

REGISTRATION

INDEPENDENT SCHOOL DISTRICT 115 CASS LAKE, MN

FOR OFFICE USE ONLY
 STARTING DATE: _____
 GRADE/TEACHER: _____

PLEASE PRINT

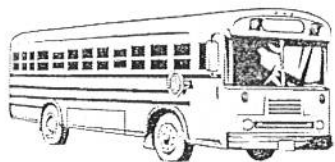
TODAY'S DATE	SCHOOL CASS LAKE - BENA ELEMENTARY	GRADE	HOME LANGUAGE	DOES YOUR STUDENT HAVE SPECIAL EDUCATION NEEDS? YES NO	
STUDENT FULL <u>LEGAL</u> NAME (LAST, FIRST, MIDDLE)			GENDER M / F	HOME PHONE CELL PHONE EMERGENCY PHONE EMERGENCY NAME	
MAILING ADDRESS			CITY	ZIP CODE	COUNTY
PHYSICAL ADDRESS (IF DIFFERENT)				HOME SCHOOL DISTRICT	
DATE OF BIRTH		PLACE OF BIRTH - CITY & STATE			
LAST SCHOOL ATTENDED		CITY		STATE	
FATHERS NAME (LAST, FIRST, MIDDLE)		EMPLOYER	WORK PHONE	STUDENT LIVES WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN/OTHER	
MOTHERS NAME (LAST, FIRST, MIDDLE)		EMPLOYER	WORK PHONE		
GUARDIAN'S NAME (LAST, FIRST, MIDDLE)					
RACE/ETHNICITY (Circle ONLY ONE) <div style="display: flex; justify-content: space-between;"> <div> American Indian Asian or Pacific Islander Hispanic </div> <div> Black, not of Hispanic Origin White, not of Hispanic Origin </div> </div>					
ADDITIONAL RACE/ETHNICITY CATEGORIES ARE REQUIRED. Check the box YES or NO in Part A below. More than one "YES" may be marked in Part B.					
PART A - IS THE CHILD HISPANIC/LATINO (choose ONLY one) <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino			PART B - WHAT IS THE CHILD'S RACE? YES NO ... American Indian/Alaska Native YES NO ... Asian YES NO ... Black/African American YES NO ... Native/Hawaiian/Pacific Islander YES NO ... White		

LIST ALL CHILDREN IN HOUSEHOLD UNDER 21 (Use back if needed)

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M / F	BIRTHDATE	GRADE

ARE YOU LIVING: <input type="checkbox"/> WITH RELATIVE <input type="checkbox"/> IN A HOTEL <input type="checkbox"/> IN A SHELTER <input type="checkbox"/> IN YOUR OWN HOME <input type="checkbox"/> OTHER _____	HAVE YOU RECENTLY MOVED TO THIS SCHOOL DISTRICT WITHIN THE LAST 36 MONTHS FOR TEMPORARY OR SEASONAL AGRICULTURE OR FISHING WORK? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
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Greetings from ISD 115 Transportation Department!



Student Busing Information & Reminders

Dear Parents & Guardians,

Families are to submit a **Student Busing Request Form** for each student intending to ride the bus during the school year. Cass Lake – Bena Elementary students will be picked up and dropped off at one location or one alternate location. Pick-up (AM) and drop off (PM) locations may be different but they need to be **consistent** and **regular**. Safety and security for our students is our priority.

Students are **NOT** allowed to ride a different bus for parties, meetings, appointments or any other short term event. Should parents/guardians need to use their alternate drop off, they must send a note to school on the morning of the change. No changes will be made after 1:00 p.m.

REMINDER: Phone calls will **NOT** be accepted for student transportation changes. Changes must be made in writing.

Due to the volume of transportation requests received, scheduling changes may require processing time; therefore, families are encouraged to plan accordingly. Please allow 5 working days for implementation.

We want to remind families that our busses need to follow a timely schedule. If your student is not at their pick-up location when the driver arrives, he/she will continue on their route.

Also, *effective immediately*, **FAILURE TO BE PRESENT** at student drop off location may result in contacting of **law enforcement**. Again, the safety and security of our students is our number one priority.

If any student information changes during the school year and/or over summer: phone numbers, addresses, etc., you may update your **Student Busing Request Form** information by submitting another form.

We look forward to serving you throughout the school year.

ISD 115 Transportation Department
Tyler Wittner, Director (twittner@clbs.k12.mn.us)
Maria Lahr, Secretary (mlahr@clbs.k12.mn.us)
208 Central Ave NW · Cass Lake, Minnesota 56633
(218)-335-2203 Ext. 1301



Student Busing Request Form ISD #115 Cass Lake - Bena Schools

- This form is required to initiate Busing
- This form is required to make Busing changes
- Deliver this form to the School Building
- Allow 5 working days for Implementation
- Phone confirmation will be made when in place

- Tyler Wittner, Transportation Director
335-2203 Ext. 1316 twittner@isd115.net
- Maria Lahr, Transportation Secretary
335-2203 Ext. 1301 mlahr@isd115.net

Date: _____ Student's Name: _____

Grade: _____ School Building: ☐ Elementary ☐ Middle ☐ High ☐ ALC

Adult(s) in Household

1. Name _____ Relationship to Student _____

Phone _____

2. Name _____ Relationship to Student _____

Phone _____

Home (Physical) Address

City _____ Zip Code _____ County _____

Daycare/Alternate Information

Contact Person _____ Relationship to Student _____

Phone _____

Daycare/Alternate Address _____

City _____ Zip Code _____ County _____

AM Pick up my student at the nearest Bus stop Location to	<input type="checkbox"/> Home Address	<input type="checkbox"/> Day Care/Alternate
AM I will transport my student to School	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
PM Drop off my student at	<input type="checkbox"/> Home Address	<input type="checkbox"/> Day Care/Alternate
PM I will pick up my student at....	<input type="checkbox"/> B&G Club	<input type="checkbox"/> Flagpole

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Mailing Address		City	State	Zip Code	
Physical Address		Do you live on leased land, Leech Lake Housing or Cass Lake Housing? Yes ___ No ___ If yes, what is the name of the site?			

Please fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION

Parent/Guardian Mother's Last Name	First Name	Name and Address of Mother's Employer
Parent/Guardian's Father's Last Name	First Name	Name and Address of Father's Employer

Please fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

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

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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Please fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

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

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

Please fill in the above boxes with complete and accurate information

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

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

→Signature of Parent/Guardian _____ →Date _____

Cass Lake-Bena Health Services
ANNUAL HEALTH INFORMATION 2019-2020

Please complete both sides of this form. Return to the school health office when completed.

Student Name: _____ Gender: _____
Last First Middle Initial

Birth Date: _____ Grade/School: _____

Street Address: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

EMERGENCY CONTACTS *(Persons authorized to care for student when ill and will act in an emergency when parents cannot be reached).*

Name #1: _____ Phone: _____

Name #2: _____ Phone: _____

Health information from this form assists with planning for your child's needs at school.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital (for emergency) _____

**Please provide your child's school health office with a current immunization record, which can be faxed from your doctor's office.*

HEALTH CONCERNS: Please check all that apply.

☐ No Health Concerns

Identified Health Concerns:

☐ Please Circle or Specify: ADHD/ADD/Autism/Other Learning Disabilities _____

☐ Allergies to what? _____

a) Signs of the actual reaction? _____

b) Does the student have a prescription for epinephrine (Epipen)? ☐ Yes ☐ No

☐ Asthma or other breathing problems (describe): _____

a) Does your child use a prescription inhaler? ☐ Yes ☐ No

☐ Bladder/Bowel problems? (describe): _____

☐ Chickenpox (list month and year he/she had the disease): _____

☐ Diabetes: ☐ Type 1 ☐ Type 2

Managed by: ☐ Diet Only ☐ Oral Medications ☐ Insulin Injections ☐ Insulin Pump

☐ Seizures: Type: _____ Date of last seizure: _____

☐ Social/Emotional/Behavioral/Mental Health concerns (describe): _____

☐ Anxiety disorder/panic attacks (describe): _____

☐ Vision deficit (describe): _____

☐ Hearing deficit (describe): _____

☐ Other health concerns or significant history of problems: _____

☐ Surgeries or hospitalizations in the last year. Explain: _____

EMERGENCIES: Does your child have a health problem that could result in an emergency? ☐ Yes ☐ No

If yes, describe: _____

MEDICATIONS TAKEN EVERY DAY OR WHEN NEEDED (This section does not serve as a medical order for administration).

List medications that your child takes:

Medication Name	Reason	Dose	How often taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child needs to take medication at school, please consider the following:

1. The Authorization for Medication Administration form is REQUIRED for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the health office.
2. The Authorization for Medication Administration form must be signed by both the HEALTH CARE PROVIDER and PARENT for a prescription medication. A new consent is needed each school year.
3. Forms are available in the health office and on the Cass Lake-Bena website.

Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?

Permission for Release of Information

1. I give permission for the school nurse to communicate, as needed with school staff about my child's medical condition and medications my child is taking.
2. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) my child has.
3. I give permission for the physician/licensed prescriber to release information to the above medication(s) and medical condition(s) to the school nurse.

Parent/Guardian signature

Date

Relationship to student

Return to: Rhonda Reimer, LPN Phone: (218) 335-2201 Ext 5111 Fax: (218) 335-8538

Health office

Or: Melissa Jenson, RN, Phone: (218) 335-2203 Ext 1309 Fax: (218) 335-7649

RN, Licensed School Nurse

The school district intends to use the requested information to provide your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the 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 jobs require access to this information to ensure your child's safety and school success.

Cass Lake-Bena Health Services
**AUTHORIZATION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS FURNISHED
BY THE ELEMENTARY SCHOOL**

Whenever possible, medications should be given at home under the supervision of the Parent/Guardian when possible and every effort should be made to avoid school hours. However some students require administration of non-prescription medications during the regular school day for general body aches and pains, toothache, fever, and headache. The Parent/Guardian must complete and sign an "Authorization for Administration of Non-Prescription Medications Furnished by the School District" form each school year before any acetaminophen (Tylenol) may be given for these conditions.

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I request my child _____, grade _____ receive the over-the-counter medication furnished by the Cass Lake-Bena School District or the student's family. Over-the-counter medications will only be administered to a student in accordance with the label directions as shown below. If the student requires over-the-counter medications more often or in greater dosages than shown below, the parent must furnish the school with written directions from the student's physician using a different form.

As a parent, I understand the school district is rendering a service in providing these non-prescription medications and I release the school personnel from liability in the event my child develops any adverse reactions resulting from receiving the medications listed below.

Maximum Single Dose per School Day as Shown Below:

Weight (lbs)	Age	Children's Acetaminophen Oral Suspension Active Ingredients: Acetaminophen 160 mg (in each 5 mL or 1 tsp.)	Acetaminophen Chewable Tablets Active Ingredients: Acetaminophen 160 mg (in each tablet)
24-35 lbs	2-3 yrs	5 mL (1tsp)	-----
36-47 lbs	4-5 yrs	7.5 mL (1 ½ tsp)	-----
48-59 lbs	6-8 yrs	10 mL (2 tsp)	2 tablets
60-71 lbs	9-10 yrs	12.5 mL (2 ½ tsp)	2 ½ tablets
72-95 lbs	11 yrs	15 mL (3 tsp)	3 tablets

I hereby authorize Cass Lake-Bena school personnel to administer the above medications as needed according to the dosages listed above and as needed for the symptoms exhibited and verbal complaints voiced by my child other than what is listed above using "Authorization for Medication Administration."

Parent /Guardian Signature: _____

Date: _____ Home Telephone: _____ Cell Phone: _____

Cass Lake – Bena Elementary School

Independent School District #115

Joshua Grover
Principal
Phone #218-335-2201



015 Fourth Street NW
Cass Lake, MN 56633
Fax #218-335-8538

Cass Lake - Bena Elementary Permission Form

By initialing each line you are giving Cass Lake-Bena Elementary permission to use your child's name, work, photo, and to transport your child for the school year. You are also giving permission for your child to use the internet.

Through the year, our students use the internet for class assignments, etc. In order to do this, we need your permission for them to be on the internet.

_____ I give permission to Cass Lake-Bena Elementary School to allow my student to be on the internet.

Through the year, we often times publish student work in our local media. In order to do this, we need your permission to publish your child's picture or ideas.

_____ I give permission to Cass Lake-Bena Elementary School and our local media to use my child's comments, name and/or photo.

We have a district website that is available for public viewing. As part of this website, we would like to occasionally post student work and photos. Children will be identified by their first name only. We need your permission to use your child's photo and work on our website.

_____ I give permission to Cass Lake-Bena Elementary School to use my child's work and/or photo on the district/elementary website.

During the school year your child's class will be taking local field trips requiring bus transportation or walking off campus. Special permission will be required for each out of town/off campus excursion.

_____ I give permission to Cass Lake-Bena Elementary School to transport my child on educational field trips or walks off campus for the school year.

Parent Signature

Date

Thank you,

Joshua Grover, Principal
Cass Lake-Bena Elementary School

Child's Name

Grade

Teacher

Where Academic Excellence is Real Panther Power

2020-21 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: *(School/District Information)* _____

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (Y)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, M/FP or FDIPIR? Medical assistance **does not** qualify. **If NO > Go to STEP 3.**

If YES > Enter SNAP, M/FP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-____ Or Check if Adult has No SSN: ☐ Total Number of All Household Members (Children + Adults) ☐

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)					
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.					

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?			
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	
<input type="checkbox"/>	<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	\$	

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of

Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

☐ I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form	Daytime Phone
Street Address (if available)	Apt# City Zip
SIGN HERE: Signature of Household Adult _____ Date _____	

Do Not Fill Out: For School Office Use	X52	X26	X24	X12	X1	<input type="checkbox"/> Verified? Attach Tracker	<input type="checkbox"/> No change	<input type="checkbox"/> Free After Verified	<input type="checkbox"/> Reduced After Verified	<input type="checkbox"/> Denied After Verified
All Total Income (include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Categorical Eligibility	Free	Reduced	Denied
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining Official Signature:	Date:
Confirming Official Signature:	Date:

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Step Two: Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none">• Earnings from work• Social Securitya. Disability Paymentsb. Survivor's Benefits• Income from person outside the household• Income from any other source	<ul style="list-style-type: none">• A child has a regular full or part-time job where they earn a salary or wages• A child is blind or disabled and receives Social Security• A Parent is disabled, retired, or deceased, and their child receives Social Security benefits• A friend or extended family member regularly gives a child spending money• A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none">• Salary, wages, cash bonuses (before deductions or taxes)• Net income from self-employment (farm or business)• If you are in the U.S. Military:<ul style="list-style-type: none">a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)b. Allowances for off-base housing, food and clothing	<ul style="list-style-type: none">• Cash Assistance from State or local government• Supplemental Security Income• Unemployment benefits• Worker's compensation• Alimony payments• Child support payments• Veteran's benefits• Strike benefits	<ul style="list-style-type: none">• Social Security• Disability benefits• Regular income from trusts or estates• Annuities• Investment income• Rental income• Regular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at Filing a Program Discrimination Complaint as a USDA Customer, http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

(1) Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) Fax: 202-690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Nonresident Agreement

Agreement Between School Boards, Enrollment Exceptions. M.S. 124D.08, Subd 1-2:

Transfer requires the approval of both districts; the resident district first. (Code 11)

Student's Last Name		First Name	Middle Name	School Year	Grade
Student's Address		Apt. No.	City		Zip Code
			Student's Birthdate	Gender <input type="checkbox"/> F <input type="checkbox"/> M	
Parent or Guardian Last Name		First Name	Middle Initial	Phones H: W:	
Parent Address (if different from student's)		Apt. No.	City		Zip Code
Reason this transfer is requested:					
Serving School District Name	District Number	School Student Would Attend	Last Date Attended	Has student been receiving Special Ed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident School District Name	District Number	School Most Recently Attended			

Signature of Parent/Guardian	
X _____	
The above information is true and correct to the best of my belief and knowledge. Date _____	

NON-RESIDENT/SERVING DISTRICT APPROVAL/DISAPPROVAL	
X _____	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED
Signature of Superintendent/Responsible Authority	Date Signed

RESIDENT DISTRICT APPROVAL/DISAPPROVAL	
We acknowledge the student listed above to be a resident of our school district and will assume responsibility for educational costs for the current school year or until such time as their residency status may change.	
X _____	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED
Signature of Superintendent/Responsible Authority	Date Signed

CASS LAKE- BENA SCHOOL DISTRICT #115

208 Central Avenue NE

Cass Lake, MN 56633

RELEASE OF STUDENT RECORD INFORMATION

Student Legal Name: _____ Grade: _____ Birthdate: _____

School Records are requested from:

School : _____

School Dist. #: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Please send/fax or email records to:

Cass Lake-Bena Elementary School

15 4th St NE

Cass Lake, MN 56633

218-335-2201 (Press 4 for the Elementary)

Fax #: 218-335-8538

Email: nbuckentin@ISD115.net

I give permission for my child's prior school to release records to the Cass Lake-Bena School District.

(Parent/Guardian/Principal Signature)

(Date)

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

Please send all records that apply:

Academic Records

Attendance

Key to your grading system

**Special Education:

Incomplete and failing grades

All Standardized Test Scores

Health (Immunizations, etc)*

IEP, Eval. Report, 504 Plan

Psychological Tests

(*Immunization records must be received within 30 days)

MARSS # _____

*****PRIOR SCHOOL PLEASE FILL OUT :*****

Was Student receiving services from the following: (please circle if applies)

Title I: Math

Reading

Language

SPECIAL EDUCATION:

*IEP

EBD/Day Treatment

504 Plan

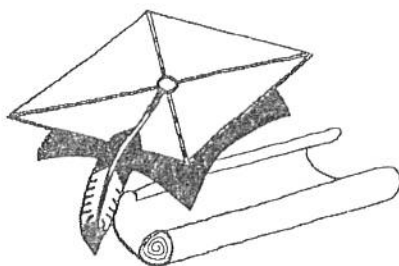
****A copy of the current IEP and Assessment Summary Report is needed Immediately.**

Attendance Concerns: Truancy filed No ___ Yes ___ If yes, Date filed _____

Behavior Concerns: Has Student been suspended or excluded for: Fighting: ___ Weapons: ___

CLBES OFFICE USE ONLY:

Starting Date: _____ Records requested: _____ By: _____ Mail _____ Fax _____



INDIAN EDUCATION PROGRAM

Cass Lake - Bena School
Independent School District #115
15308 State 371 N.W.
Cass Lake, MN 56633

Phone: (218) 335-2203 x1206 Fax: (218) 335-7649

SY: 2016-2017

Boozhoo Families,

The Cass Lake-Bena Indian Education Program is designed to meet the unique educational and cultural needs of Native American students. Our students comprise close to 90% of the District's population. Our overall goal is to provide relevant academic and cultural support for all grade levels, and to ensure each and every one of our students progress toward graduation.

If your student is Native American, please fill out the attached forms. We are now required to have a "Title VII Student Eligibility Certification Form" on all designated Native American students. If your student is JOM eligible, he/she is automatically a Title VII student.

Note: If your child is a transfer student, and had a form at the previous school, these forms will not transfer to CLB schools. A new form will be needed for Cass Lake-Bena Schools.

_____ **Title VII Student Eligibility Certification Form:**

For all designated Native American students and students ineligible for JOM.
I.e.: Student is not enrolled or not eligible for enrollment with a federally or state recognized tribe, but is a descendent by parent or grandparent.
*If your student is a JOM student, we need this form on file

_____ **Johnson O'Malley Student Certification Form:**

For students that are enrolled or eligible for enrollment with a federally or state recognized tribe, or has a combined total of one-fourth (1/4) Native American blood degree.
* If your student is a JOM student, we also need the Title VII form on file

X _____ **Both Title VII and JOM Forms**

*Please fill out these forms to the best of your knowledge. All information is kept confidential and will be used for educational purposes only.

Please fax the completed form to 218-335-7649 (Attn: Sydney), or feel free to drop off at any Cass Lake-Bena School front offices, and the form(s) will be forwarded to the Indian Education Office. If you have any questions, please call Sydney Harper, Indian Education Secretary at 218- 335-2203 ext 1206, or myself at 218-335-2203 ext 1322.

Chi-miigwech!
Luann Frazer, Director
Cass Lake-Bena Indian Education Program



Leech Lake Education Division

JOHNSON O'MALLEY STUDENT CERTIFICATION FORM

All information requested is voluntary. However, failure to fully complete the student and parent information sections may result in delays and/or make it impossible to process this certification request and student may be considered ineligible for JOM services. The information obtained as a result of this request will be used for educational purposes only.

School Name: _____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
Tribe/Agency: _____ Degree of Blood: _____
Enrollment #: _____ Social Security Number: _____

PARENT INFORMATION

Mother's Name: _____ Date of Birth: _____
Tribe/Agency: _____ Enrollment #: _____
Father's Name: _____ Date of Birth: _____
Tribe/Agency: _____ Enrollment #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Parent/Legal Guardian Requesting Information: (This form will be considered invalid if this section is not fully complete with signature.)

Print Name: _____ Relationship to Child: _____
Mailing Address: _____
Signature: _____

Mail Form to:

LL Education Division
115 Sixth Street NW, Suite E
Cass Lake, MN 56633

Fax Form to:

JOM Program Coordinator
218-335-8339

Drop Form off at:

LL Education Division/JOM Program Office
located in the Cass Lake Facility Center on
16126 John Moose Drive NW Cass Lake, MN

*** OFFICE USE ONLY ***

Based on the records and information available for this family, I certify that the above named student is:

- ☐ 1. An enrolled member of this
Tribe/Agency: _____
Degree of blood: _____ Enrollment #: _____
- ☐ 2. Eligible for enrollment
with: _____
☐ Enrollment pending Tribal Action ☐ Not Applicable
- ☐ 3. Not eligible for enrollment, but has the following degree(s) of Indian blood decedent of:
Tribe/Agency: _____ Degree of blood: _____
Tribe/Agency: _____ Degree of blood: _____
- ☐ 4. No information as listed on this form, and/or in current Tribal office records, reflect that this student has a combined total of one fourth (1/4) Indian blood degree as required for Johnson O'Malley eligibility.

Tribal Official Signature: _____

Tribal Official Name Printed: _____ Date: _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

☐ Federally Recognized, ☐ State ☐ Organized Indian Group
☐ Including Alaska Native ☐ Recognized ☐ Terminated ☐ Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): ☐ Child ☐ Child's Parent ☐ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

Minnesota Department of
Education

Home Language Questionnaire

ED-01336-08E

The following is to be completed by School District Personnel:


STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION	
School name	Cass Lake - Bena Elementary School
District number	0115

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

Joshua Grover

Name (Printed)



Signature – Responsible Authority

Principal

Title

2020-2021

Date

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION	
<i>Dear Parents and Guardians:</i>	
<i>In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.</i>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date

CASS LAKE-BENA ELEMENTARY SCHOOL

Cass Lake, Minnesota 56633

Joshua Grover, Principal

Attendance Policy

I understand:

- 1) The Cass Lake-Bena School District Policy requires my child to attend school regularly.
- 2) The following are considered excused absences:
 - a. Illness
 - b. Lice (the day the nurse sends the student home and the next day, except on Fridays, the student is expected to return to school on Monday)
 - c. Serious illness in the student's immediate family
 - d. A death in the student's immediate family or of a close friend
 - e. Appointments for medical, dental or orthodontic treatment or counseling (appointment slip required upon return)
 - f. Religious Holidays
 - g. Court appearances occasioned by family or personal action
 - h. Physical emergency conditions such as fire, flood, storm, etc.
 - i. Impassible roads
 - j. Official school field trip or other school-sponsored outing
 - k. Removal of a student pursuant to a suspension. Suspensions will be handled as excused absences and students will be permitted to complete make-up work.
 - l. Traditional gathers (PRE-APPROVED with homework completed upon return)
 - m. Family Trips (PRE-APPROVED with homework completed upon return)
- 3) For unexcused absences the process used by Cass Lake-Bena Schools will be:
 - 1) 3 unexcused absences – Letter sent
 - 2) 5 unexcused absences – Intervention Plan
 - 3) 7 unexcused absences – Education Neglect charges filed on Parent/Guardian
- 4) A student who has 15 consecutive absences (excused or unexcused) during the school year will be dropped – according to MN State Law – and must re-enroll in order to return to class.
- 5) Attendance is a factor to be considered when deciding whether or not to promote a child to the next grade level – (see Handbook for more information).

I agree to have my child attend school regularly and to advise the school office, in writing or by phone, when he/she is ill or a family emergency requires his/her absence.

* * * * * Please Note * * * * *

Notes/phone calls received more than two (2) days after the child's last day of absence will not be honored. If a reason is not given for the absence, the absence will not be excused.

Child's Name

Signature of Parent/Guardian

Date