari
W30 ☐ Saudi Arabian
W31 ☐ Syrian
W32 ☐ Tunisian
W33 ☐ Yemeni

W34 ☐ Middle Eastern Write in: _____

W35 ☐ North African Write in: _____

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

P00 ☐ Native Hawaiian/Other
Pacific Islander
P01 ☐ Carolinian
P02 ☐ Chamorro
P03 ☐ Chuukese
P04 ☐ Fijian

P05 ☐ i-Kiribati / Gilbertese
P06 ☐ Kosraean
P07 ☐ Maori
P08 ☐ Marshallese
P09 ☐ Native Hawaiian
P10 ☐ Ni-Vanuatu

P11 ☐ Palauan
P12 ☐ Papuan
P13 ☐ Pohpeian
P14 ☐ Samoan
P15 ☐ Solomon Islander
P16 ☐ Tahitian

P17 ☐ Tokelauan
P18 ☐ Tongan
P19 ☐ Tuvaluan
P20 ☐ Yapese
P21 ☐ Pacific Islander Write in:

WHITE (may check categories and use write-in)

W00 ☐ White

Eastern European

W01 ☐ Bosnian
W02 ☐ Herzegovinian

W03 ☐ Polish
W04 ☐ Romanian

W05 ☐ Russian
W06 ☐ Ukrainian

W07 ☐ Eastern European Write in:

W36 ☐ 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 _____			
Right to Translation and Interpretation Services 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>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>		
Eligibility for Language Development Support 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>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>		
Prior Education Your responses about your child's birth country and previous education: <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. <i>This form is not used to identify students' immigration status.</i>	<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 staff publishes students' photographs, names, and grade levels 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

Technology Responsible Use Agreement

PURPOSE: Kelso School District (KSD) provides student access to technology devices that can be used to promote achievement and provide flexible learning opportunities. Some students will be allowed to take devices home depending on district-approved school policy. This agreement outlines KSD expectations for students and families regarding technology use. 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 Technology Integration page on the district website.

KSD expects that students will use district-assigned 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 the assigned devices safe, secure, and in good working order. This agreement includes the following specific responsibilities and restrictions.

Student Expectations:

1. Treat technology with care. Carry, place, and store technology in a way that keeps it free from damage. Ensure devices are regularly charged and ready for use when needed.
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. Use of school district email accounts should be for school-related communications and not personal messaging.
3. Use technology for school-related purposes only. Use for commercial or political purposes is prohibited.
4. 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.
5. Make your assigned device available for inspection by any administrator or teacher upon request.
6. Return the device and charger to school promptly if you unenroll from the district.

The following activities are prohibited:

1. Do not mark or deface your KSD-assigned device or case. Defacing includes the use of non-district stickers or tape.
2. Do not loan your assigned KSD 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 district safeguards. This includes internet filtering, security, network/wifi settings, or any other device settings, including the installation of games or other unauthorized software. This also includes accessing VPN sites to bypass restrictions.
4. Do not attempt to access systems beyond your authorized access or share your account information with others. This includes 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 unauthorized materials.** The criteria for acceptability is demonstrated in the types of material made available to students in district provided learning materials & resources.
6. Do not take pictures or videos or create likenesses of other students or staff without their permission.

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 or systems through email or other means.**
2. Bullying or harassment, including personal attacks, hate speech, 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 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 and are screened for objectionable or unsafe content.
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/Caregiver Monitoring Responsibility:

Despite the filtering measures detailed above, parents and/or caregivers assume responsibility for monitoring their student's activity on district-assigned devices and accounts during non-school hours and on non-student attendance days when devices are used off campus. 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/caregiver during normal school business hours. Students not following guidelines may receive restricted access. This decision will be reviewed annually.

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/caregivers on the next school business day regarding the matter.

Fiscal Responsibility:

The district strives to limit the financial responsibility for families of students assigned devices. If the device is lost or stolen, and the school determines that the student is not at fault, a replacement fine will not be assessed by the technology department. If a device is damaged, lost, or stolen due to willful negligence, the family will be responsible for the full cost to repair or replace the assigned device. A police report must be filed by the family for all devices stolen when off campus.

Technology Responsible Use Agreement

By signing this document, you agree to abide by the conditions listed in the Technology Responsible Use Agreement and assume responsibility for the appropriate and safe use and care of KSD district-assigned technology. You understand that should you fail to comply with the terms of this agreement, access to 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 Responsible Use Agreement of Kelso Public Schools. 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.

School:	
Student Name (please print):	
Student Signature:	Date:

PARENT/CAREGIVER: 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 child to use Google Apps for Education, video-conferencing platforms, and other educational resources provided by teachers. I understand that inappropriate use of technology equipment and resources by my child may result in revocation of their technology privileges and the enforcement of school discipline and appropriate legal actions. I accept all financial and legal liabilities that may result from my child's use of the Kelso Public School's equipment and resources. I release Kelso Public Schools, its officers, employees, agents, representatives, and all organizations and individuals related to Kelso Public School's technology system from any and all liability or damages that may result from my child's use of the district's equipment and electronic communication system. For more information, please reference the KSD Technology Use Guidelines as provided on the Technology Integration page on the district website.

Parent Name (please print):	
Parent Signature:	Date:

White: Student Copy

Yellow: School Copy¹



Kelso School District

Grades 6-12, Responsible Use Policy (RUP) Addendum for AI

This information is provided for all grade levels, but only students entering grades 6-12 need to sign.

*This template was based on OSPI, [Implementing AI: A Practical Guide for the Classroom](#), Page 10

ARTIFICIAL INTELLIGENCE

Artificial Intelligence is a rapidly advancing set of technologies for capturing data to detect patterns and automate decisions. Artificial Intelligence (AI) has become an increasingly important part of our lives, and it is essential for students to understand when and how to use it effectively and ethically. AI tools can enhance classroom learning, and their implementation should be guided with proper training, ethical considerations, and responsible oversight. When utilizing generative AI tools to create or support the creation of texts or creative works, students are expected to adhere to these guidelines, the Kelso School District Student AI Code of Conduct, and any additional guidance provided by their classroom teacher.

A. Purpose

The district has maintained staff and student access to generative Artificial Intelligence tools for the following purposes:

- Ensuring all students have equitable access to leverage these technologies, regardless of what learning technology devices may be available to them.
- Providing all students with an opportunity to engage in current technologies in a learning environment, to better prepare them for the world they will live and work in.
- Extending the benefits of these tools to the workplace, where appropriate, to leverage efficiencies and productivity.

B. Appropriate Use

Generative Artificial Intelligence technologies should be used to support and extend student learning, in accordance with the expectations outlined in: the directions of the assignment/project as given by the teacher, Kelso School District Student Rights & Responsibilities Handbook, Kelso School District Policy 3241,3241P, as well as the guidelines in this document. Staff and students will use the Kelso School District AI Usage Scale to determine the appropriate AI use on classroom assignments. Appropriate student use is further outlined in the Kelso School District Student AI Code of Conduct.

C. Inappropriate Use

In addition to those uses which violate this document, the following are prohibited uses of Artificial Intelligence:

- Any use of Artificial Intelligence which does not align with expectations outlined by a classroom instructor or building administrator. It is ultimately the teacher's responsibility to determine the appropriate level of use of Artificial Intelligence in each classroom and for each assignment or project.
- Use of Artificial Intelligence to complete an assignment in a way that represents the assignment as one's own work.
- Use of Artificial Intelligence to purposefully create misinformation or to misrepresent others for the purpose of harming or bullying groups or individuals.
- Use of Artificial Intelligence with confidential student or staff personally identifiable information (PII) or likenesses.






D. Violating These Guidelines

In the event that these RUP guidelines are not followed, schools will follow their standard disciplinary procedures. Consequences may include discipline as outlined in Kelso School District Board Procedure 3241P as well as restrictions placed on student use of generative Artificial Intelligence.



Kelso School District Student AI Code of Conduct

*This template was taken and adapted from OSPI, [Implementing AI: A Practical Guide for the Classroom](#), Page 11

Kelso School District AI Usage Scale				
Level 1 No AI Assistance	Level 2 AI-Assisted Brainstorming	Level 3 AI-Supported Drafting	Level 4 AI-Collaborative Creation	Level 5 AI as Co-Creator
				
No AI tools are used at any point. I will rely solely on my knowledge and skills.	AI tools can help generate ideas. My final content will be created without direct AI input. AI assistance must be cited as directed by my teacher.	AI can help with drafting initial versions. My final version will be significantly revised. Clear distinction between AI input and my contributions. AI assistance must be cited as directed by my teacher.	AI-generated content can be included. I must critically evaluate and edit AI contributions. I will be transparent and cite AI usage as directed by my teacher.	Extensive use of AI in content creation. I will provide a rationale for AI use and ensure original thought. My work will adhere to academic integrity with proper citations as directed by my teacher.

1. Use AI Responsibly: When completing assignments, I will follow teacher directions in reference to the KSD AI Usage Scale in order to determine to what extent generative AI can be utilized for my classroom assignments and projects. I will use AI tools responsibly and for educational purposes only. I understand that misuse or malicious use of AI tools will not be tolerated and may result in disciplinary action.
2. Respect Others: I will not use AI to harm, deceive, or disparage others. I will always respect others' privacy and dignity.
3. Maintain Academic Integrity: When using AI to assist with my schoolwork, I will always give proper credit. I understand that any work generated by AI should be clearly indicated/cited as required by my teacher. I will verify the accuracy of any AI-generated content. It is ultimately my responsibility to ensure any work I turn in has been fact-checked for accuracy and edited as needed.
4. Protect Privacy: I will be mindful of my own and others' privacy when using AI. I will not share personal information with AI without appropriate consent and understanding of how the data will be used.
5. Learn Continuously: I understand that AI is a rapidly evolving field. I will continuously learn about AI, its implications, limitations, and how to use it ethically. I will learn how to optimize and refine prompts when utilizing AI as a thought partner.
6. Report Concerns: I will report any concerns or potential breaches of this pledge to a teacher or school administrator immediately.

By signing this code of conduct, I acknowledge these principles and the importance of ethical AI use in our school community.

Only students entering grades 6-12 need to sign this form

Student Name (first and last name): _____

Student 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



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