



E-Laker Online  
1301 Roosevelt Avenue  
Detroit Lakes, MN 56501  
218.847.4491

**Principal:**

Jill Walter  
[jwalter@detlakes.k12.mn.us](mailto:jwalter@detlakes.k12.mn.us)

**Assistant Principal:**

Justin Messer  
[jmesser@detlakes.k12.mn.us](mailto:jmesser@detlakes.k12.mn.us)

**Student Success  
Coordinator:**

Cali Harrier  
[charrier@detlakes.k12.mn.us](mailto:charrier@detlakes.k12.mn.us)

**Counselors:**

Doreen Richter (A-G)  
[drichter@detlakes.k12.mn.us](mailto:drichter@detlakes.k12.mn.us)

Sara Pender (H-N)  
[spender@detlakes.k12.mn.us](mailto:spender@detlakes.k12.mn.us)

Nathan Ochsner (O-Z)  
[nochsner@detlakes.k12.mn.us](mailto:nochsner@detlakes.k12.mn.us)

Phone: (218)847-4491 ext. 2320  
Fax number: (218) 846-22387

## REQUEST FOR RELEASE OF STUDENT RECORDS

### Previous School Information:

Previous School:   
School Address:   
City:  State:  Zip:   
School Phone Number:   
School Registrar Email:

### Student Information:

Student #1 Name:   
Date of Birth:   
Student #2 Name:   
Date of Birth:

### Please include the following information:

- Official Administrative Record Information: Identifying information: name, address, birth date, standardized test results, courses taken, grades earned, grade completed, credits, attendance record, schools attended.
- Special Education records: IEP, assessments, psychological testing & reports

\*\*\*Does your school use SPED forms?  Yes  No

If so, please share with **Karen Nudell at Detroit Lakes High School**

- 504 Plan
- Minnesota GRAD/MCA Test Scores
- Health & Immunization Records
- MARSS Information (as required by the state of Minnesota)

Additional info:

### Please send the above information to:

- Doreen Richter, Counselor       Sara Pender, Counselor  
 Nathan Ochsner, Counselor

### I authorize the release of student records:

\_\_\_\_\_  
Parent/Legal Guardian Signature      Contact phone      Date



**NEW STUDENT REGISTRATION**  
**Grades K-12**  
**Detroit Lakes Public Schools**

Today's Date: \_\_\_\_\_

Date Received by \_\_\_\_\_  
 School District: \_\_\_\_\_

**Student Information**

Student Full Legal Name: <i>First/Middle/Last</i>		Grade:
Other/Previous Name: <i>If different than above</i>		Grad Year:
Street Address:		
City:	State:	Zip:
Mailing Address (if different):		
Phone:	Confidential/unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Email:
Student Cell Phone:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Primary Language:	Primary Home Language(if different):	

**Parent/Guardian(s) Information**

Mother/Guardian:	Father/Guardian:
Relation to Student <i>(if different than above):</i>	Relation to Student <i>(if different than above):</i>
Employer:	Employer:
Work Phone:                      Extension#	Work Phone:                      Extension#
Cell Phone:	Cell Phone:
Email:	Email:
Mailing Address (if different from above):	

**Additional Parent/Guardian(s) Information (Different address than student)**

Name:	Name:
Relation to student:	Relation to student:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:

**Emergency Contacts**

Name:	Name:
Relation to student:	Relation to student:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

**Transportation**

Does the student ride a <b>Bus</b> to/from school and/or are you requesting <b>Transportation services</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the bus number? _____ If requesting busing, complete the <a href="#">Request for Transportation form</a> .
--

# NEW STUDENT REGISTRATION

Page 2

## Previous School Enrollment

Previous school attended (most recent): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

This was a:

MN Public school     Public School Outside MN     Home School     Private School     Online/Distance Learning

Has this student **previously received Special Education Services**?     Yes     No

If yes, please submit the current Individual Education Plan (IEP) from previous school to the building secretary.

Has this student ever been **previously enrolled in a MN Public school**?     Yes     No

If yes, what was the name of the school? \_\_\_\_\_

## Active Military

Between the end of last school year and the end of this school year, were/are any of your child's parents or legal guardians on active duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard? Note: This *does* include training as a member of any of the five branches, as well as active duty when deployed. It **does not** include National Guard duty.

Yes     No

## Home Language and Migrant Information

Does student request **ESL (English as a Second Language) services**?     Yes     No

Has student moved to this district within the past 36 months for **Temporary or Seasonal** agricultural or fishing work?

Yes     No

## Census Information

Do you have **pre-school aged children (0-6 years of age)** in your family who do not yet attend school?

Yes     No

*If yes, please complete the [Child Accounting Form](#).*

## High School Vehicle

Please complete this information if you have a high school student who will be driving to school:

\_\_\_\_\_  
Primary Vehicle License #

\_\_\_\_\_  
Make/Model/Color

\_\_\_\_\_  
Secondary Vehicle License #

\_\_\_\_\_  
Make/Model/Color

## Medical and Additional Information

Does student have any medical condition the school should be aware of?     Yes     No

If yes, please describe: \_\_\_\_\_

Additional information you feel the school staff should be aware of:

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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.<sup>1</sup>

**[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"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Unknown                           |  |

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.

## Ethnic and Racial Demographic Designation Form

---

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

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

**No** [If 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.<sup>1</sup>

**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)

- |  |                                   |                                     |                                      |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Karen      | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian        | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean     | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Burmese             | <input type="checkbox"/> Hmong    | <input type="checkbox"/> 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.<sup>1</sup>

**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)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali      |
| <input type="checkbox"/> African-American    | <input type="checkbox"/> Liberian        | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo     | <input type="checkbox"/> Nigerian        | <input type="checkbox"/> 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.<sup>1</sup>

**Yes** [If yes, go to Question 6.]

**No** [If 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.<sup>1</sup>

**Yes**

**No**

Parent/Guardian Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_

## 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: _____

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

**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.

# Detroit Lakes Public Schools

702 Lake Ave PO Box 766  
Detroit Lakes, MN 56502-0766  
Phone 218-847-9271 FAX 218-847-9273  
Mark Jenson, Superintendent  
Katrena Lende, Census Coordinator

## CHILD ACCOUNTING FORM

Please Only include Infants to Age 5 Children  
in your family who are Not Yet in Elementary School.

Last Name	First Name	Middle Name	Sex		Birthdate		
			M	F	Month	Day	Year
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

### PARENT INFORMATION

**Child/Children reside(s) with:**  Mother  Father  Both  Guardian(s)

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City,Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's name:** \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City,Zip: \_\_\_\_\_ Email: \_\_\_\_\_

(If child is living in home other than with the mother and/or father):

**Legal Guardian's name(s):** \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

\_\_\_\_\_  
*Signature of person completing form*

\_\_\_\_\_  
*Today's Date*

*\*Please return this form to Detroit Lakes School District office by mailing to the address above, or email the information to [klende@detlakes.k12.mn.us](mailto:klende@detlakes.k12.mn.us). This will enable you to receive information on preschool health screening opportunities and Early Childhood Family Education programs, Kindergarten roundup/registration, etc.*

# Detroit Lakes Public Schools

702 Lake Avenue, PO Box 766  
 Detroit Lakes, MN 56502  
 Ally Hefta, Homeless Liaison: (218-325-2317)  
 Renee Kerzman, Director of Federal Programs: (218) 847-9271

## CONFIDENTIAL QUESTIONNAIRE

**This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential and your child will not be discriminated against based upon the information provided.**

**CONFIDENTIAL INFORMATION:** *Place an X in the appropriate box(es) to answer "yes" or "no"*

	Yes	No
1. My family lives in an emergency, domestic abuse, or transitional shelter.	<input type="checkbox"/>	<input type="checkbox"/>
2. My family lives in a hotel/motel/campground due to lack of accommodations. (This does not include off-season/seasonal rentals)	<input type="checkbox"/>	<input type="checkbox"/>
3. My family is staying in a car, outside, or in a public space not designed for regular sleeping accommodations.	<input type="checkbox"/>	<input type="checkbox"/>
4. My family is temporarily living with more than one family in a house, mobile home or apartment because our family does not have a place of our own.	<input type="checkbox"/>	<input type="checkbox"/>
5. I am a youth who is <b>NOT</b> in the physical custody of a parent or legal guardian or is <b>NOT</b> in foster care. (ex. living with grandparents, aunt/uncle, friend, couch hopping)	<input type="checkbox"/>	<input type="checkbox"/>
6. I am a student in foster care.	<input type="checkbox"/>	<input type="checkbox"/>

*By indicating yes to 1-5 of the above questions, you are eligible for services from the Title I Homeless Program. If you are interested in receiving services, including transportation assistance, free school meals, school supplies, special education assistance, activity fee discounts, or referrals for additional resources, please complete the following information and a staff person from the school will contact you.*

**Student Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male  Female School Enrolled \_\_\_\_\_

**Guardian Information:**

Parent/guardian Name(s) \_\_\_\_\_

Person child currently lives with \_\_\_\_\_

Relation to student(s) \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City Zip

**Other children living at this address:**

<u>Name</u>	<u>Date of Birth</u>	<u>School Enrolled</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please list additional children on the back of this form)

I would like to be contacted by phone  I prefer a home visit

Received By (DLPS staff): \_\_\_\_\_ Date: \_\_\_\_\_

Homeless Liaison signature: \_\_\_\_\_ Effective date: \_\_\_\_\_



# DETROIT LAKES PUBLIC SCHOOLS - ISD #22

## School Health Information Form

<b>STUDENT NAME:</b>		<b>Grade:</b>		<b>Birth Date:</b>		<input type="checkbox"/> Female <input type="checkbox"/> Male
----------------------	--	---------------	--	--------------------	--	---

### Student Information

Mother's Name:		Cell:		Work:	
Father's Name:		Cell:		Work:	
Emergency contact:		Ph. #		Relationship:	
Emergency contact:		Ph. #		Relationship:	

✓ If your child has a life-threatening health condition, it is the parent/guardian's responsibility to notify school health staff **prior to school attendance** so that a plan of care can be developed.

### Health History

<input type="checkbox"/>	Diabetes	Managed by: <input type="checkbox"/> Insulin pump <input type="checkbox"/> Insulin pen <input type="checkbox"/> Oral medication Needs supervision in health office: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Seizures	Date of last seizure: _____ <input type="checkbox"/> Emergency medication needed: _____
<input type="checkbox"/>	Asthma	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> >> <input type="checkbox"/> OK to self carry/administer - or - <input type="checkbox"/> Need assistance/keep in health office
<input type="checkbox"/>	Allergies	Allergy to: _____ Treatment: _____ Special diet needed? <input type="checkbox"/> Yes <input type="checkbox"/> No >> If <b>YES</b> , Contact Food Service: 218-847-2309
<input type="checkbox"/>	ADHD/ADD	Medication: _____
<input type="checkbox"/>	Vision/Hearing	Glasses/contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No   Hearing device: <input type="checkbox"/> Yes <input type="checkbox"/> No   Right: <input type="checkbox"/> Left: <input type="checkbox"/>
<input type="checkbox"/>	Heart condition	Activity restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No   Details: _____
<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<b>No health concerns</b>	

Detroit Lakes School District intends to use the requested information to provide for your child's health and safety needs while in school. You may refuse to supply the requested personal information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose job requires access to this information to ensure your child's safety and school success.

**If any of the above information changes, please call the school office to update.**

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



**WHITE EARTH NATION  
JOHNSON O'MALLEY  
STUDENT CERTIFICATION FORM**

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

**STUDENT INFORMATION**

Students Full Name (First, Middle, Last) \_\_\_\_\_ Other Name at Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Physical Address (Check box if same as Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tribe/Agency \_\_\_\_\_ Enrollment Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

**CUSTODIAL RESIDENCE**

*(Check all that Apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Natural Parent | <input type="checkbox"/> Foster Parent       | <input type="checkbox"/> Adoptive Parent |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Other _____     |

**BIOLOGICAL PARENT INFORMATION**

Biological Mother's Full Name (First, Middle, Last) \_\_\_\_\_ Maiden \_\_\_\_\_ Date of Birth \_\_\_\_\_

Non-Indian  
 American Indian Tribe/Agency \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Biological Father's Full Name (First, Middle, Last) \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Non-Indian  
 American Indian Tribe/Agency \_\_\_\_\_ Enrollment Number \_\_\_\_\_

**\*\*\*If Student is 2<sup>nd</sup> generation descendant, Grandparent Information is needed on other side of this form\*\*\***

**Release of Information:**

**I authorize the White Earth JOM Program and their designated person(s) to obtain/research my child's tribal membership and/or blood quantum to determine JOM program eligibility. In the event my child should transfer schools, I further authorize the White Earth JOM Program to share this certification with the new school.**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Tribal Enrollment Official Use Only\*\*\***

**TRIBAL ENROLLMENT OFFICE/VERIFICATION OF INFORMATION (Please check appropriate box):**

The above-named student **does** meet the JOM eligibility criteria as determined by the BIA/BIE:

- Student is an enrolled member of the
- Student is a 1st or 2nd generation descendant.
  - Parent is an enrolled member of the
  - Grandparent is an enrolled member of the

Tribe: \_\_\_\_\_ B.Q. \_\_\_\_\_ / \_\_\_\_\_

The above-named student **does not** meet the eligibility criteria for the following reason(s):

- Birth Record/Birth Certificate is needed to verify enrollment.
- No information was found regarding enrollment for student/family.

Enrollment Official: \_\_\_\_\_ Date: \_\_\_\_\_

**BIOLOGICAL GRANDPARENT INFORMATION**

**MATERNAL**

Biological Grandmother's Full Name (First, Middle, Last) \_\_\_\_\_ Maiden \_\_\_\_\_ Date of Birth \_\_\_\_\_

Non-Indian \_\_\_\_\_  
 American Indian Tribe/Agency \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Biological Grandfather's Full Name (First, Middle, Last) \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Non-Indian \_\_\_\_\_  
 American Indian Tribe/Agency \_\_\_\_\_ Enrollment Number \_\_\_\_\_

**PATERNAL**

Biological Grandmother's Full Name (First, Middle, Last) \_\_\_\_\_ Maiden \_\_\_\_\_ Date of Birth \_\_\_\_\_

Non-Indian \_\_\_\_\_  
 American Indian Tribe/Agency \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Biological Grandfather's Full Name (First, Middle, Last) \_\_\_\_\_ Enrollment Number \_\_\_\_\_

Non-Indian \_\_\_\_\_  
 American Indian Tribe/Agency \_\_\_\_\_ Enrollment Number \_\_\_\_\_

**APPLICATION CHECK LIST**

Application Completed

Student's Birth Certificate Attached

Parent's Birth Certificate Attached if Student is a decendant



## Parent and Student Electronic Device Use Agreement

### ***Goal: Expand Digital Learning Opportunities***

The goal of our project is to improve student achievement by personalizing learning and increasing students' ownership of their learning. For the 2021-22 school year all students will receive a device for their use at school and home as needed. This document outlines an agreement between ISD 22, parents and students for the care and instructional use of the District owned device.

### **Educational Resources**

Chromebooks are managed by Google Apps for Education. Along with a login for the device, Google Apps provide online tools for writing, calculating, presenting, drawing and many other applications. iPads are managed by the district MDM and apps will be deployed through the MDM. Your child may use tools from these devices for a variety of purposes in classroom assignments. In addition, many teachers will be using Schoology or Google Classroom, which are online learning management systems that improve learning through better communication, collaboration, and increased access to curriculum resources. Elementary teachers will be using Seesaw for communication. Seesaw, Schoology, and Google Classroom will also allow students access to any virtual classroom instruction options.

### **Accessing the Internet at Home**

While some documents created at school may be edited offline at home, Internet access is important for full functionality. If wireless internet is not available at home, various locations in the community provide free wireless Internet, including public libraries. We also have a limited number of hotspots that can be checked out through our district office.

### **Care and Maintenance**

Students are responsible for the general care of their device. The devices are designed for school use and should be treated with care. Here are a few recommended precautions:

- Treat your device as you would any valuable electronic device.
- When not being used, store the device in a secure place, out of sight.
- Don't touch the screen, and be gentle with the keyboard, trackpad, and ports.
- Don't add stickers or markings to the device.
- Don't eat or drink near it.
- Avoid extreme heat or cold.
- Do not lend your device to anyone.
- Report any damage to your teacher or school media center immediately.
- All equipment is the responsibility of the student and family. Lost or damaged equipment may result in a cost to the family. All borrowed electrical equipment is owned by the District and it is being loaned to the student for educational purposes. It is expected that all equipment is returned to the school including the device, charger, case and any hotspot and charger that also may have been borrowed.

### **Responsible Use**

Digital citizenship and online safety essential 21st century skills. During the school year, your teachers will be reviewing appropriate online behavior and acceptable use of resources. It's important to maintain a family dialogue about educational, recreational and social use of the school issued device and other devices your student accesses. The devices are connected to a network that is filtered for inappropriate material, but user responsibility is still the best way to avoid pitfalls in the online world. Remember use is monitored. However, at home, if you are using a mi-fi from the district, it is the parent's responsibility to ensure safe usage. We are unable to filter the Internet at home however we can monitor usage if the students are on a device and signed into the DLPS Google account.

### **Here are a few tips:**

- Use Internet devices in a central location at home, rather than behind closed doors.
- Help your student to focus on completing tasks and assignments before any recreational activities.
- Help your student solve technical glitches by recording exactly what went wrong and when.
- Ensure that your child understands that he or she should not give personal information to any person or any website without checking with an adult first.
- Talk with your student about cyberbullying, encouraging him/her to be kind and to communicate clearly online.
- Advise your student that anything they post, text, or upload may be forwarded, copied, and published to anyone, including future education admissions offices and employers.
- Only registered users in ISD 22 will be able to login to the device and all usage can be monitored.

### **DLPS 1:1 Technology Responsible Use and Safety Agreement**

**Purpose:** Detroit Lakes Public Schools may provide a student a device for use at school and at home as a means to promote achievement and provide flexible learning opportunities. This agreement provides guidelines and information about expectations for students and families who are being issued one-to-one (1:1) devices. In addition to this agreement, the use of district-provided technology also requires students to abide by the Student Code of Conduct and all policies related to technology acceptable use. Our expectation is students will responsibly use district technology and network resources. We also expect students will keep their district-issued devices safe, secure and in good working order. This agreement includes the following specific responsibilities and restrictions.

### **RESPONSIBILITIES – The student will:**

1. Bring their 1:1 device to school each day with a full charge.
2. Communicate responsibly and ethically using appropriate language and speech.
3. Report to school personnel, any instance of cyberbullying, personal attacks or threats toward anyone
4. Use technology for school-related purposes. Use for commercial or political purposes is prohibited at all times.
5. Follow copyright laws and fair use guidelines.
6. Upon request, make the 1:1 device available for inspection by any administrator or teacher.
7. Understand all electronic communication, activities and files accessed on district technology or networks are not private and may be viewed, monitored or archived by the district at any time.

### **RESTRICTIONS – The student will not:**

1. Mark, deface, or place stickers that are not easily removed by the student, on the device or case.
2. Reveal or post identifying personal information, files or communications to unknown persons through email or other means.
3. By-pass or otherwise change the Internet filtering software, device settings, or network configurations. (Student 1:1 devices, in compliance with federal law, are configured so Internet content is filtered).
4. Tamper with hardware or software, attempt unauthorized entry into and/or vandalize or destroy the device or files.
5. Attempt to locate, view, share, or store any materials that are unacceptable in the school setting. This includes but is not limited to  
pornographic, obscene, graphically violent, racist, or vulgar images, sounds, music, language, video or other material that violates district policies, procedures, guidelines, or student codes of conduct. The criteria for acceptability is demonstrated in the types of material made available to students by staff and the school media center.

## **Acceptable Use Policy**

The Detroit Lakes Public School District has established School Board Policy 524 “Access to and Use of the District Technology System (Networked Information Resources)” to detail district expectations and guidelines regarding the use of these resources. The information below is a summary of Policy 524. The full policy is available on the DLPS website at [www.dlschools.net](http://www.dlschools.net).

The school district is providing students with access to the school district computer system, which includes Internet access. The purpose of the system is more specific than providing students with general access to the Internet. The school district system has a limited educational purpose, which includes use of the system for classroom activities, educational research, and professional or career development activities. Users are expected to use Internet access through the district system to further educational and personal goals consistent with the mission of the school district and school policies. Uses which might be acceptable on a user’s private personal account on another system may not be acceptable on this limited-purpose network.

Electronic mail as well as telephone communication, voicemail, and data stored, received or sent via DLPS phone equipment, computers and related computer equipment are the sole property of the school district. Users of these systems should assume no privacy with respect to these systems.

The use of the school district system and access to use of the Internet is a privilege, not a right. Depending on the nature and degree of the violation and the number of previous violations, unacceptable use of the school district system or the Internet may result in one or more of the following consequences: suspension or cancellation of use or access privileges; payments for damages and repairs; discipline under other appropriate school district policies, including suspension, expulsion, or exclusion; or civil or criminal liability under other applicable laws.

### **UNACCEPTABLE USES**

The following uses {not limited to those listed} of the school district system and Internet resources or accounts pertain to student users and are considered unacceptable:

1. Users will not use the school district system to access, review, upload, download, store, print, post, receive, transmit or distribute:
  - a. pornographic, obscene or sexually explicit material or other visual depictions;
  - b. obscene, abusive, profane, lewd, vulgar, rude, inflammatory, threatening, disrespectful, or sexually explicit language;
  - c. materials that use language or images that are inappropriate in the education or professional setting, or disruptive to the educational process;
  - d. information or materials that could cause damage or danger of disruption to the educational process;
  - e. materials that use language or images that advocate violence or discrimination toward other people (hate literature) or that may constitute harassment or discrimination.
2. Users will not use the district system to knowingly or recklessly post, transmit or distribute false or defamatory information about a person or organization, or to harass another person, or to engage in personal attacks, including prejudicial or discriminatory attacks.
3. Users will not use the school district system to engage in any illegal act or violate any local, state or federal statute or law.
4. Users will not use the school district system to vandalize, damage or disable the property of another person or organization, will not make deliberate attempts to degrade or disrupt equipment, software or system performance by spreading computer viruses or by any other means, will not tamper with, modify or change the school district system software, hardware or wiring or take any action to violate

the school district's security system, and will not use the school district system in such a way as to disrupt the use of the system by other users.

5. Users will not use the school district system to gain unauthorized access to information resources or to access another person's materials, information or files without the implied or direct permission of that person.
6. Unless directed and for official school district use, users will not use the school district system to post private information about another person's personal contact information about themselves or other persons, or other personally identifiable information, including, but not limited to, addresses, telephone numbers, school addresses, work addresses, identification numbers, account numbers, access codes or passwords, labeled photographs or other information that would make the individual's identity easily traceable, and will not repost a message that was sent to the user privately without permission of the person who sent the message.
  - a. These prohibitions specifically prohibit a user from utilizing the school district system to post personal information about a user or another individual on social networks, including, but not limited to, social networks such as "Myspace" and "Facebook."
7. Users must keep all account information and passwords for software (which is not housed or managed on the district network) on file and/or communicate the location of this information to the employee's building administrator or supervisor. It is not necessary to keep account information and passwords on file for Skyward or the district network login information. Users may not share account information or passwords with other users. Users will not attempt to gain unauthorized access to the school district system or any other system through the school district system, attempt to log in through another person's account, or use computer accounts, access codes or network identification other than those assigned to the user. Messages and records on the school district system may not be encrypted without the permission of appropriate school authorities.
8. Users will not use the school district system to violate copyright laws or usage licensing agreements, or otherwise to use another person's property without the person's prior approval or proper citation, including the downloading or exchanging of pirated software or copying software to or from any school computer, and will not plagiarize works they find on the Internet.
9. Users will not use the school district system for conducting business, for unauthorized commercial purposes or for financial gain unrelated to the mission of the school district. Users will not use the school district system to offer or provide goods or services or for product advertisement.

A student engaging in the foregoing unacceptable uses of the Internet when off school district premises also may be in violation of this policy as well as other school district policies. Examples of such violations are, but are not limited to, situations where the school district system is compromised or if a school district employee or student is negatively impacted. If the school district receives a report of an unacceptable use originating from a non-school computer or resource, the school district may investigate such reports to the best of its ability. Students may be subject to disciplinary action for such conduct, including, but not limited to, suspension or cancellation of the use or access to the school district computer system and the Internet and discipline under other appropriate school district policies, including suspension, expulsion, or exclusion.

If a user inadvertently accesses unacceptable materials or an unacceptable Internet site, the user shall immediately disclose the inadvertent access to an appropriate school district official. In the case of a school district employee, the immediate disclosure shall be to the employee's immediate supervisor and/or the building administrator. This disclosure may serve as a defense against an allegation that the user has intentionally violated this policy. In certain rare instances, a user also may access otherwise unacceptable materials if necessary to complete an assignment and if done with the prior approval of and with appropriate guidance from the superintendent.

Use of the district's electronic technologies is for educational purposes. Students (and employees) are expected to use electronic technologies to further the district's educational mission, goals, and strategic direction. Students (and employees) are expected to use the district's electronic technologies to support classroom activities, educational research, or professional enrichment. Use of the district's electronic technologies is a privilege, not a right. Use of the technologies in violation of any district policy and specifically the school discipline policy is expressly prohibited and may result in the loss of the privilege. The district's network, an educational technology, is a limited forum; and the district may restrict speech for educational reasons. Participation in "distance learning" is subject to all district policies and rules. The district's acceptable use policy governs this participation

## **FILTER**

With respect to any of its computers with Internet access, the School District will monitor the online activities of minors and employ technology protection measures during any use of such computers by minors and adults. The technology protection measures utilized will block or filter Internet access to any visual depictions that are 1) obscene; 2) child pornography; or 3) harmful to minors. The term "harmful to minors" means any picture, image, graphic image file, or other visual depiction that:

1. Taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; or
2. Depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and
3. Taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

An administrator, supervisor or other person authorized by the Superintendent may disable the technology protection measure, during use by an adult, to enable access for bona fide research or other lawful purposes. Violations of the above activities will result in disciplinary action, based upon the current discipline policy.

## Violation Guidelines

- 1st offense: Up to 30 days loss of computer privileges district wide and/or disciplinary action.
- 2nd offense: 60 days loss of computer privileges district wide, plus disciplinary action.
- 3rd offense: One calendar year loss of computer privileges district wide, plus disciplinary action.
- Depending upon the severity of the violation, additional actions may result.

The School District will educate students about appropriate online behavior including interacting with other individuals on Social Networking Websites and in chat rooms and cyberbullying awareness and response.

## **CONSISTENCY WITH OTHER SCHOOL POLICIES**

Use of the school district computer system and use of the Internet shall be consistent with school district policies and the mission of the school district.

## **LIMITED EXPECTATION OF PRIVACY**

- a) By authorizing use of the school district system, the school district does not relinquish control over materials on the system or contained in files on the system. Users should expect no privacy in the contents of personal files, including email, on the school district system.
- b) Routine maintenance and monitoring of the school district system may lead to a discovery that a user has violated this policy, another school district policy, or the law.
- c) An individual investigation or search will be conducted if school authorities have a reasonable suspicion that the search will uncover a violation of law or school district policy.
- d) Parents have the right at any time to investigate or review the contents of their child's files and email files. Parents have the right to request the termination of their child's individual account at any time.
- e) The school district will cooperate fully with local, state and federal authorities in any investigation concerning or related to any illegal activities or activities not in compliance with school district policies conducted through the school district system.

## **LIMITATION ON SCHOOL DISTRICT LIABILITY**

Use of the school district system is at the user's own risk. The system is provided on an "as is, as available" basis. The school district will not be responsible for any damage users may suffer, including, but not limited to, loss, damage or unavailability of data stored on school district diskettes, tapes, hard drives or servers, or for delays or changes in or interruptions of service or mis-deliveries or non-deliveries of information or materials, regardless of the cause. The school district is not responsible for the accuracy or quality of any advice or information obtained through or stored on the school district system. The school district will not be responsible for financial obligations arising through unauthorized use of the school district system or the Internet.

Detroit Lakes Public Schools cannot realistically censor access to all inappropriate materials. Use of the internet is at the user's own risk. The district will make every effort to monitor or control information accessible through the internet, but the district does not accept responsibility for any content found on the internet.

## **PARENTS' RESPONSIBILITY; NOTIFICATION OF STUDENT INTERNET USE**

Outside of school, parents bear responsibility for the same guidance of Internet use as they exercise with information sources such as television, telephones, radio, movies and other possibly offensive media. Parents are responsible for monitoring their student's use of the school district system and of the Internet if the student is accessing the school district system from home or a remote location. As with other curricular issues, parents have the option to request alternative educational activities not requiring Internet access. If a parent desires this option, a request should be made to the classroom teacher, a school counselor, or a school administrator.

By enrolling in Detroit Lakes Public Schools, parents and students agree to follow the policies and procedures implemented by the School Board and each school, including the policies regarding technology. Use of the district's electronic technologies is for educational purposes. Students (and employees) are expected to use electronic technologies to further the district's educational mission, goals, and strategic direction. Students (and employees) are expected to use the district's electronic technologies to support classroom activities, educational research, or professional enrichment. Use of the district's electronic technologies is a privilege, not a right. Use of the technologies in violation of any district policy and specifically the school discipline policy is expressly prohibited and may result in the loss of the privilege. The district's network, an educational technology, is a limited forum; and the district may restrict speech for educational reasons. Participation in "distance learning" is subject to all district policies and rules.

# Parent and Student Electronic Device Use Agreement

**Must be signed by a parent or legal guardian.**

We have borrowed the following from the DLPS:

(check all that apply - only one student per device use agreement form)

- Chromebook and Charger
- iPad and Charger
- Mi-fi and Charger - one per family

**I have read this agreement and understand the responsibilities described above:**

**Student Name** \_\_\_\_\_

**Student Grade** \_\_\_\_\_

**Student School** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone Number** \_\_\_\_\_