



STUDENT ENROLLMENT FORM

NSD ID# _____
 CLASS OF _____
 ENTER DATE _____
 PROOF OF AGE _____

STUDENT INFORMATION

Please Print Clearly

| | | | |
|-----------------------------|-------------------------------------|-----------------------|--|
| Preferred last name: | Preferred first name: | Entering grade level: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X |
| Legal last name: | Legal first and middle name: | | |

HOME LANGUAGE SURVEY
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.

- (a) In what language(s) would your family prefer to receive written communication from your school?

 (b) Do you need an interpreter for meetings and phone calls (including ASL)?
 Parent/Guardian #1: _____
 Language: _____
 Parent/Guardian #2: _____
 Language: _____

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.

- What language(s) did your child first speak or understand?

- What language does your child use the most at home?

- What is the primary language used in the home, regardless of the language spoken by your child? _____
- Has your child received English language development support in a previous school? Yes _____ No _____ Don't Know _____

Prior Education

Your responses about your child's birth country and previous education:

- 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.

This form is not used to identify students' immigration status.

- In what country was your child born?

- Has your child ever received formal education outside of the United States? (K-12th Grade) ___Yes ___No
 If yes: Number of months: _____
 Language(s) of instruction: _____
- When did your child first attend a school in the United States? (K-12th Grade)

 Month Day Year

| | |
|--------------------------|---------------------------|
| Parent/Guardian Name | Parent/Guardian Signature |
| Student Birthdate: _____ | |
| Month Day Year | Birth City State Country |



STUDENT ENROLLMENT FORM

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part I and Part II

Part I: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? yes no (If "yes" please check all that apply)

- | | | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Chilean | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Native | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Mexican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan | |
- Hispanic or Latino** Write in: _____

Please note: These race and ethnicity categories are provided by the State of Washington and the Northshore School District is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part II: What race(s) do you consider your student? You may check categories and/or use write-in--check all that apply

AMERICAN INDIAN or ALASKAN NATIVE

- American Indian/Alaskan Native
- American Indian** (Write in): _____
- Alaska Native** (Write in): _____

Washington State Tribes:

- | | |
|--|---|
| <input type="checkbox"/> Chinook Tribe | <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation |
| <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation |
| <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> Quinault Indian Nation |
| <input type="checkbox"/> Confederated Tribes of the Colville Reservation | <input type="checkbox"/> Samish Indian Nation |
| <input type="checkbox"/> Cowlitz Indian Tribe | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington |
| <input type="checkbox"/> Duwamish Tribe | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian |
| <input type="checkbox"/> Hoh Indian Tribe | <input type="checkbox"/> Reservation Skokomish Indian Tribe |
| <input type="checkbox"/> Jamestown S'Klallam Tribe | <input type="checkbox"/> Snohomish Tribe |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Snoqualmie Indian Tribe |
| <input type="checkbox"/> Kikiallus Indian Nation | <input type="checkbox"/> Snoqualmoo Tribe |
| <input type="checkbox"/> Lower Elwha Tribal Community | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | <input type="checkbox"/> Steilacoom Tribe |
| <input type="checkbox"/> Marietta Band of the Nooksack Tribe | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| <input type="checkbox"/> Muckleshoot Indian Tribe | <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| <input type="checkbox"/> Nisqually Indian Tribe | <input type="checkbox"/> Swinomish Indian Tribal Community |
| <input type="checkbox"/> Nooksack Indian Tribe of Washington | <input type="checkbox"/> Tulalip Tribes of Washington |
| <input type="checkbox"/> Port Gamble S'Klallam Tribe | |

ASIAN

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> NepaOi |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao | |
- Asian** Write in: _____

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

- | | |
|---|---|
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> i-Kiribati / Gilbertese | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Yapese |

- Pacific Islander** Write in: _____



STUDENT ENROLLMENT FORM

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES (continued):

check all that apply

BLACK or AFRICAN AMERICAN

- Black/ African American
- African American
- African Canadian

Caribbean

- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)
- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupien
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Puerto Rican
- Caribbean Write in: _____

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)
- Equatorial Guinean
- Gabonese
- São Toméan
- Príncipe
- Central African Write in: _____

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian
- South African
- Swazi
- South African Write in: _____

East African

- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mozambican
- Reunionese
- Rwandan
- Seychellois/Seychelloise
- Somali
- South Sudanese
- Sudanese
- Ugandan
- Tanzanian (United Republic of Tanzania)
- Zambian
- Zimbabwean
- East African Write in: _____

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan
- Guyanese
- Honduran
- Mexican
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- South Georgia and the South Sandwich Islands
- Surinamese
- Uruguayan
- Venezuelan
- Latin American Write in: _____

West African

- Beninese
- Bissau-Guinean
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Liberian
- Malian
- Mauritanian
- Nigerien (Niger)
- Nigerian (Nigeria)
- Saint Helenian
- Senegalese
- Sierra Leonean
- Togolese

West African Write in: _____

Black (Write in): _____

WHITE

White

Eastern European

- Bosnian
- Herzegovinian
- Polish
- Romanian
- Russian
- Ukrainian
- Eastern European Write in: _____

Middle Eastern and North African

- Algerian
- Amazigh or Berber
- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Copt
- Druze
- Egyptian
- Emirati
- Iranian
- Iraqi
- Israeli
- Jordanian
- Kurdish Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omani
- Palestinian
- Qatari
- Saudi Arabian
- Syrian
- Tunisian
- Yemeni

Middle Eastern Write in: _____

North African Write in: _____

White (Write in): _____

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.



STUDENT ENROLLMENT FORM

Home Address: _____ Unit# _____ City _____ Zip _____

Mailing address: _____ Unit # _____ PO Box _____ City _____ Zip _____

(If different from above)

PARENT/GUARDIAN INFORMATION

Student lives with Both Parents Mother Father Mother/Stepparent Father/Stepparent
 Other (specify relationship) _____ Alternates Households Emancipated Minor

Joint custody? yes no

Release student to noncustodial parent? yes no

Is there a parenting plan? yes no **If yes, please provide school with a copy of the current parenting plan**

PRIMARY HOUSEHOLD INFORMATION (where student resides majority of the time)

Legal Parent/guardian #1 :

Last name _____ First name _____ Relationship to Student _____

#1 phone _____ #2 phone _____ email _____
 ___ home ___ cell ___ work ___ home ___ cell ___ work

Military Affiliation – check one:

___ - N- No Military Affiliation ___ - R – U.S. Armed Forces Reserves ___ - A – Active Duty U.S. Armed Forces ___ - G – Active Duty WA National Guard

Parent/guardian #2 :

Last name _____ First name _____ Relationship to Student _____

#1 phone _____ #2 phone _____ email _____
 ___ home ___ cell ___ work ___ home ___ cell ___ work

Military Affiliation – check one:

___ - N- No Military Affiliation ___ - R – U.S. Armed Forces Reserves ___ - A – Active Duty U.S. Armed Forces ___ - G – Active Duty WA National Guard

SECONDARY HOUSEHOLD INFORMATION Receive mailings? yes no Educational Rights? yes no

Address _____ Unit # _____ City _____ State _____ Zip _____

Secondary Household Parent/guardian #1:

Last name _____ First name _____ Relationship to Student _____

#1 phone _____ #2 phone _____ email _____
 ___ home ___ cell ___ work ___ home ___ cell ___ work Student contact allowed? yes no

Military Affiliation – check one:

___ - N- No Military Affiliation ___ - R – U.S. Armed Forces Reserves ___ - A – Active Duty U.S. Armed Forces ___ - G – Active Duty WA National Guard

Secondary Household Parent/guardian #2:

Last name _____ First name _____ Relationship to Student _____

#1 phone _____ #2 phone _____ email _____
 ___ home ___ cell ___ work ___ home ___ cell ___ work Student contact allowed? yes no

Military Affiliation – check one:

___ - N- No Military Affiliation ___ - R – U.S. Armed Forces Reserves ___ - A – Active Duty U.S. Armed Forces ___ - G – Active Duty WA National Guard



STUDENT ENROLLMENT FORM

ADDITIONAL INFORMATION

Siblings in NSD: Last name (if different) _____ First name _____

| | |
|--|------------|
| Living at Home | Birth date |
| yes <input type="checkbox"/> no <input type="checkbox"/> | _____ |
| yes <input type="checkbox"/> no <input type="checkbox"/> | _____ |
| yes <input type="checkbox"/> no <input type="checkbox"/> | _____ |

Persons to contact in case of emergency who are authorized to pick up your student at school (if parent/guardian cannot be reached):

| | |
|--|--|
| #1 Full Name _____ Phone _____ | #2 Full Name _____ Phone _____ |
| #3 Full Name _____ Relationship _____ Phone _____ | #4 Full Name _____ Relationship _____ Phone _____ |

Daycare provider (circle if applicable): Before school only Before and after school After school only

Provider Name: _____

Address: _____

Daycare phone: _____

Comments: _____ Emergency contact? _____

School Experience Data:

Has this student:

- previously attended the Northshore School District (NSD)? yes no If yes, school _____ Year _____
- been enrolled in any special education program served with an Individual Education Plan (IEP), OT, PT, Speech? yes no If yes, school _____ Year _____
- had a 504 Plan? yes no If yes, school _____ Year _____
- had an emergency care plan to address known medical issues? yes no
- been enrolled in ELL or ESL programs? yes no
- been enrolled in reading or math supports (LAP/LASER/Title 1)? yes no
- ever been suspended or expelled for disciplinary reason(s)? yes no
- had any history of violent or criminal behavior? yes no

Last school attended: _____ Dates: from _____ to _____ Grade level(s) _____

Street _____ City _____ State _____ Zip _____

| Other schools attended (list most recent first) | | | | Dates | | Grade |
|---|------|-------|-----|-------|----|--------|
| School | City | State | Zip | From | To | Levels |
| | | | | | | |

My child has a life threatening condition that requires a medication or treatment during the school day: Yes No
Chapter 28A.210 RCW: Requires orders to be in place before starting school.

Previously enrolled in an early learning program? yes no If yes, preschool attended: _____ # of years: _____
If yes, check all that apply: NSD preschool other preschool playgroup childcare with family, friends, neighbors

- Is your student a foster child? yes no
*For this purpose, a **foster child** is a child whose care and placement is the responsibility of the State or local Welfare agency **OR** who is placed by a court with a caretaker household.*



Student Name _____

STUDENT RESIDENCY FORM

Washington law generally requires schools to be open to the admission of all persons between the ages of 5 and 21 residing in that school district. (RCW 28A.225.160). Northshore School District (NSD) is required to take appropriate steps to ensure that students attending our schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with Washington's residency laws. **Please complete one form for each student.**

Student Name _____ Birth Date _____

School _____ Grade _____

Parent/Guardian _____

Address _____

Phone _____

DOCUMENTS: Two need to be presented for residency verification. (Please bring original documents.)

Please refer to the Residency Verification Checklist for required documents. (Below to be completed by the registrar.)

1. _____
2. _____

ACKNOWLEDGEMENT (To be completed by parent/guardian.)

I acknowledge and agree to the following (initial each statement below):

- My student (listed above) resides with me **at least four nights per week** at the address listed above, which is my primary residence. _____.
- I agree to notify the district/school **within five school days** when I change my residence or that of my student to a new address, either within or outside the district. _____.
- I understand that the district will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, which may include the use of private investigators to verify residency status. Verification may include home visits. _____.
- I understand that investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student's school assignment and disenrollment from the district. _____.

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.

I certify the foregoing information to be true and correct, and that any and all copies of documents submitted to verify my residency are original documents. Evidence that false information was provided will be cause for immediate revocation of the student's school assignment and withdrawal from the district.

Parent/guardian signature _____

Date _____

State law requires that a student reside within the district boundaries and be able to prove residency or have been approved for an interdistrict transfer to enroll in school. To establish or reestablish residency in the Northshore School District you will need to complete the steps below.

1. **Establish Residency.** If you live within the Northshore School District, before your student may be enrolled, you must establish residency within the attendance boundaries of your neighborhood school. Residency is defined as the physical location of the student's principal abode e.g., the home, house, apartment, etc. where the student spends the majority of their time. This is generally defined as where the student spends the night a minimum of four nights out of the week. Owning or renting a house or an apartment in the district does not establish residency - the student and parent or guardian must physically live within the district. The following locations do not constitute places of residence: secondary homes or other property (whether rented, leased or owned); places of business apart from primary residences; or addresses designated only for receipt of mail. There is no provision for families who live outside of the Northshore School District to claim residency in the District because they have made arrangements for their child to live with another family member or friend who lives in the District. Parents/guardians must supply documentation to their neighborhood school prior to or at the time of enrollment.

Exceptions

- Students who live in a foster home, officially established group home to which they have been legally assigned, residential treatment center, or juvenile detention, are considered to be residents of the attendance area in which the foster home, group home, or other such facility is located.
 - Students under the joint custody of separated or divorced parent(s) or guardian(s) are considered to be residents of the attendance area in which the student actually resides with a parent or guardian, subject to residence verification and the provisions of a parenting plan or divorce decree if applicable.
 - Students 18 years of age or older not living under the care and custody of parent/guardian, or legally emancipated minor students, are considered to be residents of the attendance area in which they reside, subject to comparable address verification required of parent(s) or guardian(s) for non-emancipated minor students.
 - Students who are homeless are assigned pursuant to the requirements of federal law.
2. **Verify Residency.** During the Enrollment Process, you will be required to carefully read, agree to, and sign a Residency Verification Form. Misrepresentation of residency information or failure to follow through with the statements on the Residency Verification Form will result in your student's withdrawal from the district.
 3. **Enrollment.** Once you have established your student's residency and have agreed to the terms on the Residency Verification form, enrollment may proceed.

Residency Verification Checklist

To verify residency, you must provide two of the items listed below; each bullet counts as one item. All addresses on the documents must include the Parent/guardian's name and match the address of your residence.

Please bring original documents.

- A copy of your current PSE or Snohomish PUD bill and One of the following as it applies:
 - **Renters:** a fully signed (signed by you and the property owner), current lease agreement
- or
- **Homeowners:** a copy of your homeowner's insurance policy declarations pages

If you are part of the Washington State Address Confidentiality Program, an official letter from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Northshore School District. **You must submit a renewed letter to the school each school year.**

Additional Verification of guardianship and/or residency may be required.



STUDENT HOUSING QUESTIONNAIRE

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. All information will be kept confidential and will not be shared with anyone other than designated NSD staff.

1. CURRENT LIVING SITUATION:

DO YOU OWN/RENT YOUR OWN HOME/APARTMENT?

Home owner
 Renter
 Co-Resident
 Other

If owner or renter, skip to section 3.

If co-resident, complete co-residency form.

If other, please complete the remainder of this form.

If you do not own/rent your home, where are you and your family staying? Please check all that apply below:

- In an emergency / transitional shelter
- With an adult not a parent or legal guardian or alone without an adult
- Temporary in someone else's house or apartment with another family due to economic hardship or similar reason
- Moving from place to place/couch surfing
- In a motel / hotel
- In a residence with inadequate facilities (no water, heat, electricity, etc.), abandoned building or substandard housing
- A car, park, campsite, RV, tent or similar location
- Other _____

2. STUDENT INFORMATION

| Student(s): Last | First | Date of Birth: Month/Day/Year | Age: | Grade: | Name of School: |
|------------------|-------|----------------------------------|-------|--------|-----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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

3. PARENT/GUARDIAN OR UNACCOMPANIED YOUTH INFORMATION

The undersigned certifies that the information provided above is accurate. PLEASE PRINT your information.

Parent(s)/legal guardian(s):

(Or unaccompanied youth) _____

Address of current residence: _____

Phone number or contact number _____ Name of contact: _____

Print name of parent/legal guardian:(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 and understand that it will be verified. I authorize the release of information to the Northshore School District by State and local emergency and/or transitional housing programs, and/or other business or government agencies.*

*Signature of parent/legal guardian: _____ Date: _____

(Or unaccompanied youth)

**Office Managers and/or Registrars: If parent marked any box in Section 1, please forward a copy of this form to:
NSD MV Liaison, Ana Foy**

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