

Required Forms

- Enrollment form
- Records Request
- Emergency authorized pickups and health history form
- MN language survey
- MN ethnic and racial demographic designation form
- Federal Title VII student eligibility certification

Required Documents

- Proof of Residence**-one of the following: (ONE of the following)
 - Valid driver's license - (not expired) with current address
 - Current utility bill - dated within 60 days
 - Letter from government agency - dated within 60 days
 - Lease agreement - signed by lessee and lessor with the lease period
 - Purchase agreement - signed agreement (by both buyer and seller) with purchase date and address referenced
 - Mortgage statement - dated within 60 days
 - Property tax statement - must show principal residential address and current year.
 - Homeowners or renter's insurance policy - must be active and issued within 60 days
 - U.S. Postal service change of legal address confirmation letter - dated within 60 days
 - If none of these apply to your situation, please contact the Enrollment Center
- Immunization records**- see below for more information.
- Birth certificate or passport**-for age verification
- Early childhood screening**-for early childhood special education & kindergarten enrollments
- Transcript**- for 6th through 12th grade enrollments
- Special education records**, if applicable
- Legal documents** related to the student, if applicable



Early Childhood
Immunization
Information and
Form



K-12
Immunization
Information and
Form

Without proof of complete vaccinations or a signed and notarized exemption, we cannot complete the enrollment. If you need help with resources to obtain vaccinations, please email enrollmentnurse@district279.org and ask for immunization resources.

7051 Brooklyn Blvd, Brooklyn Center, MN 55429
(763) 585-7350 enrollmentcenter@district279.org

Military: A “military-connected youth” means having a parent or legal guardian who is currently in the armed forces (either as a reservist or on active duty) or has recently retired from the armed forces.

504 Plan– Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Part 104) is a federal civil rights statute that assures individuals will not be discriminated against based on their disability. All school districts that receive federal funding are responsible for the implementation of this law. Individuals who have been determined to have a disability under section 504 may or may not be disabled under special education (IDEA). Section 504 protects a student with an impairment that substantially limits one or more major life activities, whether the student receives special education services or not. Parents who have concerns or questions regarding section 504 should contact their building principal.

Is this your student’s first school enrollment in the United States? Providing the information is not required and the requested information will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

Residency information

This information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who:

(1) lacks a fixed, regular and adequate nighttime residence and (2) includes: (a) 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, or camping grounds due to the lack of alternative adequate accommodations; are living in an emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; and (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section, there may be a delay in the provision of services. The school teacher, school and district administrators and the Minnesota Department of Education (MDE) have access to this information.

Parent/guardian permission definitions

Lives with: indicates the parent/guardian lives in the household with the student.

Contact allowed: indicates the parent/guardian is allowed contact with the student and will be included in school to student communication.

Ed. Rights: indicates the parent/guardian has rights to make decisions regarding the student's education and access to student information in the Synergy parent portal.

Has custody: indicates the parent/guardian has legal custody of the student.

Mailings allowed: indicates the parent/guardian may receive mailings regarding the student.

Release to: indicates the school may release the student to the parent/guardian.

ENROLLMENT Address & Contact



School or Program _____ Grade _____ School Year _____

OFFICE USE ONLY	STUDENT ID		BEGIN DATE (mm/dd/yyyy)	LAST LOCATION CODE	<input type="checkbox"/> NEW <input type="checkbox"/> ADDRESS CHANGE Move date: _____	<input type="checkbox"/> WARD OF THE STATE <input type="checkbox"/> HOMELESS	<input type="checkbox"/> SHARED-TIME <input type="checkbox"/> 504 <input type="checkbox"/> IEP
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	RESIDENT DISTRICT	RESIDENT SCH	<input type="checkbox"/> RE-ENTRY <input type="checkbox"/> REVERSAL <input type="checkbox"/> TRANSFER <input type="checkbox"/> CHANGE OF PRIMARY	SAC	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	ACTION CODE <input type="checkbox"/> NW <input type="checkbox"/> EO <input type="checkbox"/> SP <input type="checkbox"/> OS <input type="checkbox"/> RO		HOME LANGUAGE	COMPLETED BY	

Student Information (Legal Name As It Appears On The Birth Certificate)

LAST		FIRST		MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (mm/dd/yyyy)	ENR GRADE
ADDRESS			Apt/Unit #	CITY		ZIP CODE	
PREFERRED PHONE			WHO DOES THE STUDENT LIVE WITH? CHECK ALL THAT APPLY <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> OTHER Relationship: _____				

#1 Parent/Legal Guardian Information

SAME AS MAIN ADDRESS

LEGAL NAME	LAST		FIRST		MIDDLE	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother Other _____
<i>If different than STUDENT</i>	ADDRESS		Apt/Unit #	CITY, STATE		ZIP CODE
CELL PHONE		<input type="checkbox"/> Lives with <input type="checkbox"/> Contact allowed <input type="checkbox"/> Educ Rights	<input type="checkbox"/> Mailings allowed <input type="checkbox"/> Release to <input type="checkbox"/> Custody	EMAIL		
WORK PHONE				NEED AN INTERPRETER? <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

#2 Parent/Legal Guardian Information

SAME AS MAIN ADDRESS

LEGAL NAME	LAST		FIRST		MIDDLE	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother Other _____
<i>If different than STUDENT</i>	ADDRESS		Apt/Unit #	CITY, STATE		ZIP CODE
CELL PHONE		<input type="checkbox"/> Lives with <input type="checkbox"/> Contact allowed <input type="checkbox"/> Educ Rights	<input type="checkbox"/> Mailings allowed <input type="checkbox"/> Release to <input type="checkbox"/> Custody	EMAIL		
WORK PHONE				NEED AN INTERPRETER? <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

Other Adult In Home With Legal Responsibility For The Student

LEGAL NAME	LAST		FIRST		MIDDLE	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother Other _____
<i>If different than STUDENT</i>	ADDRESS- house number, street and directional		Apt/Unit #	CITY, STATE		ZIP CODE
CELL PHONE		<input type="checkbox"/> Lives with <input type="checkbox"/> Contact allowed <input type="checkbox"/> Educ Rights	<input type="checkbox"/> Mailings allowed <input type="checkbox"/> Release to <input type="checkbox"/> Custody	EMAIL		
WORK PHONE				NEED AN INTERPRETER? <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

ENROLLMENT Student Information



LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	BIRTH DATE (mm/dd/yyyy)	ENR GRADE
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Pre-K or Kindergarten Age Students

Has your student completed Early Childhood Screening? Yes No

If Yes, what school district or clinic _____

If No, do you give permission for your student to participate in Early Childhood Screening? Yes No

School Age Students

Please check all that applied in previous schools:

- | | | |
|---|---|--|
| <input type="checkbox"/> Gifted and Talented | <u>Secondary Students Only</u> | |
| <input type="checkbox"/> English Language Support (EL, ELL, ESL) | <input type="checkbox"/> Advanced placement classes | |
| <input type="checkbox"/> County Social Worker
name/phone number _____ | <input type="checkbox"/> Arrest resulting in a charge | |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> School Expulsion where/when? _____ | |
| <input type="checkbox"/> IEP (Individualized Education Plan) for Special Education- <i>please check all that apply</i> | <input type="checkbox"/> Current School Suspension
where/when? _____ | |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Emotional/Behavior Disorders | <input type="checkbox"/> Speech/Language Impairments |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Other Health Disabilities | <input type="checkbox"/> Severely Multiple Impaired |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf – Hard of Hearing | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visually Impaired |

Does your child need additional support in any of the following areas?

- | | | |
|--|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Attendance | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Family Change | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> Chemical use concern | <input type="checkbox"/> Other _____ |

Please list all previous schools your child attended (most recent first)

DISTRICT NAME	SCHOOL NAME	STATE	GRADE(S)	WITHDRAW DATE

ENROLLMENT Family Information



LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	BIRTH DATE (mm/dd/yyyy)	ENR GRADE
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What is your student's country of birth? _____

Is this your student's first time attending a school in the United States? Yes No

If NO, what is the date your student first attended school in the United States? _____

Is this your student's first time attending a school in Minnesota? Yes No

Is this your student's first time attending a school in ISD 279 - Osseo Area Schools? Yes No

Has temporary or seasonal work in agriculture or fishing caused you to move and change your student's schools? Yes No

McKinney-Vento

Are you temporarily staying with another person or family due to loss of housing, economic hardship or similar reason? Yes No

Are you living in a hotel, motel, or camping grounds due to lack of alternative, adequate housing? Yes No

Are you living in emergency or transitional shelters, cars, parks, public spaces or similar places? Yes No

Is the student a member of a military family? (See definition on page 2) Yes No

If Yes, is the military member actively deployed or expects to be actively deployed this year? Yes No

The district is sometimes able to offer translated documents and messages for parent/guardians.

How would you like to receive communications?

- English Hmong (Hmoob Dawb) Spanish (Español) Vietnamese (Tiếng Việt) Somali

Siblings under the age of 21

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			

Parent/Legal Guardian

I hereby certify that I am the parent or legal guardian of the child named in this enrollment application and possess the full legal authority to act on their behalf in submitting this document, consistent with the requirements of Minnesota.

Furthermore, I attest that all information provided within this enrollment application is complete and true to the best of my knowledge, information, and belief.

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____

ENROLLMENT Request for Records



Please send the official school records for: DATE: _____ SCHOOL YEAR: _____

STUDENT LEGAL NAME _____
Last First Middle

GRADE _____ DATE OF BIRTH _____ GENDER M F
Most recent OR current grade Month/Day/Year

Records are requested from:

PREVIOUS SCHOOL _____

ADDRESS _____
City State Zip

PHONE NUMBER _____ FAX NUMBER _____

EMAIL _____

Please include:

- Transcript or Cumulative folder** (date of birth, name of parents/legal guardians, address, dates of attendance, courses taken, report cards, over-all grade average, grades at time of withdrawal, and standardized test scores)
- mmunizations and Health Plans** and other health records
- Special Education Records:** Current IEP, Evaluation and Progress Reports
- 504 plan and Eligibility Documentation**, if applicable
- EL Records: WIDA , ACCESS** or any other language test or screener scores
- Discipline Records** - In accordance with Federal and State Statutes, a district that transmits a student's educational records to another school district to which the student is transferring must include in the transmitted records information about disciplinary action taken in the form of suspension and expulsion and any disposition order which adjudicates the student as delinquent for committing an illegal act on school property and certain other illegal acts.

Parent/Legal Guardian Printed Name _____

Signature _____ Date _____

* In accordance with revised Federal and State Statutes, written permission of the parent/legal guardian is not necessary in the transfer of records to a school in which the student intends to enroll

Please email (preferred) or fax records to:

Osseo Area Schools #279 Enrollment Center
7051 Brooklyn Blvd.
Brooklyn Center, MN 55429-1371
Fax: 763-585-7368
EnrollmentCenter@district279.org

Osseo Area Schools #279 Enrollment Center
Special Education Records (763) 585-7372
7051 Brooklyn Blvd.
Brooklyn Center, MN 55429-1371
Fax: 763-585-7368
SpecialEducationRecords@district279.org

OFFICE USE ONLY	STUDENT ID	NOTES
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Student Information (Legal Name As It Appears On The Birth Certificate)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	BIRTH DATE (mm/dd/yyyy)	ENR GRADE
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Parent/Legal guardian/Other adult that lives with the student

LEGAL NAME	LAST	FIRST	MIDDLE	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE
LEGAL NAME	LAST	FIRST	MIDDLE	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE
PRIMARY EMAIL ADDRESS - Please list only one		DOCTOR/CLINIC NAME	TYPE OF INSURANCE POLICY	DOCTOR/CLINIC PHONE NUMBER

Other Emergency Contacts/Authorized Pickups - Please list at least two contacts

LEGAL NAME	LAST	FIRST	MIDDLE	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE
LEGAL NAME	LAST	FIRST	MIDDLE	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE
LEGAL NAME	LAST	FIRST	MIDDLE	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE

Health History Information

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING OF THE FOLLOWING CHRONIC CONDITIONS? Check all that apply

<input type="checkbox"/> ADD/ADHA	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Sickle Cell/Disease Trait
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Vision Loss
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Wheelchair Type_____
<input type="checkbox"/> Other (Explain)		

DOES YOUR CHILD HAVE ALLERGIES? LIST:
 Yes No

DOES YOUR CHILD HAVE AN EPI-PEN? Yes No

<input type="checkbox"/> Epi-Pen (Prescribed)-will be kept in the nurse's office	<input type="checkbox"/> Epi-Pen (Prescribed)-student will self-carry their Epi-pen
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DOES YOUR CHILD HAVE ASTHMA? Yes No

<input type="checkbox"/> Inhaler/Neb (Prescribed)-will be kept in the nurse's office	<input type="checkbox"/> Inhaler-student will self-carry their inhaler
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HAS YOUR CHILD BEEN HOSPITALIZED FOR ILLNESS, SURGERY, OR INJURY? IF YES, EXPLAIN:
 Yes No

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, LIST MEDICATIONS:
 Yes No

Emergency, Health, and MIIC Authorization

By signing below, I certify that all information provided is accurate and that it is my responsibility to notify the school of any changes.
 This information is collected for my student's health and safety and will be treated as private data, shared only on a "need to know" basis or with emergency personnel.
 I authorize the school to contact and permit the designated emergency contact to pick up my child if I cannot be reached. In the event neither I nor the emergency contact can be reached, I authorize the school to secure necessary emergency services (medical, dental, etc.) for my child, at my expense.
 Furthermore, I agree to allow ISD 279 employees to review and update my child's Minnesota Immunization Information Connection (MIIC) records. I understand that my child's enrollment will not be completed without these immunization records.

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	language(s) other than English. English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	language(s) other than English. English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	language(s) other than English. English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	language(s) other than English. English and language(s) other than English. <input type="radio"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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