



STUDENT REGISTRATION FORM

DATE: _____

Do not write in shaded area – for office use only

Student Other ID	School	Homeroom #	Locker #	Bus Route AM PM
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☐ Check here if you have recently registered students at another school or have/will have other students attending another school within our district.

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	BIRTHDAY (MM/DD/YYYY)
GENDER EXPRESSION	PREVIOUSLY USED NAME IN A DISTRICT (if applicable)	GRADE	BIRTH PLACE/BIRTH COUNTRY	
DISTRICT RESIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		
Has your student ever qualified for or been enrolled in a special education program (IEP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student ever qualified for or had a 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student ever participated in an academic support program (ie. Title, LAP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student ever participated in Advanced Academics, Gifted and Talented, or Highly Capable programs?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student ever been enrolled in a Multilingual Language (ML) program?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student ever been retained?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you rent/own your own home?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

HOUSEHOLD 1 (Primary Guardian - parent/guardian where student resides) <i>Last Name First Name</i>	HOUSEHOLD 1 - Primary Telephone <i>Include area code</i>	STUDENT LIVES WITH: (check one per guardian) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____
Email:	Primary Guardian - 2 nd phone	
Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	
HOUSEHOLD 1 (Secondary Guardian - parent/guardian where student resides) <i>Last Name First Name</i>	Secondary Guardian - 2 nd phone	
Email:	<input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	
Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO		

RESIDENT ADDRESS (physical address)	Street/PO Box	Apt.#	City	State	Zip
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MAILING ADDRESS (if different from physical address)	Street/PO Box	Apt.#	City	State	Zip
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HOUSEHOLD 2 (Primary Guardian - parent/guardian where student resides) <i>Last Name First Name</i>	HOUSEHOLD 1 - Primary Telephone <i>Include area code</i>	STUDENT LIVES WITH: (check one per guardian) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____
Email:	Primary Guardian - 2 nd phone	
Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	
HOUSEHOLD 2 (Secondary Guardian- parent/guardian where student resides) <i>Last Name First Name</i>	Secondary Guardian - 2 nd phone	
Email:	<input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	
Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO		

RESIDENT ADDRESS (physical address)	Street/PO Box	Apt.#	City	State	Zip
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MAILING ADDRESS (if different from physical address)	Street/PO Box	Apt.#	City	State	Zip
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Is there a Joint-custody or Parent Plan in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, plan must be on file with the school for enforcement)
Is there a Restraining Order in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, legal papers must be on file with school for enforcement)
Restraining Order is against	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:

Has your student <u>ever</u> attended a Washington state school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, list name of school (s) and district(s))				
Has student <u>ever</u> attended Yelm Community Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Name of School(s) Attended)				Date Attended:
Last School Previously Attended (Name of School)			Previous District Name	
Previous School Address Street/PO Box City State Zip				
Has your student <u>ever</u> been referred under the Washington State BECCA Law for Truancy? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Please list other siblings				
Last Name	First Name	School	Grade	Age

When injury, illness or other non-emergency situations occur involving your student, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available in the **local area** during the day to provide care for your student.

Emergency Contact #1 (other than parent/guardian) <i>Legal Last Legal First</i>		Emergency Contact #2 (other than parent/guardian) <i>Legal Last Legal First</i>	
Relationship to Student:		Relationship to Student:	
Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Did this person attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO		Did this person attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	

TRANSPORTATION: Yelm Community Schools provides bus service to and from the home address within the enrolled school boundaries. If your student will be picked up or dropped off at a location other than current residency within the enrolled school boundary, please request the Daycare/Alternate Transportation Form.

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

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

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Yelm Community Schools.

DISTRICT PHONE COMMUNICATION: I understand that the district will use the guardian(s) phone contact for automated school announcements and emergency information.

Legal Parent/Guardian Signature _____

Date _____



Verification of Residency

In order to verify residency within Yelm Community Schools District, a copy of one of the documents listed below must be provided.

Please attach the requested copy to this document showing parent/guardian/caregiver name and address, and return it to our office:

- ☐ Deed, escrow papers, mortgage book or statement, or property tax form
- ☐ Lease Agreement/Rental Contract and current rent receipt (for military, a copy of housing assignment)
- ☐ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there
- ☐ Utility Bill: Gas & Electric Bill, Cable Bill, Water Bill, or Garbage Bill

I, _____ the parent guardian caregiver of
(Please Print Your Name) (Please Circle One)

_____ declare, under penalty of perjury, this student resides at the
(Please Print Student's Name)

following address: _____

Falsification of any information or document required for residency verification, or the use of the address of another person, may result in the revocation of student enrollment.

Signature of Parent/Guardian/Caregiver

Date

For Office Use:

The attached document(s) show(s) the name and address of the person(s) enrolling the student named below:

Student Name: _____ School Year: _____

Signature of School Official: _____ Date: _____



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)									
Required Vaccines for School or Child Care Entry							<p>If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.</p> <p>I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.</p> <table><tr><td><input type="checkbox"/> Diphtheria</td><td><input type="checkbox"/> Hepatitis A</td><td><input type="checkbox"/> Hepatitis B</td></tr><tr><td><input type="checkbox"/> Hib</td><td><input type="checkbox"/> Measles</td><td><input type="checkbox"/> Mumps</td></tr><tr><td><input type="checkbox"/> Rubella</td><td><input type="checkbox"/> Tetanus</td><td><input type="checkbox"/> Varicella</td></tr></table> <p><input type="checkbox"/> Polio (all 3 serotypes must show immunity)</p>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B														
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps														
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella														
●▲ DTaP (Diphtheria, Tetanus, Pertussis)																
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)																
●▲ DT or Td (Tetanus, Diphtheria)																
●▲ Hepatitis B																
● Hib (<i>Haemophilus influenzae type b</i>)																
●▲ IPV (Polio) (any combination of IPV/OPV)																
●▲ OPV (Polio)																
●▲ MMR (Measles, Mumps, Rubella)																
● PCV/PPSV (Pneumococcal)																
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS																
Recommended Vaccines (Not Required for School or Child Care Entry)																
Flu (Influenza)																
Hepatitis A																
HPV (Human Papillomavirus)																
MCV/MPSV (Meningococcal Disease types A, C, W, Y)																
MenB (Meningococcal Disease type B)																
Rotavirus																

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 November 2019

RACE AND ETHNICITY FORM

Name: _____

Grade: _____

PLEASE ANSWER ALL QUESTIONS:

Question 1: Is your child of Hispanic or Latino origin? (Please check all that apply)

<input type="checkbox"/>	H01	Not Hispanic/Latino	<input type="checkbox"/>	H08	Costa Rican	<input type="checkbox"/>	H16	Mexican	<input type="checkbox"/>	H24	Salvadoran
<input type="checkbox"/>	H00	Hispanic	<input type="checkbox"/>	H09	Cuban	<input type="checkbox"/>	H17	Mestizo	<input type="checkbox"/>	H25	Spaniard
<input type="checkbox"/>	H02	Argentine	<input type="checkbox"/>	H10	Dominican	<input type="checkbox"/>	H18	Native	<input type="checkbox"/>	H26	Surinamese
<input type="checkbox"/>	H03	Bolivian	<input type="checkbox"/>	H11	Ecuadorian	<input type="checkbox"/>	H19	Nicaraguan	<input type="checkbox"/>	H27	Uruguayan
<input type="checkbox"/>	H04	Brazilian	<input type="checkbox"/>	H12	Guatemalan	<input type="checkbox"/>	H20	Panamanian	<input type="checkbox"/>	H28	Venezuelan
<input type="checkbox"/>	H05	Chicano (Mexican American)	<input type="checkbox"/>	H13	Guyanese	<input type="checkbox"/>	H21	Paraguayan	<input type="checkbox"/>	H29 Other Hispanic/Latino (Write in below)	
<input type="checkbox"/>	H06	Chilean	<input type="checkbox"/>	H14	Honduran	<input type="checkbox"/>	H22	Peruvian			
<input type="checkbox"/>	H07	Colombian	<input type="checkbox"/>	H15	Jamaican	<input type="checkbox"/>	H23	Puerto Rican			

Question 2: What race group(s) do you consider your child? (Please check all that apply)

<input type="checkbox"/>	AFRICAN AMERICAN	<input type="checkbox"/>	AFRICAN CANADIAN	<input type="checkbox"/>	ALASKAN NATIVE	<input type="checkbox"/>	AMERICAN INDIAN
<input type="checkbox"/>	AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/>	ASIAN	<input type="checkbox"/>	BLACK	<input type="checkbox"/>	BLACK/AFRICAN AMERICAN
<input type="checkbox"/>	CARIBBEAN	<input type="checkbox"/>	CENTRAL AFRICAN	<input type="checkbox"/>	EAST AFRICAN	<input type="checkbox"/>	EASTERN EUROPEAN
<input type="checkbox"/>	LATIN AMERICAN	<input type="checkbox"/>	MIDDLE EASTERN AND NORTH AFRICAN	<input type="checkbox"/>	NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	<input type="checkbox"/>	PACIFIC ISLANDER
<input type="checkbox"/>	SOUTH AFRICAN	<input type="checkbox"/>	WA STATE TRIBES	<input type="checkbox"/>	WEST AFRICAN	<input type="checkbox"/>	WHITE

Question 3: What state race(s) within the race group(s) in Question 2 do you consider your child? (Please check all that apply)

<input type="checkbox"/>	A00	Asian	Asian	<input type="checkbox"/>	B02	African Canadian	African Canadian
<input type="checkbox"/>	A01	Asian Indian	Asian	<input type="checkbox"/>	B03	Anguillian	Caribbean
<input type="checkbox"/>	A02	Bangladeshi	Asian	<input type="checkbox"/>	B04	Antiguan	Caribbean
<input type="checkbox"/>	A03	Bhutanese	Asian	<input type="checkbox"/>	B05	Bahamian	Caribbean
<input type="checkbox"/>	A04	Burmese/Myanmar	Asian	<input type="checkbox"/>	B06	Barbadian	Caribbean
<input type="checkbox"/>	A05	Cambodian/Khmer	Asian	<input type="checkbox"/>	B07	Barthélemois/Barthélemoises (Saint Barthélemy)	Caribbean
<input type="checkbox"/>	A06	Cham	Asian	<input type="checkbox"/>	B08	British Virgin Islander	Caribbean
<input type="checkbox"/>	A07	Chinese	Asian	<input type="checkbox"/>	B09	Caymanian (Cayman Island)	Caribbean
<input type="checkbox"/>	A08	Filipino	Asian	<input type="checkbox"/>	B10	Cuba Dominican	Caribbean
<input type="checkbox"/>	A09	Hmong	Asian	<input type="checkbox"/>	B11	Dominican (Dominican Republic)	Caribbean
<input type="checkbox"/>	A10	Indonesian	Asian	<input type="checkbox"/>	B12	Dutch Antillean (Netherlands Antilles)	Caribbean
<input type="checkbox"/>	A11	Japanese	Asian	<input type="checkbox"/>	B13	Grenadian	Caribbean
<input type="checkbox"/>	A12	Korean	Asian	<input type="checkbox"/>	B14	Guadeloupian	Caribbean
<input type="checkbox"/>	A13	Lao	Asian	<input type="checkbox"/>	B15	Haitian	Caribbean
<input type="checkbox"/>	A14	Malaysian	Asian	<input type="checkbox"/>	B16	Jamaican	Caribbean
<input type="checkbox"/>	A15	Mien	Asian	<input type="checkbox"/>	B17	Martiniquais/Martiniquaise	Caribbean
<input type="checkbox"/>	A16	Mongolian	Asian	<input type="checkbox"/>	B18	Montserratian	Caribbean
<input type="checkbox"/>	A17	Nepali	Asian	<input type="checkbox"/>	B19	Puerto Rican	Caribbean
<input type="checkbox"/>	A18	Okinawan	Asian	<input type="checkbox"/>	B20	Caribbean Write in	Caribbean
<input type="checkbox"/>	A19	Pakistani	Asian				
<input type="checkbox"/>	A20	Punjabi	Asian				
<input type="checkbox"/>	A21	Singaporean	Asian	<input type="checkbox"/>	B21	Angolan	Central African
<input type="checkbox"/>	A22	Sri Lankan	Asian	<input type="checkbox"/>	B22	Cameroonian	Central African
<input type="checkbox"/>	A23	Taiwanese	Asian	<input type="checkbox"/>	B23	Central African (Central African Republic)	Central African
<input type="checkbox"/>	A24	Thai	Asian	<input type="checkbox"/>	B24	Chadian	Central African
<input type="checkbox"/>	A25	Tibetan	Asian	<input type="checkbox"/>	B25	Congolese (Republic of the Congo)	Central African
<input type="checkbox"/>	A26	Vietnamese	Asian	<input type="checkbox"/>	B26	Congolese (Democratic Republic of the Congo)	Central African
<input type="checkbox"/>	A27	Asian Write in	Asian	<input type="checkbox"/>	B27	Equatorial Guinean	Central African
				<input type="checkbox"/>	B28	Gabonese	Central African
				<input type="checkbox"/>	B29	São Toméan	Central African
<input type="checkbox"/>	B00	Black/African-American	Black/African-American	<input type="checkbox"/>	B30	Principe	Central African
<input type="checkbox"/>	B01	African American	African American	<input type="checkbox"/>	B31	Central African Write in	Central African

Question 3: What state race(s) within the race group(s) in Question 2 do you consider your child? (Please check all that apply)

	B32	Burundian	East African		B80	Namibian	South African
	B33	Comoran	East African		B81	South African	South African
	B34	Djiboutian	East African		B82	Swazi	South African
	B35	Eritrean	East African		B83	South African Write in	South African
	B36	Ethiopian	East African				
	B37	Kenyan	East African				
	B38	Malagasy (Madagascar)	East African		B84	Beninese	West African
	B39	Malawian	East African		B85	Bissau-Guinean	West African
	B40	Mauritian (Mauritius)	East African		B86	Burkinabé (Burkina Faso)	West African
	B41	Mahoran (Mayotte)	East African		B87	Cabo Verdean	West African
	B42	Mozambican	East African		B88	Ivorian (Cote d'Ivoire)	West African
	B43	Reunionese	East African		B89	Gambian	West African
	B44	Rwandan	East African		B90	Ghanaian	West African
	B45	Seychellois/Seychelloise	East African		B91	Liberian	West African
	B46	Somali	East African		B92	Malian	West African
	B47	South Sudanese	East African		B93	Mauritanian	West African
	B48	Sudanese	East African		B94	Nigerien (Niger)	West African
	B49	Ugandan	East African		B95	Nigerian (Nigeria)	West African
	B50	Tanzanian (United Republic of Tanzania)	East African		B96	Saint Helenian	West African
	B51	Zambian	East African		B97	Senegalese	West African
	B52	Zimbabwean	East African		B98	Sierra Leonean	West African
	B53	East African Write in	East African		B99	Togolese	West African
					C01	West African Write in	West African
	B54	Argentine	Latin American				
	B55	Belizean	Latin American		C02	Black Write in	Black
	B56	Bolivian	Latin American				
	B57	Brazilian	Latin American				
	B58	Chilean	Latin American		N00	American Indian/Alaskan Native	American Indian/Alaskan Native
	B59	Colombian	Latin American		N01	Chinook Tribe	WA State Tribes
	B60	Costa Rican	Latin American		N02	Confederated Tribes and Bands of the Yakama Nation	WA State Tribes
	B61	Ecuadorian	Latin American		N03	Confederated Tribes of the Chehalis Reservation	WA State Tribes
	B62	El Salvadoran	Latin American		N04	Confederated Tribes of the Colville Reservation	WA State Tribes
	B63	Falkland Islander	Latin American		N05	Cowlitz Indian Tribe	WA State Tribes
	B64	French Guianese	Latin American		N06	Duwamish Tribe	WA State Tribes
	B65	Guatemalan	Latin American		N07	Hoh Indian Tribe	WA State Tribes
	B66	Guyanese	Latin American		N08	Jamestown S'Klallam Tribe	WA State Tribes
	B67	Honduran	Latin American		N09	Kalispel Indian Community of the Kalispel Reservation	WA State Tribes
	B68	Mexican	Latin American		N10	Kikiallus Indian Nation	WA State Tribes
	B69	Nicaraguan	Latin American		N11	Lower Elwha Tribal Community	WA State Tribes
	B70	Panamanian	Latin American		N12	Lummi Tribe of the Lummi Reservation	WA State Tribes
	B71	Paraguayan	Latin American		N13	Makah Indian Tribe of the Makah Indian Reservation	WA State Tribes
	B72	Peruvian	Latin American		N14	Marietta Band of Nooksack Tribe	WA State Tribes
	B73	South Georgia and the South Sandwich Islands	Latin American		N15	Muckleshoot Indian Tribe	WA State Tribes
	B74	Surinamese	Latin American		N16	Nisqually Indian Tribe	WA State Tribes
	B75	Uruguayan	Latin American		N17	Nooksack Indian Tribe of WA	WA State Tribes
	B76	Venezuelan	Latin American		N18	Port Gamble S'Klallam Tribe	WA State Tribes
	B77	Latin American Write in	Latin American		N19	Puyallup Tribe of Puyallup Reservation	WA State Tribes
					N20	Quileute Tribe of the Quileute Reservation	WA State Tribes
					N21	Quinault Indian Nation	WA State Tribes
	B78	N22	Samish Indian Nation		N22	Samish Indian Nation	WA State Tribes
	B79	Mosotho (Lesotho)	South African		N23	Sauk-Suiattle Indian Tribe of WA	WA State Tribes

Question 3: What state race(s) within the race group(s) in Question 2 do you consider your child? (Please check all that apply)

	N24	ShoalwaterBay Indian Tribe of the Shoalwater Bay Indian Reservation	WA State Tribes		W00	White	White
	N25	Skokomish Indian Tribe	WA State Tribes		W01	Bosnian	Eastern European
	N25	Skokomish Indian Tribe	WA State Tribes		W02	Herzegovinian	Eastern European
	N26	Snohomish Tribe	WA State Tribes		W03	Polish	Eastern European
	N27	Snoqualmie Indian Tribe	WA State Tribes		W04	Romanian	Eastern European
	N28	Snoqualmoo Tribe	WA State Tribes		W05	Russian	Eastern European
	N29	Spokane Tribe of the Spokane Reservation	WA State Tribes		W06	Ukrainian	Eastern European
	N30	Squaxin Island Tribe of the Squaxin Island Reservation	WA State Tribes		W07	Eastern European Write in	Eastern European
	N31	Steilacoom Tribe	WA State Tribes				
	N32	Stillaguamish Tribe of Indians of WA	WA State Tribes				
	N33	Suquamish Indian Tribe of the Port Madison Reservation	WA State Tribes		W08	Algerian	Middle Eastern and North African
					W09	Amazigh or Berber	Middle Eastern and North African
	N34	Swinomish Indian Tribal Community	WA State Tribes		W10	Arab or Arabic	Middle Eastern and North African
	N35	Tulalip Tribes of WA	WA State Tribes		W11	Assyrian	Middle Eastern and North African
	N36	Alaska Native Write in	Alaskan Native		W12	Bahraini	Middle Eastern and North African
					W13	Bedouin	Middle Eastern and North African
					W14	Chaldean	Middle Eastern and North African
	N37	American Indian Write in	American Indian		W15	Copt	Middle Eastern and North African
					W16	Druze	Middle Eastern and North African
					W17	Egyptian	Middle Eastern and North African
	P00	Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander		W18	Emirati	Middle Eastern and North African
	P01	Carolinian	Pacific Islander		W19	Iranian	Middle Eastern and North African
	P02	Chamorro	Pacific Islander		W20	Iraqi	Middle Eastern and North African
	P03	Chuukese	Pacific Islander		W21	Israeli	Middle Eastern and North African
	P04	Fijian	Pacific Islander		W22	Jordanian	Middle Eastern and North African
	P05	i-Kiribati/Gilbertese	Pacific Islander		W23	Kurdish Kuwaiti	Middle Eastern and North African
	P06	Kosraean	Pacific Islander		W24	Lebanese	Middle Eastern and North African
	P07	Maori	Pacific Islander		W25	Libyan	Middle Eastern and North African
	P08	Marshallese	Pacific Islander		W26	Moroccan	Middle Eastern and North African
	P09	Native Hawaiian	Pacific Islander		W27	Omani	Middle Eastern and North African
	P10	Ni-Vanuatu	Pacific Islander		W28	Palestinian	Middle Eastern and North African
	P11	Palauan	Pacific Islander		W29	Qatari	Middle Eastern and North African
	P12	Papuan	Pacific Islander		W30	Saudi Arabian	Middle Eastern and North African
	P13	Pohpeian	Pacific Islander		W31	Syrian	Middle Eastern and North African
	P14	Samoan	Pacific Islander		W32	Tunisian	Middle Eastern and North African
	P15	Solomon Islander	Pacific Islander		W33	Yemeni	Middle Eastern and North African
	P16	Tahitian	Pacific Islander		W34	Middle Eastern and North African	Middle Eastern and North African
	P17	Tokelauan	Pacific Islander		W35	North African Write in	Middle Eastern and North African
	P18	Tongan	Pacific Islander				
	P19	Tuvaluan	Pacific Islander				
	P20	Yapese	Pacific Islander		W36	White Write in	White
	P21	Pacific Islander Write in	Pacific Islander				



Health Information

Student Name _____

Date of Birth: _____

Teacher _____

Grade: _____

Medical History:

Allergy

☐ Nuts ☐ Bees ☐ Food (specify _____) ☐ Seasonal ☐ Other _____

Did you seek medical attention for this allergy? ☐ Yes ☐ No

Epi Pen required? ☐ Yes ☐ No

Asthma

Medications: ☐ Inhaler ☐ Nebulizer ☐ Other (specify _____)

Hospitalization for asthma? ☐ Yes ☐ No

If yes? When: _____

Diabetic

Date of diagnosis: _____ Insulin dependent ☐ Yes ☐ No

Insulin administration by: ☐ Pen ☐ Pump ☐ Syringe

Current HCP orders for students in WA state completed? ☐ Yes ☐ No

Please check if you have been diagnosed by a health care provided for:

☐ Heart condition

☐ Seizure disorder

☐ Kidney disease

☐ Frequent ear infections/tubes

☐ Migraines

☐ ADD/ADHD

☐ Physical disability

☐ Speech issues

☐ Orthopedic conditions

☐ Eczema

☐ Other:

Is medication needed for any condition: At home? ☐ Yes ☐ No At school? ☐ Yes ☐ No

Name of medication: _____

All medications, OTC and prescription (i.e. Tylenol, Advil, cough drops), require a doctor's order to be used at school.

List of operations, injuries, hospitalizations or prolonged illness	Dates

Recommended physical activity (please check one): ☐ Full Activity ☐ Modified/Restricted Activity

If restrictions, please explain: _____

Check all that apply to your child: ☐ Glasses ☐ Contact lenses ☐ Hearing aids

Signature of Parent/Guardian

Phone

Date



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? _____</p> <p>3. What language does your child use the most at home? _____</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. Contact your school district if you have further questions about this form or about services available at your child's school.





Student Housing Questionnaire
Yelm Community Schools
107 First St N - PO Box 476 - Yelm, WA 98597

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

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> 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:

Shannon Powell
District Liaison

(360)458-6320
Phone Number

Department of Student Support
PO Box 476, Yelm WA 98597
Location

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

McKinney-Vento Act 42 U.S.C. 11435

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 103(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 103(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 websites:

[National Center for Homeless Education](http://nche.ed.gov) (nche.ed.gov)

[National Association for the Education of Homeless Children and Youth](http://naehcy.org/resources) (naehcy.org/resources)

[School House Connections](http://www.schoolhouseconnection.org) (www.schoolhouseconnection.org)



Family Military Status

Washington State Legislature has mandated that school districts gather information from each student in our schools regarding military service as stated in RCW **28A.300.505**. This may require a family to fill out the form more than once.

Please select one:

- ☐ Yes, a parent/guardian is a current member of the active duty U.S. Armed Forces.
- ☐ Yes, a parent/guardian is a current member of the Washington National Guard.
- ☐ Yes, more than one parent or guardian is currently either a member on active duty in the U.S. Armed Forces, Reserves of the U.S. Armed Forces, or Washington National Guard.
- ☐ Yes, a parent/guardian is a current member of the reserves of the U.S. Armed Forces.
- ☐ No parent or guardian is currently serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces, or Washington National Guard.
- ☐ No Response/Refused to state.

Student Name (please print): _____ Grade: _____

Parent/Guardian: _____ Date: _____

Please return the completed form to your child's school at time of enrollment. Thank you!

This information can also be entered or updated at any time via Skyward Family Access.

Please ask your school's office staff for access to your account if you have not received your password



Disciplinary Disclosure Form

Yelm Community Schools is committed to providing a safe learning environment for all of its students. We recognize and support the disciplinary actions of other school districts. Therefore, we will not admit any person who has been expelled from a school district or who is currently under a long-term suspension. If a student's criminal record or history of criminal behavior comes to the attention of school administration without prior voluntary disclosure at the time of admission, disenrollment from the school may result.

Please respond to the following statements about student named below, providing information where indicated:

Student Name: _____ Phone Number: _____
Name of Previous School: _____ Phone Number: _____

Expulsion:

- ☐ Has not been expelled from a school district
☐ Has been expelled from a school district

District Name: _____ Year: _____
Reason for Expulsion: _____

Suspension:

- ☐ Has not been long-term suspended from a school district
☐ Has been long-term suspended from a school district

District Name: _____ Year: _____
Reason for Suspension: _____

Criminal Record:

- ☐ Does not have a criminal record
☐ Has a criminal record
Date(s) of Conviction(s): _____
☐ I have a probation officer

Officer Name: _____ Phone Number: _____

Attendance:

- ☐ Is not currently filed under the BECCA Bill
☐ Is currently filed under the BECCA Bill

I certify that I have been truthful in my answers. I understand that giving false information may be grounds for disenrollment from Yelm Community Schools.

Name of Student Applicant (please print)

Date

Signature of Applicant (required if 18 years or older)

Signature of Applicant's parent/guardian



Request for Release of Student Records

Student Name: _____

Birth Date: _____ Grade: _____

Has student ever attended Yelm Community Schools? ☐ Yes ☐ No

If yes, which school(s)? _____

Previous School Attended:

School Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Parent/Guardian Signature: _____

Items below to be completed by the Yelm Community Schools

Registrar of Previous School: Please send the complete permanent file records including the items listed below to:

Yelm Community Schools

Attn: _____

PO Box 476

Yelm, WA 98597

Phone: _____

FAX: _____

- ☐ Transcript/Report Cards/Withdrawal Grades
- ☐ Test Scores (State Individual Score Reports)
- ☐ High School and Beyond Plan – export digital portfolio pdf file
- ☐ Health/Immunization Records
- ☐ Attendance Records
- ☐ Discipline Records
- ☐ 504 Records (if applicable)
- ☐ Special Education Records (if applicable)
 - IEP and Evaluation
(IEP Online File Transfer Available)
 - Functional Behavior Assessments
 - Behavior Intervention Plans

Per RCW 28A.225.330 Subsection(2) also include the above named student's confidential discipline records that include history of disciplinary action, history of violent behavior, or behavior listed in RCW 13.04.155. According to the Family Educational Rights and Privacy Act (FERPA) (U.S. Code: Title20, Section123g, a(6) 1B), it is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll, may receive a student's record without written consent for such release.

For Office Use:

Date Request Sent: (mail) _____ (fax) _____ (electronic request) _____

Date Records Received: _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

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