

# WARWICK PUBLIC SCHOOL

210 4th Ave. Warwick, North Dakota, 58381  
Phone: (701) 294-2561 Fax: (701) 294-2626 website: warwick.k12.nd.us

Angela Brandt  
Superintendent & HS Principal

Kayla Rusten  
Elementary & Middle School Principal



## Request for Release of Educational Records

Today's Date: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last

First

Middle

School Last Attended: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street

City

State

Zip

My son/daughter has recently enrolled in Warwick Public School. I authorize to send the following student records:

\_\_\_ Transcript of Grades

\_\_\_ Immunizations

\_\_\_ Cumulative Records

\_\_\_ Health Records

\_\_\_ Standardized Tests

\_\_\_ Attendance

\_\_\_ Confidential Records

\_\_\_ Other (Specify)

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

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Official Registration Forms

Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_

Last

First

Middle

Birth Date: \_\_\_\_\_ Gender: M / F Social Security #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

Street/PO Box

City

State

Zip

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### Parent Information:

Mother/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Medical Information:

Does your child have any allergies, physical or health problems? Yes / No

If yes, please explain in detail: \_\_\_\_\_

Is your child currently on an IEP or receiving any other special services? Yes / No

If yes, please indicate the present program: \_\_\_\_\_

Emergency Contact Information:

Emergency contact numbers will be used only if a parent cannot be reached.

Contact #1:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

Contact #2:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

Contact #3:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

Contact #4:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

Additional Information we may need to know about your child?

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

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

\_\_\_\_\_  
Date

Current Living Situation:

Is your address a temporary living arrangement: Yes / No

If yes, is this temporary living arrangement due to the loss of housing or economic hardship? Yes / No

If you answered YES to the above questions, please complete the remainder of this page. If you answered NO, you may stop here on this page.

Where is the student presently living: (Mark all that apply)

- ☐ Temporarily living with another family
- ☐ In a hotel/motel
- ☐ In a vehicle, park, or campground
- ☐ In a shelter
- ☐ Moving from place to place
- ☐ In a place not designed for, or normally used as, regular sleeping accommodation
- ☐ Waiting foster care placement

Are you a student under the age of 18 and living apart from your legal guardian or along with out an adult? Yes / No

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Students without a fixed, regular, and adequate nighttime residence have the following rights:

- 1- Immediate enrollment in school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situation.
- 2- Transportation to and from school.
- 3- Access to free meals, Title 1, and other educational programs, transportation to extra-curricular activities, and access to extended school day programs.
- 4- Emergency clothing and school supplies.
- 5- Referrals to community resources.

Family Information:

Please check all that apply to your child or family.

\_\_\_ Chronic illness or disability of parent/guardian

\_\_\_ Child is/was in foster care

\_\_\_ Delayed speech/language

\_\_\_ Sibling with learning difficulties

\_\_\_ Serious injury/trauma problems

\_\_\_ Parent or sibling receiving special services

\_\_\_ Asthma

\_\_\_ Long-term use of medication

\_\_\_ Hearing problems

\_\_\_ Vision problems

\_\_\_ Parent concern about child's development

If any of the above apply to you or your child, please explain:

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Tribal Enrollment:

Tribal Affiliation: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Is tribal enrollment currently pending? Yes / No

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Language:

Language spoken in home is: \_\_\_\_\_

Is your child fluent in English? Yes / No

Does your child speak any other language at home? Yes / No

If yes, please list language child speaks: \_\_\_\_\_





## Home Language Survey

Student Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

Today's Date: \_\_\_\_\_

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. The district may be eligible for additional funding for English learners and/or immigrant children and youth. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) did your child learn when he/she first began to talk?

What language(s) does your child speak/use?

What language does your child use most often?

What language do you use most often to speak to your child?

Has your child ever been in an English Learner or Bilingual Program?

Yes No Unsure

Do you believe a language other than English has significantly influenced your child's English language proficiency, such as reading or writing skills?

Yes No Unsure

Circle the grades your child has attended in the United States.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Circle the grades your child has attended outside of the U.S.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12

If outside of the United States, in which country did your child attend school?

What language(s) did your child learn in school?

If practicable, in what language or format should the school communicate with your family?

**Immigrant Student:**

**1. Would your child be considered an immigrant student?**

Yes

No

An immigrant student was born outside of the U.S. and has attended school in the U.S. for three (3) years or less. If yes, please list: Country of origin \_\_\_\_\_ (For refugee students, this is the country you originally fled, not the country you lived in most recently.)

U.S. entry date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Heritage language \_\_\_\_\_

**Native American or Alaska Native student:**

**2. Would your child be considered a Native American or an Alaska Native student?**

Yes

No

Native American and Alaska Native students are mentioned specifically in the EL definition and may qualify for EL services. Do you believe a tribal language has significantly influenced your child's education in English? Yes No

If yes, what is the tribal language? \_\_\_\_\_

**Migrant Student:**

**3. Would your child be considered a migrant student?**

Yes

No

4. A migrant student has moved in the past 36 months with or to join a parent/guardian who is a migratory agricultural worker. If yes, what is the date you moved to this area? (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Refugee Student:** *(This information is not a state requirement but may be collected at the discretion of the district.)*

**5. Would your child be considered a newly arrived refugee student?**

Yes

No

Schools in North Dakota apply for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

Any proof of identification information collected is not a condition of enrollment.

I declare, under penalty of perjury under North Dakota law, that the information provided here is true and correct.

**Print Name of Parent/Guardian**

Student (for unaccompanied homeless youth)

**Signature of Parent/Guardian**

Student (for unaccompanied homeless youth)

**Date:**

**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 grandparentIf 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 \_\_\_\_\_



## Impact Aid Survey Form

The survey date is \_\_\_\_\_

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act) and may be provided to the U.S. Department of Education if the school district's application for payment is audited. This form must be signed and dated for the school district to receive funds based on this information. All boxes must be filled in with complete information, if applicable.

### STUDENT INFORMATION

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name	
Home Address on the Survey Date (No P.O. Boxes)		City		State	Zip Code
If the student lives on federal property, enter the name of the property.		Name of Federal Property			

### OTHER CHILDREN ENROLLED IN THE SCHOOL DISTRICT WITH THE SAME HOME ADDRESS AND PARENT/GUARDIAN

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: EMPLOYED ON FEDERAL PROPERTY

Enter information in this section regarding the parent/guardian with whom the student resides if either person was employed on federal property or reported to work on federal property <i>on the survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record.				
Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer		
Name of Federal Property				
Address of Federal Property		City	State	Zip Code

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: ACTIVE DUTY UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was <i>on active duty</i> in the Uniformed Services <i>on the survey date</i> . This does not include members of the National Guard activated for State service under Title 32.			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer <i>on the survey date</i> .			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

By signing and dating this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

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

Parental Permission to give non-aspirin pain reliever to children:

I, \_\_\_\_\_, give the Warwick Public School permission to administer medication to my child when my child should request the need for such medication.

Childs name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please circle:

Children's Tylenol: 1 or 2 tablets

Adult Non-Aspirin Pain Reliever: 1 or 2 tablets

Tums: 1 or 2 tablets

Children's Cough Medicine: Yes / No

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

\_\_\_\_\_  
Date

\*Your child will not be allowed to receive any medication without this permission form turned into the school.

Student Name: \_\_\_\_\_

Field Trip Permission:

My child has permission to participate in all field trips. If I do not want my child to participate in any specific field trip, I will be responsible for notifying the school.

I understand, acknowledge, and agree that: The Warwick Public School will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the school is not an insurer of the safety of the students, nor can it always supervise all movements of all students.

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

\_\_\_\_\_  
Date

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Media Release:

Media can shoot file footage and take pictures where students are identified by name.

At times, representatives of radio, television, and print media visit our school to report news or share human interest stories. This may include talk to students, taking pictures, or shooting file footage. Student names are sometimes, but not always, requested and included in stories.

My child may participate in media events.

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

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

Photographic Likeness and Work:

I agree to permit Warwick Public School to use the photographic likeness and/or artistic, musical, written, or other work of my student for school purposes. I understand that the school may use the student's likeness and work with or without associating the student's name. I waive any claim for compensation of any kind for the school's use or publication of my student's likeness or work. And I hereby fully and forever discharge and release the school of any claim for damages of any kind arising out of the use or publication of the student's likeness or work. And covenants and agree not to sue or otherwise initiate legal proceedings against the school for such use or publication. These grants of permission and consent, all covenants, agreements, and understanding set forth here are irrevocable. I also understand that if any portion of this agreement is deemed to be ineffective, the remaining provisions shall continue to be effective.

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

\_\_\_\_\_  
Date

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Photo Permission:

I agree to permit Warwick Public School to use my child's school photo for the class composite, classroom projects, and Warwick Public School's computer programs.

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

\_\_\_\_\_  
Date



## Warwick Public School Computing Device Checkout: Parent Contract

Parent/Guardian's Full Name: \_\_\_\_\_ (Please print legibly)

Student's Full Name: \_\_\_\_\_ (Please print legibly)

For a Warwick Public School student to be eligible to check out a computing device, a parent/guardian must agree to the Terms of Contract listed below. Which in part indicates the parent/guardian will take financial responsibility for any expense required to repair or replace a checked-out computing device if it is damaged, lost, or stolen while in the possession of the student.

Estimated value of the computing device checked out to the student listed above: \$200

### Terms of Contract:

As the parent/ guardian of the student listed above, I am responsible for the computing device checked out to my child. If the computing device is lost, stolen, or damaged before it is checked in to Warwick Public School, I am responsible for any expense required to replace or repair the computing device up to the estimated value. I also agree the computing device will only be used for the purpose of complete schoolwork assigned by teachers and it is forbidden to download or install any other applications on the computing device without the school's permission.

As the parent/guardian of a Warwick Public School student, I have read this document and agree to the Terms of Contract. My signature below indicates my agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date