BETHEL ELEMENTARY SCHOOL ENROLLMENT FORM

Date: _____ Name: _____
Last First Middle

Race (Circle all that apply): African American Asian Caucasian Native American Pacific Islander Hispanic: YES NO

If Native American descent: Tribe _____ Side Family_____ Roll Number _____

Gender: _____ Date of Birth: _____ Age:_____ Birthplace: _____

Grade: _____ Previous School Name: _____ City/State: _____

Is student a transfer? _____Yes _____ No Home District: _____

Is this student currently placed in foster care? _____ Yes _____ No

TRANSPORTATION

Bus Number _____ Will student be driven to school by a responsible party? Yes No

Approximate distance student lives from school _____

CONTACT INFORMATION

Parent/Guardian with whom the STUDENT RESIDES/PRIMARY RESIDENCE:

Please check one:
Mother ____ Father _____
Both Parents _____
Relationship of Guardian
_____

Name: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Workplace: _____
Does the parent/guardian live or work on Native land? _____Yes _____ No

Is parent/guardian a full-time member of the military or have been ordered to active duty? _____ Yes _____ No
Circle all that apply: Air Force Army Coast Guard Marine Corps National Guard Reserves

***Proof of residence in the district must be provided prior to the student beginning school.**

Parent/Guardian #2:

Please check one:
Mother ____ Father _____
Both Parents _____
Relationship of Guardian
_____

Name: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Workplace: _____
Does the parent/guardian live or work on Native land? _____Yes _____ No

Is parent/guardian a full-time member of the military or have been ordered to active duty? _____ Yes _____ No
Circle all that apply: Air Force Army Coast Guard Marine Corps National Guard Reserves

Parent/Guardian #3: (if applicable-joint custodial parent)

Please check one:
Mother ____ Father ____
Both Parents _____
Relationship of Guardian
_____

Name: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Workplace: _____
Does the parent/guardian live or work on Native land? _____Yes _____ No

Is parent/guardian a full-time member of the military or have been ordered to active duty? _____ Yes _____ No
Circle all that apply: Air Force Army Coast Guard Marine Corps National Guard Reserves

***Please submit copies of any legal/custodial documents**

Siblings attending Bethel Schools: _____

Emergency contacts:
Other than PARENTS/GUARDIANS (who are called first), list at least two people authorized to be called in case of an emergency or to pick up the child from school:

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

No contact: PLEASE LIST ANY INDIVIDUAL (S) NOT LEGALLY AUTHORIZED TO VISIT AND/OR CHECK YOUR CHILD OUT OF SCHOOL (Please provide documentation).

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Miscellaneous Information:
Has the student received special services at his/her former school? _____ Yes _____ No

Please mark all that apply: _____ Title 1 Reading (Reading lab) _____ Title 1 Math (Math Lab)
_____ IEP _____ Speech/Language
_____ Gifted and Talented _____ Other (Please Specify)_____

Medical Information:
Parents/Guardians must bring all medications (prescription/non-prescription) to the office and complete a medical authorization form.

I give permission for a doctor or hospital to treat my child as deemed necessary in case of an emergency.

Does this student take any medication (s) on a regular basis? YES NO
If YES- NAME the medication and purpose _____

Is the student allergic to anything? (Food, medication, etc.). YES NO
If YES-PLEASE LIST and give reactions _____

Does the student have: DIABETES ASTHMA SEIZURES OTHER (please list)

Is the student REQUIRED to carry a medical kit? (inhaler, bee sting, etc.) YES NO
NOTE: Unless REQUIRED, students should not have medications on self.

STUDENT NAME _____

PARENT QUESTIONNAIRE

1. Please briefly describe your child.

   _____
   _____
   _____

2. Have there been any significant changes in your family (i.e. birth of a sibling, divorce, new marriage, new child care arrangements) that you feel have had an effect on your child?

   _____
   _____
   _____

3. Does your child generally get along well with other children? Yes No

   If no, please explain. _____

4. Are absences or tardiness going to be an issue? Yes No

   If no, please explain. _____

5. Does your child have behavioral problems (tantrums, easily to anger, does not conform well to rules, etc,)? Yes No

   If yes, please explain. _____

6. Does your child have developmental issues? Yes No

   If yes, please explain. _____

7. Has your child ever had any educational testing (i.e. Special Education or Gifted Education testing)? Are the results available to the school? Yes No

   If yes, please specify. _____

8. Is English the primary language spoken in your home? Yes No

   If not, please specify primary language spoken. _____

Photography of Student

You have my permission to photograph and film my child, submit pictures to local newspapers, and post pictures/videos on the district website/newsletter, Facebook, and Instagram.

I, _____ *give my permission to photograph/video* _____

*Parent Signature/Guardian*_____ *Date* _____

BETHEL ELEMENTARY

36000 CLEARPOND ROAD
SHAWNEE, OKLAHOMA 74801
PHONE: 405-273-7632

CONSENT FOR RELEASE OF STUDENT RECORDS

TO: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

PLEASE SEND A COPY OF ALL SCHOOL RECORDS FOR:

STUDENT: _____ DOB: _____ GRADE: _____

PLEASE INCLUDE:

BIRTH CERTIFICATE	_____
CURRENT IMMUNIZATIONS	_____
ACADEMIC RECORDS	_____
STANDARDIZED RECORDS	_____
DISCIPLINE FILE	_____
ATTENDANCE RECORD	_____
SPECIAL EDUCATION	_____
OTHER	_____

SIGNATURE OF SCHOOL DISTRICT OFFICIAL: Tammy Cook

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

PLEASE EMAIL RECORDS TO: LEEB@BETHEL.K12.OK.US AND MARSHD@BETHEL.K12.OK.US

------OR------

FAX TO 405-878-5574

***Education records are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31.

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district's technology.

User's Name (print clearly): _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student _____ Patron _____ I am 18 or older _____ I am under 18 _____

If I am signing this policy when I am under 18, I understand that when I turn 18, I will have to sign another policy.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement). As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that my result from my child's or ward's use his or her access to such networks and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Parent or Guardian Signature: _____ Date: _____

Address: _____

This agreement is valid for the _____ school year only.

CODE OF CONDUCT FOR INTERNET AND OTHER COMPUTER NETWORK ACCESS

The purpose of providing Internet and other computer network access in this district is to promote the exchange of information and ideas with the global community. The following represents a guide to the acceptable use of the technology provided by this district. All network use must be consistent with the policies and goals of this school district. Inappropriate use of district technology will result in the loss of technology use, disciplinary action, and/or referral to legal authorities. The district may monitor use of district technology at any time. All internet and computer network users are hereby informed that there shall be no exceptions of privacy in that school officials may monitor users at any time.

All Internet and other computer network users will be expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

1. Be polite. Messages should not be abusive to others.

2. Take pride in communications. Check spelling and grammar.

3. Use appropriate language. Do not swear or use vulgarities or any other inappropriate language, symbols, or pictures.

4. Protect password confidentiality. Passwords are not to be shared with others. Using another user's account or password or allowing such access by another may be permitted only with the approval of the supervising teacher or system administrator.

5. Do not reveal your personal address or telephone number or those of other persons. No student information protected by FERPA should be electronically transmitted or otherwise disseminated through the network.

6. Do not disguise the point of origin or transmission of electronic mail.

7. Do not send messages that contain false, malicious, or misleading information, which may be injurious to a person or a person's property.

8. Illegal activities are strictly prohibited: transferring offensive or harassing messages; offering for sale or use of any substance the possession or use of which is prohibited by the school district's staff and student policies; viewing, transmitting, or downloading pornographic materials or materials that encourage others to violate the law; intruding into the networks or computers of others; and downloading or transmitting confidential, trade secret information, or copyrighted materials.

9.. The district technology is not to be used for playing multi-user or other network intensive games, commercial ventures, Internet relay chat lines, or downloading excessively large files.

10 .No charges for services, products, or information are to be incurred without appropriate permission.

11. Do not use the network in such a way that you would disrupt the use of the network by other users.

12. Users shall respect the privacy of others and not read the mail or the files of others without their permission. Copyright and licensing laws will not be intentionally violated.

13. Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware, data of another user, Internet, or any other agencies or other networks that may be accessed. This includes, but is not limited to, the uploading or creation of computer viruses.

14. Report security problems to the supervising teacher or system administrator.

15. Violators of this policy shall hold the district, including its employees and agents, harmless against any and all causes of action, damages, or other liability resulting from the willful or negligent violation of this policy.

Student Cell Phone/Smart Watch Policy

The Bethel Public School District has determined that cell phones have limited or no educational value and their use may create a distraction to the learning environment. Student possession of cell phones in the Bethel Public School District is only allowable subject to the following rules and regulations. Strict adherence to these rules and regulations is required. Additionally, the District prohibits the use of other communication devices (i.e. two-way radios, pagers, PDA's, and laptops with two-way messaging capabilities) by students. The District reserves the right to define the educational value of any new electronic wireless devices that may become available in the future and to prohibit their use if they have no educational value or if such use creates learner distraction or disruption. **Students shall be personally and solely responsible for the security of their cell phones. Bethel Public Schools shall not assume any responsibility for theft, loss, or damage of a cell phone, or unauthorized calls made on a cell phone. Possession of a cell phone by a students is a privilege which may be forfeited by any student not abiding by the terms of this policy.**

Use of Cell Phones/Smart Watch on School Grounds

Students may use cell phones before and after school only, as long as they do not create a distraction or a disruption. Use of cell phones during the school day is prohibited and they will be powered off, concealed and secured in backpacks during the academic day. *** Cell phones are strictly prohibited in classrooms, locker rooms, restrooms, and shower facilities.

Camera/Video Functions

While the use of cell phones by students is allowed subject to certain rules, the capability of a cell phone to take, store, and transmit pictures and videos is strictly prohibited. It is the District's position that picture phones pose threats to freedoms of privacy. Additionally, picture phones can be used to exploit personal information and compromise the integrity of the educational process. **Accordingly, the camera/video function of a cell phone is strictly prohibited on school premises at all times.**

Use of Cell Phones on Buses

Cell phone usage by students while riding to and from school on the bus, or on the bus during school sponsored activities is at the discretion of the bus driver. Distracting behavior that creates and unsafe environment will not be tolerated. **Use of the camera/video function of a cell phone is still strictly prohibited while riding a bus.**

(Parent/Guardian Print Name)	(Student Print Name)	(Student Cell Number)

(Parent/Guardian Signature)	Date	(Student Signature)	Date

- Procedures for Cell Phone/Smart Watch Offenses are listed on the back of this form.
- **Both parents/guardians and student will sign this agreement as to their understanding of these rules. Cell phone number must be included.**

PROCEDURES FOR CELL PHONE/SMART WATCH OFFENSES

1ST Offense: The first time a student is using a cell phone/smart watch at an inappropriate time during the school day, the cell phone will be confiscated and the student will have a conference with the principal.

2nd Offense: The second time a student is using a cell phone/smart watch at an inappropriate time during the school day, the cell phone will be confiscated and the student and parent will have a conference with the principal.

3rd Offense: The third time a student is using a cell phone/smart watch at an inappropriate time during the school day, the cell phone will be confiscated and the cell phone contract will be revoked. The student has then lost the privilege of bringing a cell phone to school for the remainder of the school year. The student will be subject to any of the following forms of discipline; **(suspension or ISD).**

4th or more Offense: If a student is using a cell phone/smart watch at an inappropriate time during the school day, the cell phone will be confiscated and the student will face suspension.

In offenses 2-4, the cell phone/smart watch will be released only to the parent/guardian of the specific student.

Bethel Public Schools
Health Enrollment Form
2025-2026

Confidentiality Disclosure

Under federal law, Bethel Public Schools will hold confidential the provided information through the Family Education Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPPA) of the student when applicable. Bethel Public Schools will only disclose health information with those who may be overseeing the students' care in order to provide a safe environment while attending school.

Parental Consent

- ☐ I, the parent or legal guardian of the designated student, authorize Bethel Public Schools and their attendees to share confidential health information when appropriate, that my child may be provided a safe environment at school and/or during bus transfers.

- ☐ I give permission for Bethel Public Schools to contact and/or be contacted by the listed provider, who under HIPPA Privacy Rule, requires legal guardian consent to release information that may pertain to my child's medication administration and/or health condition while attending school.

- ☐ I authorize the Oklahoma Immunization Service to release my child's immunization records located within 'OSIIS' to Bethel Public Schools, as needed to verify my child's immunization status.

- ☐ I give permission for my child to receive health-related screenings including vision, hearing, speech/articulation, English Language, fine motor (OT), gross motor (PT), dyslexia, ADHD, and dental which may include outside state/local agencies.

This authorization will remain in effect for the current school year and must be renewed annually to be in compliance with Bethel Public School's policy and Oklahoma State Law. Authorization may be suspended at any time by the original legal guardian with a written document signed and dated for record keeping purposes.

By signing below, I can confirm that I have read and understand the provided information and have asked questions regarding my child's eligibility and enrollment. I understand that I am responsible for notifying the appropriate school members if I believe my child has a health condition or concern that may or may not inhibit their ability to participate safely in the school environment. I can confirm that the listed information I have provided is true and correct, and is verified by my signature below.

_____
Student Name

_____ _____
Parent/Guardian Signature Date

SchoolCare

Bethel Public Schools partners with SchoolCare to manage and provide access to real-time student health information to parents and appropriate school staff members. SchoolCare is a leading student health record platform used by hundreds of schools across the country. It adheres to both FERPA and HIPAA regulations to ensure the confidentiality and security of your student's health information.

SchoolCare provides us with the following benefits:

- Automates the collection of immunization data and sends notifications of missing or soon-to-be due immunizations
- Remembers information from year to year and auto populates information to avoid redundant entry
- Sends notifications of your child's medication inventory levels, screenings, and health room visits.
- Makes crucial information regarding important student health issues and alerts available to teachers and office staff.
- Gives you mobile access to your child's immunization and health information anytime, anywhere.

All parents will get an email to sign up to do their child's health registration.

- Parents who have already completed SchoolCare registration - click through the forms to make changes or confirm that no new changes are being added. You will still be asked to click through everything and submit it for the year.
- Parents who are new to the district or haven't completed SchoolCare registration before - will have each form to look at it. If the nurse has already filled out health information about the child in SchoolCare like conditions/allergies, the parents can confirm and/or request to either change or add anything new that the nurse hasn't filled out.

Health Registration for Bethel will occur towards the end of summer break, please keep an eye out in your inbox from SchoolCare. We are happy to answer any questions you may have and are excited to have this tool in our district!

Kind regards,
Bethel Public Schools

Bethel Public Schools
36000 Clear Pond Road
Shawnee, OK 74801
(405) 273-0385
Fax (405) 273-5056

School Year 2026-2027

Dear Parents or Guardians,

We are writing to inform you that our school is continuing the partnership with the Brendon McLarty Memorial Foundation who supplies emergency albuterol inhalers to our school. In 2019, Oklahoma passed a law that allows your child's school to maintain and administer an albuterol inhaler to treat students who experience sudden life-threatening respiratory distress while at school. Albuterol is an inhaled medication that quickly opens the tubes that move air into and out of the lungs making it easier to breathe. This medication is safe and effective. Because an asthma attack can happen at any time, having quick access to albuterol is important to make schools safe for children with asthma.

Several personnel from your child's school have been trained to quickly and safely respond to respiratory emergencies. While school staff will make every effort to contact parents before giving albuterol, the law allows them to administer albuterol in an emergency without prior parental contact.

If your child has asthma, we urge you to notify your child's school and provide them with an asthma action plan from your child's doctor. Because the stock albuterol inhaler is not intended to replace a child's personal inhaler, we also encourage you to send a personal albuterol inhaler for use at school if your child has asthma.

If you have any questions or concerns, please contact your school's health office.

Sincerely,

Bethel Public Schools

BETHEL

Dear Parents/Guardians,

Bethel Public Schools will provide the Early Identification Screener (EIS) for the 2026-2027 school year to aid the district in determining student needs and providing prevention programs. The screener questions are available to view on the district's website. Printed copies are also available by request. The student's homeroom teacher will complete screenings for Kindergarten through 4th grade students, while the students themselves will complete screenings for 5th through 12th grade.

We are requesting permission for your child to participate. You may choose to withdraw your child from the screening at any time. This is NOT a psychological evaluation; the information will NOT be included in your child's permanent academic records. This information will help Bethel Schools with the mental health needs of students who need improvement.

If you have any questions concerning your child's participation, please contact us at your earliest convenience.

Sincerely,

Darcey Adamek, M.S., LPC, LMHP

Darcey Adamek, M.S., LPC, LMHP
adamekd@bethel.k12.ok.us
405-273-7632 ext. 8194

_____ Yes, I consent to my child participating in the EIS screener. I understand I may opt out of this consent at any time with written notice turned in to the site office.

_____ No, I do not want my child to participate.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

ELEMENTARY PARENT-SCHOOL COMPACT

It is important that families and schools work together to help students achieve high academic standards. Through a process that included teachers, families, students, and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out and to support student success in school and in life.

As a STAFF MEMBER, I will provide your child with every opportunity to learn and grow by:

- Maintaining a quiet and organized workplace;
- Having a high expectation of myself and my students;
- Giving instruction and assignments appropriate for the skill and development required by state and district standards;
- Monitoring student work on a daily basis to ensure success and progress; and
- Reporting regularly to parents with returned work, written notices, and conferences.

As a STUDENT, I will keep my focus on what is important in meeting my goal of learning by:

- Being in class on time, every day, with my homework in hand and prepared to work;
- Allowing the teacher to teach and everyone in class to learn;
- Completing my work on time and accurately;
- Keeping my hands, feet, objects, and comments to myself; and
- Respecting others and their property.

As a PARENT/GUARDIAN, I will support Bethel Public School's programs and activities that give my child the optimum opportunity for learning by:

- Expecting my child to complete daily homework assignments independently and discuss his/her results for improved learning, and check for a timely return to school;
- Accentuating the positive events at school and help my child resolve issues of concern and conflict;
- Supporting the discipline policy and reinforcing the highest expectations of the school staff;
- Reading to and listening to my child read daily as a way of building a lifelong interest and joy of reading;
- Seeing that my child gets adequate rest and is in school on time with a positive outlook;
- Attending conferences to discuss my child's progress and attending events which showcase my child's work and learning experiences: and
- Providing and maintaining accurate information on my child's records for contact.

Parent/Guardian:		Date:	
Student:		Date:	
Teacher:		Date:	
Principal:		Date:	

SCHOOL YEAR: 2026-2027 **HOME LANGUAGE SURVEY**

OKLAHOMA Education

STUDENT INFORMATION

Student Name: _____ _____ _____ Grade: _____
Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID#: _____ Gender: Male ☐ Female ☐
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? **YES** ☐ **NO** ☐

Please select one or more of the following races:

☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

1. What is the dominant language most often spoken by the student? _____
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
3. What language was first learned by the student? _____
4. Does the parent/guardian need interpretation services? **YES** ☐ **NO** ☐ If YES, in what language? _____
5. Does the parent/guardian need translated materials? **YES** ☐ **NO** ☐ If YES, in what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY

_____ _____
Date (MM/DD/YYYY) Parent or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "**more often**" and has previously demonstrated English language proficiency on the PKST* or WIDA assessment :

Assessment Name:		**Year Assessed:**		**Score:**	

☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "**less often**" and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

Federal Job-Live on Native American land or work at Tinker Air Force Base

Impact Aid Program Survey Form

The survey date is _____

All boxes must be filled in with complete information if applicable.

STUDENT INFORMATION

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

Address	City	State	Zip Code

If the above property is a federal property, enter the name of the property.	Name of federal property

Fill in the above boxes with complete and accurate information.

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States and 2) either parent/guardian with whom the student resided was employed on federal property, or 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer

Address of Parent/Guardian's Employer	City	State	Zip Code

Name of federal property

Address of federal property	City	State	Zip Code

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent's/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

Fill in the above boxes with complete and accurate information.

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date.*

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

Name of Foreign Government

Fill in the above boxes with complete and accurate information.

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

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

⇨ Signature of Parent/Guardian _____ ⇨ Date _____

U.S. Department of Education

Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be release 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 Education 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT
Name of the individual with tribal enrollment _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership _____

The Tribe or Band is (select only one):

_____ Federally Recognized

_____ State Recognized

_____ Terminated Tribe (Documentation required. Must attach to form)

_____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:
A. Membership or enrollment number (if readily available)_____ OR
B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT
I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City_____ State _____ Zip Code _____

Email Address _____ Date _____

OMB Number: 1810-0021 Expiration Date: 07/31/2019

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

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

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

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1.) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets that requirements described in paragraph (1) of this definition; (3) considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

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

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe, or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- Federally Recognized- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- State Recognized- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- Terminated Tribe- a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- Organized Indian Group- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

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

ATTESTATION STATEMENT: Provide the name, address, and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

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

PAPERWORK BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate (s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments of concerns regarding the status of your individual submission form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

SUPPLY LIST

FY27

Bethel Upper Elementary School

3rd GRADE SUPPLY LIST

3	Plastic Folders with Prongs and Pockets (orange, blue, and green)
4	Glue Sticks
2	Boxes of Crayola Crayons
1	Pair Fiskar Scissors
2	Yellow Highlighters
1	Package of Pencil Cap Erasers (White)
5	Expo Markers (Black Only)
1	Bottle Clear Glue
2	Large Erasers (White Preferred)
1	Package of Markers (8 count)
2	Large Boxes of Tissues
2	Packages of Copy Paper
1	Package of Red Pens
1	Package of Colored Pencils
1	Dozen Wooden # 2 Pencils (sharpened) - Ticonderoga Brand
1	Composition Notebook (Not perforated)
1	Large Container of Clorox Wipes
1	Package of White Card Stock

4th GRADE SUPPLY LIST

3	Dozen Wooden # 2 Pencils (sharpened) - Ticonderoga Brand
1	Package White Pencil Cap Erasers (preferred)
1	Set of Colored Pencils (12 count, sharpened if possible)
1	Package of 2 Black (low odor) Expo Dry Erase Markers
2	Yellow Highlighters
1	Box of Markers
1	Box Crayola Crayons (24 Count)
1	Pair Fiskars Scissors
4	Glue Sticks
1	Plastic Supply Box
2	Boxes of Kleenex
1	Package of 8.5" x 11" Copy Paper (500 count)
1	Box Zipper Storage Bags - Quart Size
1	Large Containers Clorox Wipes
1	Spiral Notebook
3	PLASTIC Folders with Prongs (One in each of the following colors: Blue, Red, and Green)
	Each student will need a regular sized backpack with no wheels.
	** Not required but helpful **
	1 Package of 8.5" x 11" colored copy paper
	1 Package of Colored Index Cards
	1 Package of 8.5" x 11" card stock

5th GRADE SUPPLY LIST

4	Glue Sticks
3	24 Packs of Pre-Sharpened Pencils
2	Highlighters
3	Boxes of Kleenex
1	3- Hole Flat Pencil Pouch, Large (No boxes)
2	Packages of 8.5" x 11" Copy Paper (500 count)
1	1 1/2" Binder
3	Composition Notebooks
4	Containers of Clorox Wipes
1	Package of Pencil Top Erasers
1	Package of Wide Ruled Notebook Paper
2	12 Packs of Colored Pencils
1	Box of Gallon Ziploc Bags (Boys)
1	Box of Sandwich Ziploc Bags (Girls)
	Not required but helpful:
	1 Package of Colored Copy Paper (Not Construction Paper)