



Ferndale School District Student Registration Form

TODAY'S DATE: _____

(Please print)

Has your child ever attended Ferndale Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended:		Dates attended:	
Student LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	Also Known As:
Birth date: (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Birthplace: City	State	Country
Grade:		Ethnicity and Race Information PLEASE SEE ADDITIONAL PAGE		If your child was born outside the United States: Date of Initial Enrollment in US Public School: _____ Number of Months of K-12 Schooling Outside US: _____	
Primary Language at Home <input type="checkbox"/> English <input type="checkbox"/> Other _____		Military Survey <input type="checkbox"/> U.S. Armed Forces active duty <input type="checkbox"/> U.S. Armed Forces reserves <input type="checkbox"/> More than one member of Armed Forces/NatlGd <input type="checkbox"/> National Guard member <input type="checkbox"/> No affiliation			

#1 Primary Household					
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other _____					
HOME PHONE (WHERE STUDENT RESIDES) () _____ Unlisted					
Primary Household (where student resides) Last Name First Name			EMERGENCY CONTACTS: If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to:		
Email: Wkplace: Cell Ph: Wk Ph:			#1 Name _____ Phone () _____ Relationship _____		
Primary Household (where student resides) Last Name First Name			#2 Name _____ Phone () _____ Relationship _____		
Email: Wkplace: Cell Ph: Wk Ph:			#3 Name _____ Phone () _____ Relationship _____		
STREET ADDRESS WHERE STUDENT RESIDES	STREET ADDRESS (INCLUDE APT #)				
CITY ST ZIP					
MAILING ADDRESS IF DIFFERENT FROM ABOVE	STREET/PO BOX #				
CITY ST ZIP					

#2 SECOND HOUSEHOLD RELATIONSHIP <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other					
Second Household - NOT student's residence LAST NAME FIRST NAME			Second Household Home Phone () _____ Unlisted		
Email: Wkplace: Cell Ph: Wk Ph:			Second Household STREET Address (Street address City, State, Zip)		
Second Household - NOT student's residence LAST NAME FIRST NAME			Second Household MAILING Address (Street/Po Box, City, State, Zip)		
Email: Wkplace: Cell Ph: Wk Ph:					
Second Household School Mailings Requested <input type="checkbox"/> Yes <input type="checkbox"/> No					



Name of School Last Attended		Name of School District	Previous School Address (Street/PO Box, City, State, Zip)
Previous School Phone:		Fax:	
Are there any unpaid fines or fees at your child's previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student ever attended Ferndale School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended		Date attended (month/year)

HEALTH INSURANCE
 Does your child have health insurance? Yes No Provider: _____
 Primary Physician: _____ Name: _____ Phone: _____

Has your child ever been under disciplinary action (suspension/expulsion/etc.) at another school? Yes No When? _____
 Reason: _____
 Does your child have a history of violent behavior? Yes No Explain: _____

Is there ANY court order(s) currently in effect pertaining to your child? (i.e., custody/parenting plans, school attendance orders, restraining orders, etc.) Yes No (If yes, legal papers must be on file with the school for enforcement)
 Please Explain: _____

Has your child ever qualified for or received **SPECIAL EDUCATION** services? Yes - Last year services received: _____ No
 Has your child ever qualified for or had a 504 plan? Yes No
 Has your child ever received Title/LAP services? Yes No If yes, Math Reading
 Has your child ever participated in: Gifted/Talented Title1 LEP/ELL Other _____
 Has your child ever been retained? Yes No If yes, at what grade level(s) _____
 Has your child ever received migrant services? Yes No

Does student attend childcare? Before school After school Before and after school

Child care provider	NAME	ADDRESS	PHONE NUMBER
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Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending Ferndale school district

LAST NAME	FIRST NAME	SCHOOL	GRADE

Consent for student's picture/video to be taken for news releases: Yes No
 I wish to become a parent volunteer: Yes No
 Permission for my phone number to be given to parent support group for projects: Yes No

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 Ferndale School District.

LEGAL PARENT/GUARDIAN SIGNATURE _____ DATE _____

Do Not Write in Shaded Area - For Office Use Only				Walker: Y N	Rides Bus # _____		
Student ID#	Entry Date	Sch Entry Code	Waiver/Overflow	Court Order	Medical Alert	Locker #	Records Requested

Student Name: _____ Grade: _____ School: _____

Send Copy to EL Coordinator if Applicable

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	Hispanic	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorian (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <input type="checkbox"/> Hispanic/Latino Write In (H29)
RACE-NATIVE HAWAIIAN/OTHER PACIFIC	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	Pacific Islander	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <input type="checkbox"/> Pacific Islander Write In (P21)
RACE-BLACK/AFRICAN-AMERICAN	Black/African American	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> Black Write In (C02)			
	Caribbean	<input type="checkbox"/> Anguillan (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> Caribbean Write In (B20)
	Central African	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep.) (B23) <input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Principe (B30) <input type="checkbox"/> Central African Write In (B31)	
	East African	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49)	<input type="checkbox"/> Tanzanian(United Republic of Tanzania)(B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) <input type="checkbox"/> East African Write In (B53)
	Latin American	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorian (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)	<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> Latin American Write In (B77)
	South African	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82) <input type="checkbox"/> South African Write In (B83)	
	West African	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)	<input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96)	<input type="checkbox"/> Senegalese (B97) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) <input type="checkbox"/> West African Write In (C01)

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Alaska Native Write In (N36) American Indian Write In (N37) </div>			
	Washington State Tribes	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)		
RACE-ASIAN	Asian	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)	<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)	<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)	<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> Asian Write In (A27) _____
	White	<input type="checkbox"/> White (W00) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> White Write In (W36) </div>			
RACE-WHITE	Eastern European	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)	<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)	<input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)	<input type="checkbox"/> Eastern European Write In (W07) _____
	Middle Eastern and North African	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)	<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)	<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)	<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> Middle Eastern Write In (W34) _____ <input type="checkbox"/> North African Write In (W35) _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____



STUDENT HEALTH INFORMATION

Information on this form is to be updated each new school year. Please complete this form and return to your school as soon as possible.

Name: _____ School Year: _____

School: _____ Grade: _____ Birthdate: _____

HEALTH CONDITIONS

Check if these apply to your child:

- ADD/ADHD: Diagnosed by _____
- Non-Life Threatening Allergies:
List: _____
- Asthma (R_): Medication at school? Yes/No
- Autism Spectrum Disorder:
Diagnosed by: _____
- Developmental Condition: List _____
- Heart Condition: List _____
- Mental Health Condition: List _____
- Neuro/Brain injury: List _____
- Muscle/Bone: List _____
- Hearing or Vision Impairment: List _____
- Other: Describe concerns _____

SPECIAL HEALTH CARE PLANNING

- Diabetes - Date of diagnosis:** _____ **My child has:** insulin pump insulin pen insulin vial/syringe
- Seizure Disorder** My child needs **emergency** medication for seizures. *Name of medication: _____
- Special Health Care Planning** – My child has special health care needs such as – tube feedings, breathing tube, catheter, intravenous tubes or other. Treatment order **required**.
Please describe your child’s condition(s): _____
- Mobility Aids** – My child requires special mobility aids such as a wheelchair, walker. _____

LIFE THREATENING CONDITIONS

- Life threatening condition** Anaphylactic Allergy (epipen required) Critical Asthma (epipen required)
Allergen(s): _____
- Other Life Threatening condition:** _____

*Medication requires Authorization for Medications at School form and medication prior to attending school.

ALERT TO PARENTS/GUARDIANS: If your child has a **Life Threatening** health condition (for example, severe allergy with anaphylaxis, diabetes, severe asthma) you must meet/speak with the School Nurse **prior** to your child starting school. These conditions require an Individualized Health Plan (per RCW 28A.210.320). Contact your school to begin the process for a student health care plan and/or medications at school.

I understand that the information I provided will be shared with the appropriate school staff who need to know in order to provide for the health and safety of my child. If the parents/guardians and authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child to the hospital or Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

Parent/Guardian Name: _____ Phone Number: _____

Please Print

I understand that Washington law requires that my student’s immunizations are complete or conditional before starting school. I give permission to my child’s school to add verified immunization information to the Washington State Immunization Information System (WAIS) to help the school maintain my child’s school record.

Parent/Guardian Signature: _____ Date: _____



Immunization Record Requirements

School Year 2025-26

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

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

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact [Insert contact name and information].

Sincerely,

A handwritten signature in black ink that reads "Kellie Larrabee".

Kellie Larrabee
Executive Director of Teaching & Learning



Certificate of Immunization Status (CIS)

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

Reviewed by: _____	Date: _____
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (MM/DD/YYYY): _____
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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 information.

X _____
Parent/Guardian Signature **Date**

X _____
Parent/Guardian Signature Required if Starting in Conditional Status **Date**

Required Vaccines for School or Child Care Entry						
▲ Required School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
•▲ DTaP (<i>Diphtheria, Tetanus, Pertussis</i>)						
▲ Tdap (<i>Tetanus, Diphtheria, Pertussis</i>) grade 7+						
•▲ DT or Td (<i>Tetanus, Diphtheria</i>)						
•▲ Hepatitis B						
• Hib (<i>Haemophilus influenzae type b</i>)						
•▲ IPV (<i>Polio</i>)						
•▲ OPV (<i>Polio</i>)						
•▲ MMR (<i>Measles, Mumps, Rubella</i>)						
• PCV (<i>Pneumococcal</i>)						
•▲ Varicella (<i>Chickenpox</i>) <input type="checkbox"/> History of disease verified by IIS						

Documentation of Disease Immunity (Health care provider use only)

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.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease/s marked below.

<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

Polio (all 3 serotypes must show immunity)

Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (<i>Influenza</i>)						
Hepatitis A						
HPV (<i>Human Papillomavirus</i>)						
Meningococcal Disease types A, C, W, Y						
Meningococcal Disease type B						
Rotavirus						

Licensed Health Care Provider Signature _____ Date _____

Printed Name _____

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ **Signature:** _____ **Date:** _____

Handwritten forms must have medical immunization records attached for school or child care staff verification.

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://myirmobile.com/>

If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@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 Pediarix 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.



FERNDALE SCHOOL DISTRICT
PO BOX 698, Ferndale WA 98248

Student Housing Questionnaire

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____

The answers to the following questions can help determine the services the 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.

- 1—Do you rent/own your home/apartment/etc? Yes  (Do NOT complete form) No, please answer #2
- 2—If you do NOT rent/own your home/apartment/etc, is it due to a loss of housing or economic hardship?
- No ( Do NOT complete remainder of form)
- Yes (Please complete remainder of form)

Where is the student currently living? *Complete this section ONLY if your answer to Question #2 was Yes:*

- In a motel A car, park, campsite, or similar location
- In a shelter Transitional Housing
- Moving from place to place/couch surfing Other _____
- With another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER: _____ EMAIL: _____

- Unaccompanied (not living with parent or legal guardian) Living with parent or legal guardian

PRINT NAME of parent(s)/legal guardian(s)/unaccompanied youth: _____

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

- OR - * Signature of unaccompanied youth: _____ Date: _____

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

For School Personnel Only: Forward completed questionnaire to Kim Bunch at the Family Resource Center.

- (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)

(3) The term "unaccompanied youth" includes youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found in the following:

- <https://nche.ed.gov/resources/>
- <http://www.schoolhouseconnection.org/>



Becca Notification and Attendance Requirements Agreement

Student Information 2025-26 School Year

Student Name:	Grade:	Date of Birth:
School:	Gender:	Date:

Under state law (RCW 28A.225), children between the ages of 8 and 18 are required to attend school full-time, without unexcused absences, skips or tardies. When a student accumulates seven (7) unexcused absences in a month, and not later than 15 cumulative unexcused absences in a school year, the student's school is required to file a truancy petition with Juvenile Court. Court must stay the petition and refer the parent and student to the school's community engagement board (CEB). Parent, student, and school official must meet with the CEB to address the causes of absences, and to decide subsequent support and interventions

Communication:

- I understand that for each day I have been absent from school, my parent/guardian will contact the school, via call, email, written note or Parent Square within 48 hrs. of returning to school to excuse my absences.
- Parent/Guardians must provide the reason for the absence.
- If no reason is provided or the reason does not meet the excused absence criteria which is defined in school Policy No. 3122P, the absence will be considered unexcused.

Unexcused:

- I understand that when I accumulate 7 unexcused absences within a 30-day period, or 15 unexcused absences in a school year, my school is required to file a truancy petition with Juvenile Court.
- As a result of my student's truancy petition, both me and my student will be court ordered to meet with my student's school Community Engagement Board (CEB).
- I understand that if I miss 20 consecutive days of school, I will be withdrawn from my school of attendance.

Excused:

- I understand that when I accumulate 15 days of **excused** absences in a year, a doctor's note may be required for every **two days in a week** of excused absences in order for them to be considered excused. Without a doctor's note, the absences may be considered unexcused.
- I understand that if I miss 20 consecutive days of school, I will be withdrawn from school, and a Becca Petition will be filed with juvenile court.

Withdrawal:

- I understand that if the school registrar does not received a request for records within 15 days of my withdrawn, a Becca petition will be filed with Juvenile Court.

I, _____, will attend all schedule classes, every day, on time, and without any unexcused absences.

Student Signature: _____ **Student Signature Date:** _____

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

Parent/Guardian Signature Date: _____

Excused absence criteria (Please refer to Policy 3122 for more detail)

- | | |
|-----------------------------|--|
| 1. Illness | 4. Family Emergency |
| 2. Health Condition | 5. Cultural/Religious observance |
| 3. School Approved Activity | 6. Disciplinary actions, or short-term suspensions |

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 style="padding-left: 40px;">Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p style="padding-left: 40px;">_____</p> <p style="padding-left: 40px;">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.





AFFIDAVIT OF STUDENT RESIDENCY

For the purpose of determining a student's legal residence relative to school attendance areas in Ferndale Public Schools, the legal definition of residence is as follows:

WAC 392-137-115 Student Residence-Definition. As used in this chapter, the term "student residence" means the physical location of a student's principal abode—i.e., the home, house, apartment, facility, structure, or location, etc.—where the student lives the majority of the time.

The following shall be considered in applying this section:

- 1. The mailing address of the student—e.g., parent's address or post office box—may be different than the student's principal abode.*
- 2. The student's principal abode may be different than the principal abode of the student's parent(s).*
- 3. The lack of a mailing address for a student does not preclude residency under this section.*
- 4. If students are expected to reside at address for twenty consecutive days or more.*

A copy of a current electric or gas bill (sewer and/or water bills are not accepted as proof of address) with your name and current address must be attached in order to complete the registration process and have a scheduling packet available for your student.

I hereby certify, pursuant to the Washington Administrative Code (WAC 392-137-155 Definitions) that:

Name of Student: _____

Legally resides at: _____

I understand that if it should be determined that the student does not reside at the above-listed address, he/she will be withdrawn from Ferndale School District.

Signature of Parent/Legal Guardian

Date

Print Parent/Legal Guardian Name

Family Income Survey and Free/Reduced Price Meal Applications

Family Income Surveys and Applications for the 2025/26 school year will be available beginning August 2025.

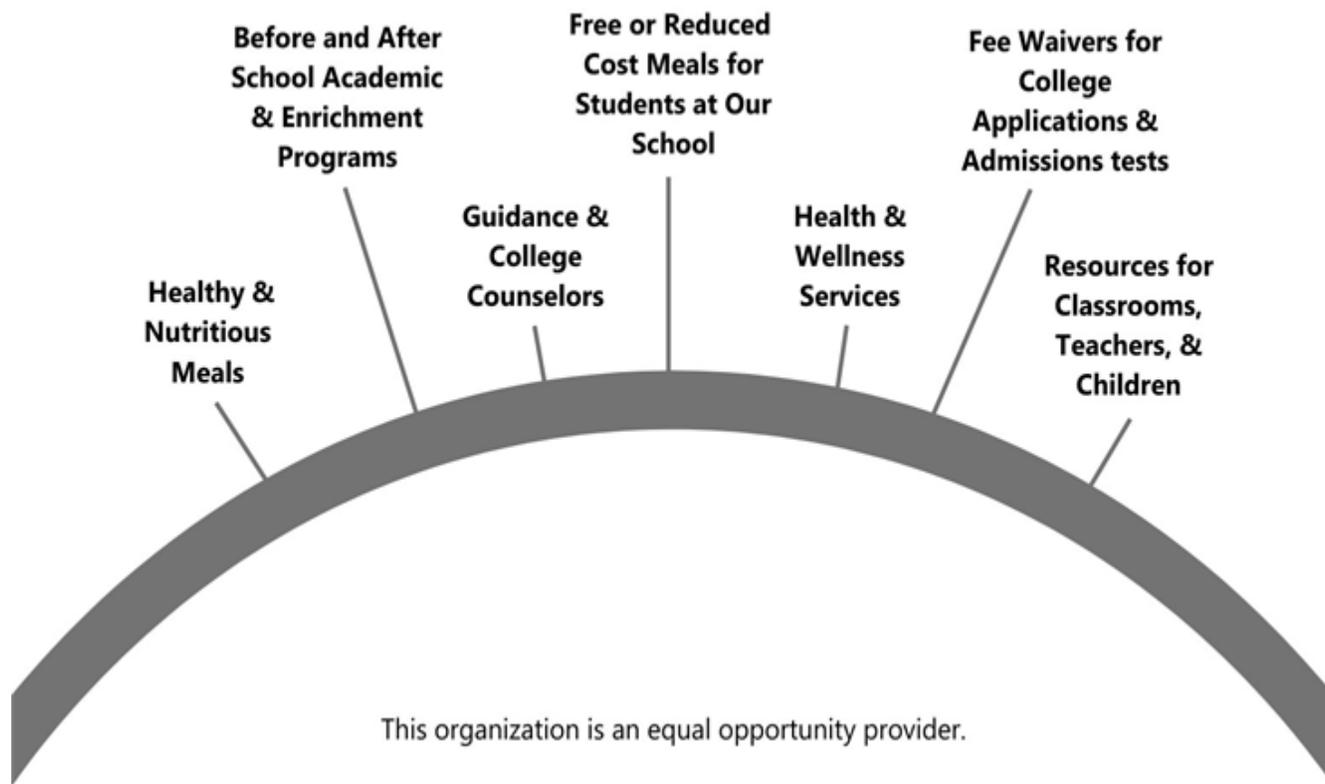
We strongly encourage all parents/guardians to submit a Family Income Survey or a Meal Application.

Completing a survey or application takes less than 10 minutes.

Meal Applications and Family Income Surveys may be downloaded from our website (www.ferndalesd.org) after August 1, 2025 for the 2025/2026 school year.

It's more than a meal application.

Filling out the School Meal Application or a Family Income Survey also may help provide:



FERNDALE SCHOOL DISTRICT NO. 502 ADMINISTRATIVE PROCEDURES
TECHNOLOGY RESOURCES USE AGREEMENT
No. 2314 P-1 Attachment 1

Student Name: (Student Full Name)	Grade: (Student's Grade)	Student #: (Skyward Other ID)
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Parent or Guardian:

The students in Ferndale School District (FSD) have direct access to the Internet and the FSD network. With this privilege comes responsibility. All students must be informed of the rules regarding Internet and network use and agree to abide by these rules. The District utilizes software and content filtering to prevent students from accessing inappropriate online materials when they are connected to the district's network. When students take advantage of the opportunity to take their school issued devices home with them, parents/guardians are responsible for monitoring network access at home, and at other locations outside of school. At the request of a parent/guardian, the District will install a 24/7 filter on a student's device. To request such a filter, please contact the school office.

Users of the district's technology devices and network are required to sign a "Technology Resources Use Agreement". Please read and discuss this information with your student and sign electronically or on a paper copy. Parents and students will be required to complete the "Technology Resources Use Agreement" upon first technology usage (usually at elementary school level), at the beginning of each of the middle and high schools (grades six and nine), or when there is a change in the Technology Resources Use Agreement policy. Beginning in the 2021-2022 school year, students will use and keep the same device throughout their middle and high school.

Student Expectations:

The use of the district's devices and network is a privilege and inappropriate use may result in a cancellation of those privileges. Security on any computer system is a high priority, especially when the system involves many users. If the user identifies a security problem on the system, the user must notify staff and must not demonstrate the problem to other users. **Students are responsible for good behavior on school computers at all times, both in and out of school.**

Students shall return their device to school when he/she leaves the Ferndale School District. Every student is financially responsible for any damage to the device that may have occurred throughout the school year that had not been previously reported. Each family has the option to purchase technology device insurance at the beginning of a school year at \$25 per year (for a student who qualifies for reduced lunch, the cost is \$10 per year). The insurance will cover device damages and any repair costs.

The following information was extracted/adapted from the "Ferndale School District Board Procedure #2314 P-1 Technology Resources." Copies of the complete Board Policy No 2314 and accompanying Procedures are available on the FSD Website.

Personal Internet Safety:

1. **Do Not** reveal personal contact information about yourself (address, phone number, etc.) while online.
2. **Do Not** agree to meet people that you have been in contact with over the Internet without parent permission.
3. **Do Not** give out private or confidential information about yourself or others.
4. **Tell** your teacher or other school employee about any message you receive that is inappropriate or makes you uncomfortable.

Acceptable Use:

The primary use of the student account and equipment should be in support of education and educational research.

Unacceptable Use:

Examples of activities which are **NOT PERMITTED** include (but are not limited to):

1. Displaying sexually explicit, pornographic, obscene, lewd or other inappropriate messages or pictures.
2. Using obscene language or material.
3. Participating in offensive and/or threatening attacks via "Cyber Bullying" against individuals or groups.
4. Damaging computers, computer system or computer networks.
5. Violating copyright laws.
6. Using other users' passwords.
7. Trespassing on other users' work: systems, folders, work or files.
8. Excessive use of limited resources (beyond time authorized by administrators).
9. Engaging in personal email or free "web surfing" during school hours.
10. Employing the network for commercial, personal or political purposes.
11. Modifying software on district equipment or installing personal technology.
12. Accessing any computer not explicitly authorized for use.

Student Email:

Ferndale School District has created email accounts for all students, which includes email access if needed. FSD is providing this service because it is obligated, through e-rate and federal regulations; "To ensure that all students use computers, networks and communications (including e-mail) in schools for school related purposes in an appropriate manner." The mastery of effective and proper email communications is expected of FSD students and is embedded in the Washington State K-12 Essential Academic Learning Requirements and Grade Level Expectations in Educational Technology such as EALR2: Digital Citizenship, Component 2.3, which states that students should be able to "communicate with peers and teachers using email." Consequently, FSD students will be expected to utilize their FSD email account for district and school communication.

This account will be assigned to students as they enter the district and will be available for school/educational usage throughout their career in Ferndale School District. However, this account will only become "active" for student use beginning at 6th grade (earlier in the case of specific teacher request to be used in his/her classroom). In addition to email, this account will provide access to collaboration tools (word processor, calendar, spreadsheets), as well as other educational related tools.

Students should be cautious of emails received from unknown senders. With Email Phishing and Spyware on the rise, students should exercise caution on opening any attachment and/or links if you do not trust or know the sender. Don't reply to emails that ask for personal or financial information. Report any suspicious email to Tech Help Desk.

Student Signature (required)

I understand and will abide by the Technology Resources Use Agreement Policy and agree to use the network responsibly. I further understand that any violation of the regulations contained therein may result in disciplinary action and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action or appropriate legal action may be taken.

Student Full Name (please print) _____

Student Signature _____

Date _____

Parent or Guardian Permission (If student is under the age of 18, a parent or guardian must also read and sign this agreement)

As a parent or guardian of Student's Name, I have read the Technology Resources Use Agreement Policy. I understand that this access is designed primarily for educational purposes. I recognize that it is impossible for Ferndale School District to completely restrict access to offensive, inappropriate or other controversial information and materials available through Internet or other sources from the network, and I will not hold the school district responsible for information and materials obtained by this student from the network. I understand this agreement will be kept on file at the school.

I also understand that from time to time the teacher or school may wish to publish examples of student projects, unidentified photographs of student weather identified or unidentified may be posted on an Internet accessible server via staff, school or district website.

Acknowledgement

Signing this form electronically or by paper copy indicates that parents/guardians and students have read and agree to abide by the conditions described in this document and assume responsibility for the appropriate and safe use and care of FSD district-issued technology. Failure to comply with the terms of this agreement may result in access to the laptop, the internet and other digital content or services being limited or removed. Students may also be subject to disciplinary actions as outlined in the FSD Student Code of Conduct.

Please circle your responses

I have read and reviewed the Student/Parent Technology Handbook with my child and understand my responsibilities with respect to technology use in the Ferndale Schools.

(This document can be reviewed online at the FSD Website and each student will be reviewing this at the start of each school year)

Yes No

My child may use the Internet and email (with teacher supervision) at school according to the rules outlined.

Yes No

My child's photography may be published on the Internet for classroom/school purposes.

Yes No

My child's work may be published on the Internet for classroom/school purposes.

Yes No

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____

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 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