



Detroit Lakes Middle School

500 11th Avenue – Detroit Lakes, MN 56501
218-847-9228 FAX: 218-847-0057

Welcome to Detroit Lakes Public Schools!

We are excited that you are interested in our district and community.

All new students may be registered by either contacting the school or district office. The following documents are required prior to your student being enrolled:

Release of School Records

New Student Registration

Grade appropriate (6, 7 or 8) Registration: to choose elective classes

Ethnic and Racial Demographic Designation Form

Health Status Update/Emergency Info

Minnesota Language Survey

Child Accounting: List all children in your family who are under the age of six.

Confidential Questionnaire: Complete if applicable.

Student Transportation Registration: Complete the online form.

Native American Education Programs: Complete if applicable.

Immunization Records: Minnesota law requires each child have a complete, updated immunization record on file prior to beginning school.

Open Enrollment Application: Complete if applicable.

Digital Equity Survey

Please contact our office if you have any questions. We look forward to having your child attend Detroit Lakes Middle School.

The mission of the Detroit Lakes Public Schools is to nurture and develop the full potential of all learners in an environment where lifelong learning is valued, educational excellence is expected, and improvement is continuous.



Detroit Lakes Middle School

500 11th Avenue – Detroit Lakes MN 56501
218-847-9228 FAX: 218-847-0057

REQUEST FOR RELEASE OF SCHOOL RECORDS

You are authorized to provide the below named persons with a copy of the school records of:

Dr. M. Suckert, Principal
Detroit Lakes Middle School
500 11th Avenue
Detroit Lakes, MN 56501
Phone (218) 847-9228
Fax (218) 847-0057

DATE _____

STUDENT'S NAME _____

GRADE _____ DATE OF BIRTH _____

PREVIOUS SCHOOL _____

ADDRESS _____

PHONE _____ FAX _____

This student has enrolled in our school. Please send the following information:

- ◆ State Testing Scores
- ◆ Withdrawal Grades
- ◆ Transcript
- ◆ Attendance Records
- ◆ Disciplinary Reports
- ◆ Minnesota State ID Number (if applicable)
- ◆ Immunization/Health Records
- ◆ All Special Education Records - IEP and Evaluation Reports or Current 504, assessments including psychological testing and reports.
IF A SPED FORMS SCHOOL ALSO SEND ELECTRONIC FILE TO KAREN NUDELL ISD #0022
- ◆ Any other information which may be helpful in admission and placement of the student.

Thank you for your prompt attention to this matter.

(Parent/Guardian Signature)

(Relationship)

(Federal Law 99.31 - No parent signature is required for educational records sent to another educational agency)



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 (<i>if different</i>):			
Phone:	Confidential/unlisted: ☐ Yes ☐ No	Student Email:	
Student Cell Phone:	Date of Birth:	Gender: ☐ Male ☐ Female	
Student's Primary Language:		Primary Home Language(<i>if different</i>):	

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 (<i>if different from above</i>):	

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 Bus to/from school and/or are you requesting Transportation services ? ☐ Yes ☐ No	
If yes, what is the bus number? _____	
If requesting busing, complete the Request for Transportation form .	

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:



Detroit Lakes Middle School

500 11th Avenue – Detroit Lakes MN 56501

218-847-9228 FAX: 218-847-0057

Grade 6 Registration

Student Information

Name _____ Birth date _____

Address _____

Open Enrolled: ☐ Yes or ☐ No Primary Phone _____

Current School _____

Current Primary Teacher _____

Please update student information (address, emergency contact information, etc.) on Skyward Family Access. If you do not know your login and password, please contact your student's school office for assistance.

New students to Detroit Lakes Public Schools need to complete an enrollment packet.

Elective Courses – check **ONE** option. This is a year-long course commitment. (***Note – students failing core courses may be dropped from electives in order to focus on core academic coursework.**)

****Select ONE:**

- ☐ Band daily
- ☐ Choir daily
- ☐ Choir & Band (every other day)
- ☐ Reading Exploration & Strategies daily

(Class will include a variety of reading material and choice, as well as targeted strategies for reading improvement)

Year-long Required Courses

Language Arts	Reading
Math	Science
Physical Education	Social Studies

***Note – In order to balance teams and class sizes, specific requests for team/teachers cannot be honored.**

Parent/Guardian Signature _____

2024-2025



Detroit Lakes Middle School

500 11th Avenue – Detroit Lakes MN 56501
218-847-9228 FAX: 218-847-0057

Grade 7 Registration

Student Information

Name _____ Birth date _____

Address _____

Open Enrolled: ☐ Yes or ☐ No Primary Phone _____

Current School _____

Current Primary Teacher _____

Please update student information (address, emergency contact information, etc.) on Skyward Family Access. If you do not know your login and password, please contact your student's school office for assistance.

New students to Detroit Lakes Public Schools need to complete an enrollment packet.

Elective Courses: ITech/Directed Study is only for students not in either band or choir. This is a year-long course commitment. (*Note – students failing core courses may be dropped from electives in order to focus on core academic coursework.)

****Select ONE:**

- ☐ Band daily/Directed Study daily
- ☐ Choir daily/Directed Study daily
- ☐ Band daily/Choir daily/no Directed Study
- ☐ ITech daily/Directed Study daily

Students not in music will have ITech, which is an introduction of mechanical and architectural drafting, rockets, bridge design and building, graphic notepads, and silk screening.

<u>Year-long Required Courses</u>	
Language Arts	Physical Education
Math	Tech Apps/Art/Healthy Living
Science	Social Studies

***Note – In order to balance teams and class sizes, specific requests for team/teachers cannot be honored.**

Parent/Guardian Signature _____



Detroit Lakes Middle School

500 11th Avenue – Detroit Lakes MN 56501
218-847-9228 FAX: 218-847-0057

Grade 8 Registration

Student Information

Name _____ Birth date _____

Address _____

Open Enrolled: ☐ Yes or ☐ No Primary Phone _____

Current School _____

Current Primary Teacher _____

Please update student information (address, emergency contact information, etc.) on Skyward Family Access. If you do not know your login and password, please contact your student's school office for assistance.

New students to Detroit Lakes Public Schools need to complete an enrollment packet.

Elective Courses: ITech/Directed Study is only for students not in either band or choir. This is a year-long course commitment. (*Note – students failing core courses may be dropped from electives in order to focus on core academic coursework.)

****Select ONE:**

- ☐ Band daily/Directed Study daily
- ☐ Choir daily/Directed Study daily
- ☐ Band daily/Choir daily/no Directed Study
- ☐ ITech daily/Directed Study daily

Students not in music will have ITech, which is an overview of basic woodworking.

Year-long Required Courses

Language Arts	Physical Education
Math	Tech Apps/Art/Healthy Living
Science	Social Studies

***Note – In order to balance teams and class sizes, specific requests for team/teachers cannot be honored.**

Parent/Guardian Signature _____

2024-2025

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.¹

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

☐ **Yes** [If yes, go to Question A.]

☐ **No** [If no, go to Question 1.]

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

☐ Decline to indicate

☐ Guatemalan

☐ Salvadoran

☐ Other Hispanic/Latino

☐ Colombian

☐ Mexican

☐ Spaniard/Spanish/Spanish-American

☐ Ecuadorian

☐ Puerto Rican

☐ 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)

☐ Decline to indicate

☐ Cherokee

☐ Other North American Indian Tribal Affiliation

☐ Anishinaabe/Ojibwe

☐ Dakota/Lakota

☐ Unknown

Go to Question 2.

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

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.¹

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

☐ **No** [If no, go to Question 4.]

Optional Question 3a: If yes was chosen above, select all that apply from the list below:

(this question will not be answered by school staff)

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| ☐ Decline to indicate | ☐ Chinese | ☐ Karen | ☐ Other Asian |
| ☐ Asian Indian | ☐ Filipino | ☐ Korean | ☐ Unknown |
| ☐ Burmese | ☐ Hmong | ☐ Vietnamese | |

Go to Question 4.

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

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

☐ **No** [If no, go to Question 5.]

Optional Question 4a: If yes was chosen above, select all that apply from the list below:

(this question will not be answered by school staff)

- | | | |
|--|--|--------------------------------------|
| ☐ Decline to indicate | ☐ Ethiopian-Other | ☐ Somali |
| ☐ African-American | ☐ Liberian | ☐ Other black |
| ☐ Ethiopian-Oromo | ☐ Nigerian | ☐ Unknown |

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?

The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

☐ **Yes** [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.¹

☐ **Yes**

☐ **No**

Parent/Guardian Name(s): _____ Date: _____

Parent/Guardian Signature(s): _____

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

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:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	_____ _____ N/A
2. My student speaks:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	_____ _____ N/A
3. My student understands:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	_____ _____ N/A
4. My student has consistent interaction in:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ 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
			☐	☐			
			☐	☐			
			☐	☐			
			☐	☐			

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. This will enable you to receive information on preschool health screening opportunities and Early Childhood Family Education programs, Kindergarten roundup/registration, etc.**

Updated 5/2021

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.	☐	☐
2. My family lives in a hotel/motel/campground due to lack of accommodations. (This does not include off-season/seasonal rentals)	☐	☐
3. My family is staying in a car, outside, or in a public space not designed for regular sleeping accommodations.	☐	☐
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.	☐	☐
5. I am a youth who is NOT in the physical custody of a parent or legal guardian or is NOT in foster care. (ex. living with grandparents, aunt/uncle, friend, couch hopping)	☐	☐
6. I am a student in foster care.	☐	☐

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: _____

Immunization Requirements - 7th Grade

Dear Parent/Guardian:

To enter 7th grade, all students are required by MN state law to have the following additional immunizations before school starts:

- 1) Tdap - a tetanus and diphtheria booster including pertussis
- 2) Meningococcal (MenACWY/MPSV4) - one dose required for 7th grade, and a second dose is required before entering 12th grade.

MN State law requires all students attending public school to have a complete history of all required immunizations or a copy of legal exemption from immunizations on file at school.

You will need to provide proof of immunization on or before the first day of school. Records can be sent to the school, e-mailed to me or dropped off at the office.

Looking forward to a healthy school year!

Questions? Please contact me.

Jean Schwartz, RN, Licensed School Nurse

Detroit Lakes Middle School
500 11th Avenue
Detroit Lakes, MN 56501

jschwartz@detlakes.k12.mn.us

Phone: 218-847-1106 Ext. 4404

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____

Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B							
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)							
<i>Haemophilus influenzae</i> type b (Hib)							
Pneumococcal (PCV)							
Polio							
Measles, Mumps, Rubella (MMR)							
Chickenpox (varicella)							
Hepatitis A							
Tetanus, Diphtheria, Pertussis (Tdap)							
Meningococcal (MCV4)							

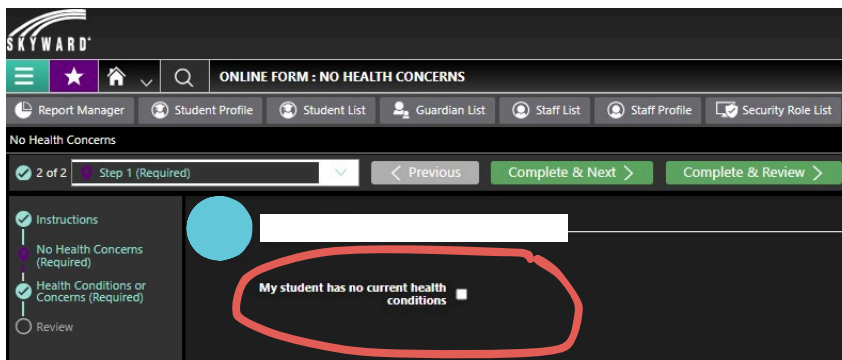
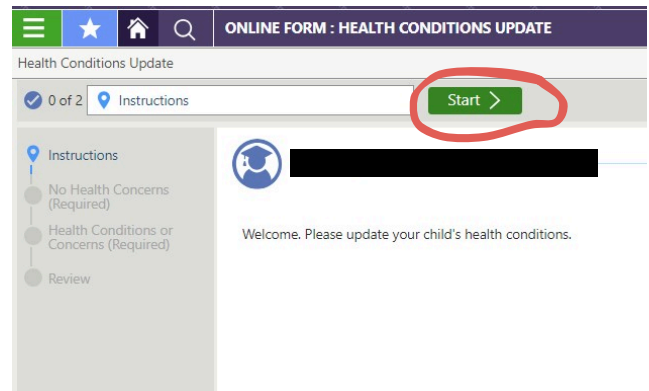
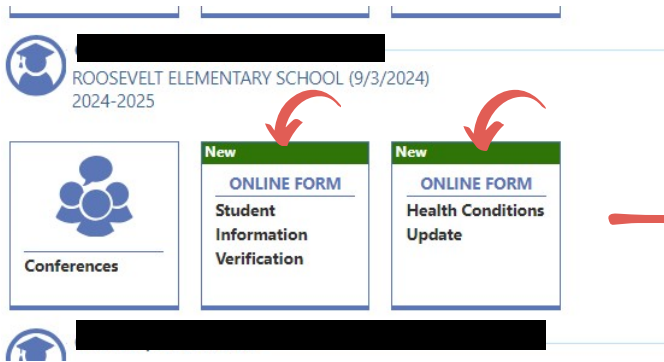
Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

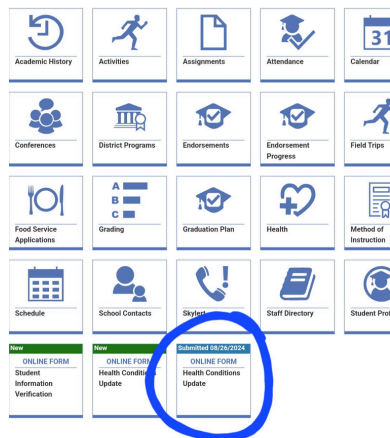
- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

HEALTH INFORMATION FORM IS NOW ONLINE

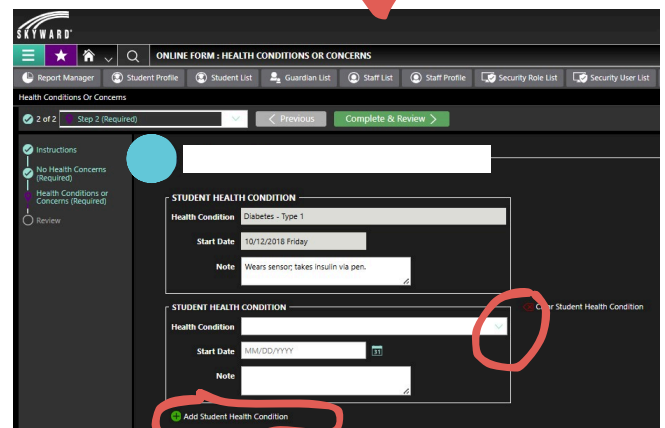
- **Sign in** to your Skyward account. [Link to Skyward Family Access](#). On the home page click **"Online Form"**.
- Both **"Health Conditions Update"** and **"Student Information Verification"** forms need to be completed to make sure all your information is up to date. This replaces the paper form used in the past.
- Click **"Start"** at the top. If your child has no health conditions, check the box and then click **"Complete & Review"** then click **"Submit Form"**. To enter a Health Condition, see below.



- Once the forms are completed, it should look like this.



- If your child has a Health Condition, choose the condition from the drop down menu and enter any notes.
- To add more than one Health Condition, click the green **+** to add additional.



If your child has a health condition that requires emergency medication or a health plan, please contact the building health assistant or District Nurse Jean Schwartz.

Office: 218-844-4181, email: jschwartz@detlakes.k12.mn.us



Student Transportation Registration 2026-2027

Parent/Guardian: A new transportation registration needs to be completed before each school year if your student requires busing. To avoid delays in registration, please make sure family contact information entered matches your family information in Skyward.

When completing the registration, please designate your student's mode of transportation to and from school.

For district busing, a school bus pick-up location and a school bus drop-off location will need to be entered. These stops are limited to home/family/friend residence, /childcare facility/daycare, or parent/guardian place of employment, and must be the same each day.

REGISTER ONLINE BY SCANNING THE QR CODE OR BY FOLLOWING THESE INSTRUCTIONS:

1. Go to the school district website: [DLSCHOOLS.NET](https://dlschools.net)
2. Click on the link: DEPARTMENTS
3. Click on the link: TRANSPORTATION
4. Click on the link: TRANSPORTATION REGISTRATION
5. COMPLETE THE REGISTRATION FORM ONLINE



Thank you,

Mark Champa

Transportation Coordinator

Detroit Lakes Public Schools

702 Lake Ave

Detroit Lakes, MN 56501

218-847-9271 ext. 1107

mchampa@detlakes.k12.mn.us

DETROIT LAKES PUBLIC SCHOOLS

BUS ASSIGNMENT PROCEDURE

BUS ASSIGNMENT GUIDELINES FOR GRADES K-12

Where busing is available to/from school of record:

1. Any student who is transported by school bus will be allowed one designated pick up location and one designated drop off location per household. If a student lives at more than one residence due to parental separation/divorce or foster care and each is registered on Skyward student database as a residence of the student, then the student may have one designated pick up location and one designated drop off location for each household.
2. Transportation will be provided from/to a student's residence(s), a licensed childcare facility/daycare, the residence of a family or friend, a parent's place of employment, or an approved open enrollment bus stop location. Transportation will not be provided to appointments/activities not sponsored by the school district.
3. Students will be required to ride the bus(es) they are assigned or for which they have a temporary bus pass.

PROCEDURE FOR REGULAR BUS ASSIGNMENTS

1. Every student attending DLPS will need to submit their transportation information to the Transportation Department. This registration should be submitted: before the start of each school year, when a new student starts attending a DLPS school, or when a transportation change is required (residence change, daycare change, etc.). Registration should be done online at: **[DLSCHOOLS.NET > DEPARTMENTS > TRANSPORTATION > TRANSPORTATION REGISTRATION](#)**
2. Students residing inside the district where busing is available to their school of record will be assigned transportation between their primary address (as listed in Skyward) to their school of record after registration is completed.
3. A pick up and/or drop off location may be requested instead of the primary residence, provided it is in accord with the bus assignment guidelines.
4. New bus assignments will go into effect the Monday after the transportation registration is submitted as this is when drivers will receive their weekly route information. When there is a situation such as family displacement or emergency foster care, the bus assignment will go into effect as soon as it can be arranged.

PROCEDURE FOR TEMPORARY BUS ASSIGNMENTS

1. Temporary bus assignments (e.g. when parents are away on vacation) will be allowed if:
 - o Space is available on the bus.
 - o Requests are submitted at least two (2) school days before it is to go into effect. An exception may be allowed for family emergencies requiring a student to ride a bus to which he/she is not assigned.
 - o The pick-up location and/or drop off location follow the bus assignment guidelines.
2. A Temporary Bus Pass will be issued to the student and valid for the time the temporary bus assignment is required. The student will need to have the bus pass when utilizing the temporary bus assignment.
3. Temporary bus assignment requests may be made once per student per month.

PROCEDURE FOR EARLY RELEASE DAYS

1. Procedures for after school on early release days will not change: **ROOSEVELT AND ROSSMAN SCHOOLS** will collect after-school information for their students and provide it to the Transportation Department, **DLHS & DLMS** students will do as they would any other school day.

For additional information, please go to Dlschools.net / Departments/Transportation/ Bus Policies and Procedures.

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)

- | | | |
|---|--|--|
| ☐ Natural Parent | ☐ Foster Parent | ☐ Adoptive Parent |
| ☐ Legal Guardian | ☐ Other Family Member | ☐ 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 2nd 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 descendant



Student Digital Equity Survey

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

Student Name: _____ Grade: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

School Attending: _____

Digital Device Access

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

No (skip to question 2)

Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?

(select ONLY one)

- ☐ Desktop or Laptop
- ☐ Tablet
- ☐ Chromebook
- ☐ Smart phone
- ☐ Other

b. Is the electronic device (from 1a) provided by the school?

- ☐ Yes
- ☐ No

c. Is the electronic device shared with anyone else in the home?

- ☐ Yes
- ☐ No

Internet Access

2. Can the student access the Internet on their electronic device at home?

- ☐ No – Internet is **not** available at home (skip to end of survey)
- ☐ No – Internet is **not** affordable at home (skip to end of survey)
- ☐ No – Other (skip to end of survey)
- ☐ Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

- ☐ Residential broadband (e.g. Cable, Fiber, DSL)
- ☐ Cellular network
- ☐ School-provided hotspot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ I am not sure.

b. Can the student stream a video on their electronic device without pauses?

- ☐ Yes – with **no** pauses or buffering
- ☐ Yes – with **some** pauses or buffering
- ☐ No – streaming doesn't work