



# IDITAROD AREA SCHOOL DISTRICT

## 2019-2020 FAMILY REGISTRATION PACKET

Date: \_\_\_\_\_

### CHECKLIST OF REQUIRED FORMS

Student 1: \_\_\_\_\_

- Birth Certificate
- Immunization Record
- Copy of Most Recent Physical
- TB Test Results or Permission Slip
- Native Certification/Tribal Membership

Student 3: \_\_\_\_\_

- Birth Certificate
- Immunization Record
- Copy of Most Recent Physical
- TB Test Results or Permission Slip
- Native Certification/Tribal Membership

Student 2: \_\_\_\_\_

- Birth Certificate
- Immunization Record
- Copy of Most Recent Physical
- TB Test Results or Permission Slip
- Native Certification/Tribal Membership

Student 4: \_\_\_\_\_

- Birth Certificate
- Immunization Record
- Copy of Most Recent Physical
- TB Test Results or Permission Slip
- Native Certification/Tribal Membership

### ENROLLMENT FORM

**Family/Household:**

Physical Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

PO Box: \_\_\_\_\_

Adult 1: \_\_\_\_\_

Adult 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

1. Does this family travel more than 20 miles for the purpose of subsistence or commercial hunting, fishing, logging, or seasonal agricultural work? Yes No
2. Is this family connected with the US Military (Army, Air Force, Navy, Marine Corp, or Coast Guard) as active duty, retired, or reservist? Yes No
3. Is the family presently in any of the following situations? Yes No
  - staying in a shelter;
  - sharing the housing of others due to loss of housing or economic hardship;
  - living in a car, park, campground, public space, abandoned building, or substandard housing; or
  - temporarily living in a motel due to loss of housing or economic hardship.
4. Does this family live or work on federal land or live on a native allotment? Yes No
5. Is there anyone not allowed to pick up your child(ren)? Yes No  
 If yes, please name the individual(s): \_\_\_\_\_  
 and provide a copy of the restraining order(s) or other court documentation.

**Emergency Contacts:**

Contact 1: \_\_\_\_\_ Contact 2: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Student 1:**

Student Legal Name: \_\_\_\_\_ Gender: Male Female  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Is this student currently receiving special education services? Yes No

Is this student permitted to leave school property during the lunch period? Yes No

Ethnicity: Is this student of Hispanic, Latino, of Spanish origin? Yes No

Race: Caucasian Black/African American Latino/Hispanic Asian American Indian Alaska Native  
Two or More Races Native Hawaiian/Pacific Islander

Does this student have any allergies? Yes No

If yes, list: \_\_\_\_\_

Does this student have any medical conditions of which the school needs to be aware? Yes No

If yes, list: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Biological Mother's Name: \_\_\_\_\_ Biological Father's Name: \_\_\_\_\_

**Student 2:**

Student Legal Name: \_\_\_\_\_ Gender: Male Female  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Is this student currently receiving special education services? Yes No

Is this student permitted to leave school property during the lunch period? Yes No

Ethnicity: Is this student of Hispanic, Latino, of Spanish origin? Yes No

Race: Caucasian Black/African American Latino/Hispanic Asian American Indian Alaska Native  
Two or More Races Native Hawaiian/Pacific Islander

Does this student have any allergies? Yes No

If yes, list: \_\_\_\_\_

Does this student have any medical conditions of which the school needs to be aware? Yes No

If yes, list: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Biological Mother's Name: \_\_\_\_\_ Biological Father's Name: \_\_\_\_\_

**Student 3:**

Student Legal Name: \_\_\_\_\_ Gender: Male Female  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Is this student currently receiving special education services? Yes No

Is this student permitted to leave school property during the lunch period? Yes No

Ethnicity: Is this student of Hispanic, Latino, of Spanish origin? Yes No

Race: Caucasian Black/African American Latino/Hispanic Asian American Indian Alaska Native  
Two or More Races Native Hawaiian/Pacific Islander

Does this student have any allergies? Yes No

If yes, list: \_\_\_\_\_

Does this student have any medical conditions of which the school needs to be aware? Yes No

If yes, list: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Biological Mother's Name: \_\_\_\_\_ Biological Father's Name: \_\_\_\_\_

**Student 4:**

Student Legal Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Is this student currently receiving special education services? Yes No

Is this student permitted to leave school property during the lunch period? Yes No

Ethnicity: Is this student of Hispanic, Latino, of Spanish origin? Yes No

Race: Caucasian Black/African American Latino/Hispanic Asian American Indian Alaska Native  
Two or More Races Native Hawaiian/Pacific Islander

Does this student have any allergies? Yes No

If yes, list: \_\_\_\_\_

Does this student have any medical conditions of which the school needs to be aware? Yes No

If yes, list: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Biological Mother's Name: \_\_\_\_\_ Biological Father's Name: \_\_\_\_\_

## PARENT & STUDENT HANDBOOK AND CODE OF CONDUCT ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of the **Parent and Student Handbook** and the **IASD Code of Conduct** containing the policies, rules, and regulations for the Iditarod Area School District. I have read the handbook and code of conduct or will read them as soon as possible. I understand and agree that the policies contained therein are binding on parents and students alike. I understand and agree that the administration of the district and its schools has the authority set forth in these documents.

I understand that the policies, rules, and regulations contained in the handbook and the code of conduct are established for the welfare and benefit of all students. I understand my responsibility to support the school in the policies it has established and to ensure that my child(ren) adhere(s) to the rules and regulations set for therein.

Student Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT RELEASE OF STUDENT INFORMATION FORM

Schools may disclose, on an implied consent basis, "directory" type information according to the Family Education Rights and Privacy Act (FERPA). This type of information is commonly used by organizations to facilitate services to students and is released when a legitimate need to know is presented. However, parents or eligible students have the right to request that the school not disclose directory information about them. Directory information is limited to the following: (1) student name; (2) schools attended; (3) awards and honors; (4) mailing address; (5) grade level; and (6) dates of attendance and graduation date.

1. The Every Student Succeeds Act of 2015 requires school districts to release student names, mailing addresses, and telephone numbers to military recruiters unless parents specifically restrict the release of this information. Do you allow your student(s)'s name(s), mailing address, and telephone number(s) to be released to military recruiters?  
Yes No
2. Do you allow your student(s)'s directory information to be released to school-related organizations, e.g., PTA, school photographers, etc.?  
Yes No
3. Do you allow your student(s)'s directory information to be released to higher education organizations, e.g., colleges and universities?  
Yes No
4. Do you allow your student(s)'s photograph(s) and/or video(s) to appear in/on public news media and/or on social media websites (such as Facebook and Instragram)? Yes No
5. Do you allow your student(s)'s to be interviewed by public news media? Yes No

Name of Student: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Student: \_\_\_\_\_

If you are this/these student(s)'s guardian, but you are not the legal parent you must provide proof of guardianship. Additionally in cases of divorce or separation, unless the school receives a legal document or copy of a divorce decree stating that your child(ren)'s other parent does not have access to your child(ren)'s records, we are required by law to extend to the other parent access to student records. I acknowledge that I have been notified of my rights under the Family Educational Rights and Privacy Act (FERPA) and allow the release of information as indicated on this form.

Giving false information can be penalized by law.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FIELD TRIP PERMISSION FORM

Educational field trips are an important addition to a child's classroom educational experiences. During the school year, the Iditarod Area School District (IASD) school in your community will be taking your child on various trips in the area. These trips are designed to reinforce classroom learning. All transportation will be on foot or in an approved vehicle.

I hereby grant permission for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ (names of all students in household) to go on class-related field trips in and around the community.

I further agree that I will not hold IASD responsible for accidents or injuries that might occur if they are not due to negligence on the part of IASD employees.

My child(ren) may receive any medical attention that might be necessary.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ (names of all minor children in household enrolled in school), (a) minor child(ren), I hereby authorize the principal or his/her designee, into whose care the aforementioned pupil(s) has/have been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless it is revoked in writing and delivered to said agent(s). I understand the Iditarod Area School District (IASD), its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor(s), and is not responsible for the medical bills in the event of (an) injury(ies) to my child(ren).

Family Doctor:	Address & Phone Number:
Health Plan/Insurance Carrier:	Group & Policy Number:
Name of Child 1:	Allergic to the Following Medications:
All Medications Used:	Any Health Problems:
Name of Child 2:	Allergic to the Following Medications:
All Medications Used:	Any Health Problems:
Name of Child 3:	Allergic to the Following Medications:
All Medications Used:	Any Health Problems:
Name of Child 4:	Allergic to the Following Medications:
All Medications Used:	Any Health Problems:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT MEDIA RELEASE FORM

I hereby give permission to the Iditarod Area School District (IASD) to photograph, interview, and/or videotape my child(ren) and/or display my child(ren)'s work. I understand that photographs, interviews, videotapes, electronic student work (or portions thereof) may be used for public viewing (including, but not limited to, school news programs, slide shows, presentations by district employees at conferences/workshops, IASD websites, IASD distributed print media, and local radio or newspapers).

I give permission for my child(ren)'s work and/or photograph(s) to be posted on the IASD website. I understand that no student's name will be placed on the website with his/her picture. I will be given information regarding how to view my child(ren)'s work online.

I agree to my child(ren)'s participation without financial compensation. I understand that this releases any photographer or interviewer in IASD schools from any future claims as well as from any liability arising from the use of said photograph, interview, or videotape (or portions thereof) from usage for public viewing.

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

\_\_\_ I agree to this/these Student(s) Media Release statement(s).

\_\_\_ I do not agree to this/these Student(s) Media Release statement(s) and direct that my child(ren)'s picture(s) and student(s) work does not appear on the IASD website or other news media, public radio, or internet publications.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INCOME DECLARATION FOR TITLE I AND E-RATE FUNDING

The following information is needed by the Iditarod Area School District (IASD). This information will be used for the E-rate program to determine our school discount for telephone and Internet. It is also needed to meet federal and state laws for Title I-A, and may be used to qualify for additional grants. **This information is confidential and individual family data will not be reported.**

Please check the row that best describes your family's annual income level (including all taxable income).

### Yearly Income

	\$27,861 or less
	\$27,862 - \$37,537
	\$37,538 - \$47,212
	\$47,213 - \$56,888
	\$56,889 - \$66,563
	\$66,564 - \$76,239
	\$76,240 - \$85,914
	\$85,915 - \$95,590
	\$95,591 - \$105,266
	\$105,267 - \$114,942
	more than \$114,942

Children enrolled in school (please include all children in schools in the district):

Name (last, first)	Grade	School

Number of people who live in your household: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MIGRANT WORK QUESTIONNAIRE

In order to better serve your children, the Iditarod Area School District (IASD) would like to identify students who qualify for federal funding to receive additional education services because they are a member of a migratory family who participate in fishing, logging, and/or agricultural industries. This information provided below will be kept confidential.

1. Have your children moved households within the last three years?  
 Yes (Go to question #2)                       No (Go to question #4)
  
2. Have any of the individuals in the household that moved, including all children under the age of 21, engaged in any of the following activities in the past three years?  
 Commercial Fishing (cannery work, fishing boat, etc.) (Go to question #7)  
 Subsistence Fishing (catching fish for personal use, fish camps, etc.) (Go to question #7)  
 Logging (cultivation or harvesting of trees) (Go to question #7)  
 Agriculture (producing or processing crops, berry picking, etc.) (Go to question #7)  
 No, none of the above (Go to question #4)
  
3. Has(ve) your child(ren) made at least one overnight trip within the past three years with you, with someone at least 14 years old, or on their own?  
 Yes (Go to question #5)                       No (Go to question #7)
  
4. Did you or your child(ren) do agricultural, berry picking, or fishing related activities while on the trip(s)?  
 Yes (Go to question #6)                       No (Go to question #7)
  
5. Do you rely on this work/activity for income or food supply to support the family?  
 Yes (Go to question #7)                       No (Go to question #7)
  
6. Who was/were the individuals(s) that engaged in any or all of the activities checked above?

Name	Relationship to Children

7. List all of the children in the household under the age of 21 regardless of whether they are enrolled in IASD. (They may qualify for federal funding even if they are not enrolled in this district.

Name (last, first)	Birth Date	School

Name of Parent(s)/ Guardians: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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



## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, \_\_\_\_\_, the parent or legal guardian for \_\_\_\_\_, and \_\_\_\_\_, hereby authorize you to release copies of all medical information in your possession relating to student health review(s)/exam(s) of the student(s) identified below to the school and district in which the student(s) is/are enrolled.

Name of Student 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name of Student 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name of Student 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name of Student 4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

This information is to be released from \_\_\_\_\_ (name of medical institution), \_\_\_\_\_ (address and phone number of medical institution) and provided to the Iditarod Area School District (IASD). The purpose for this disclosure is registration in one of the district's schools. Only information related to immunizations, allergies, and physical examination(s) relevant to entry in a district school is required.

This release authorizes disclosure of this information to the school for purposes of the school's determining the fitness of the student(s) to participate in strenuous physical activities including, but not limited to, competitive athletic events. I understand that the medical information disclosed by the medical provider to the school may be further disclosed by the school to the school's administrators and coaches of any interscholastic activities in which the student(s) may participate. I understand that once the information is disclosed, it may be re-disclosed by the recipient and federal law may not protect the information.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature.

THIS INFORMATION IS TO BE RELEASED FOR THE PURPOSE AS STATED ABOVE AND MAY NOT BE USED BY THE RECIPIENT FOR ANY OTHER PURPOSE, ANY PERSON WHO KNOWINGLY AND WILLFULLY REQUESTS OR OBTAINS ANY RECORD CONCERNING AN INDIVIDUAL FROM A FEDERAL AGENCY UNDER FALSE PRETENSES SHALL BE GUILTY OF A MISDEMEANOR (5 U.S.C. 552A(i)(3)). IN THE CASE OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS, A FALSIFIED AUTHORIZATION OF DISCLOSURE IS ALSO PROHIBITED UNDER 42 CFT 2.31(D).

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## TUBERCULIN TEST (PPD) CONSENT FORM

Alaska State Law 7 AAC 27.213 requires every student in the Iditarod Area School District (IASD), as a type-A district, have a PPD skin test within 90 days of initial enrollment/re-enrollment/annual enrollment in any IASD school. Except, a PPD skin test is not required if the person acting on behalf of the child provides the district with one of the following:

1. Documentation showing negative results of PPD skin test administered within the preceding six months (initial enrollment/re-enrollment/annual enrollment);
2. Documentation showing positive results at any time on the PPD skin test; or
3. Affidavit of a physician lawfully entitled to practice medicine or osteopathy in the state of Alaska stating the opinion that the PPD skin test to be administered would be injurious to the health and welfare of the child or members of the family or household.

You are not required to have the test administered to your child(ren) at school, however, you are required by law to have your child(ren) tested within 90 days of enrollment each school year. The test results must be provided to the school for documentation purposes within 90 days of enrollment or your student(s) must be excluded from Alaska Public Schools.

You may be present while your student(s) receive(s) the test. Regardless, you will be notified if your child(ren)'s test(s) is/are positive. If your child(ren) has/have ever had Tuberculosis or a Positive Tuberculin Test, the student(s) need not have the test again.

As the legal guardian of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (names of all minor children in household enrolled in school), I **DO** give my consent for my child(ren) to receive tuberculin skin testing (PPD) at IASD school in which he/she/they are enrolled for the 2016-17 school year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT HEALTH REVIEW/PHYSICAL EXAMINATION

Date of Exam: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: R-20/\_\_\_\_\_ L-20/\_\_\_\_\_ Vision Corrected? Yes No Pupils: \_\_\_\_\_

Heart Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_ Murmur: \_\_\_\_\_

	Normal	Abnormalities:	Initials:
Otolaryngology:			
Ears/Hearing			
Nasal/Sinuses			
Throat/Tonsils			
Thoracic			
Cardiopulmonary:			
Pulse	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Abdominal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Genitalia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Musculoskeletal:			
Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shoulder	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Elbow	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wrist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Back	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Knee	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ankle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Foot	<input type="checkbox"/> Yes <input type="checkbox"/> No		

This child is physically and mentally able to enroll in school. Yes No

This child is physically and mentally able to compete in all strenuous athletic activities. Yes No

Comments: \_\_\_\_\_

Name of MD, PA, or ANP: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOME LANGUAGE SURVEY

**Parents:** To make sure that students receive the education services they need, the law requires us to ask questions about students' language backgrounds. The answers to Section A will tell us if a student's proficiency in English should be evaluated and will help us ensure that important opportunities to receive programs and services are offered to students who need them. The answer in Section B will help us communicate with you regarding the student and all school matters in the language of your preference. This document is used to comply with the Federal and State Regulations mandated in Bilingual Programs. Thank you for your cooperation. If you have any concerns, please contact your school principal.

### STUDENT INFORMATION:

Child's Name: \_\_\_\_\_ Gender:  Male  Female  
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ AK Student ID: \_\_\_\_\_

1. Has the student received formal education outside of the US?  Yes  No  
If yes, circle grades completed outside of the US: K 1 2 3 4 5 6 7 8 9 10 11 12  
If yes, what was the language of instruction: \_\_\_\_\_
2. Is the student participating in a student exchange program?  Yes  No

### SECTION A: LANGUAGE BACKGROUND

1. What is the primary language spoken in the home (regardless of the language spoken by the student)? \_\_\_\_\_
2. What is the language most often spoken by this student? \_\_\_\_\_
3. What is the first language this student learned to speak? \_\_\_\_\_

### SECTION B: COMMUNICATION PREFERENCES

1. In which language do you prefer to receive school communication? \_\_\_\_\_
2. Comments: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information about schools' civil rights obligations to English learner students and limited English proficient parents can be found on USED's Office for Civil Rights webpage: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>. If you have questions about this form or about services available to your child, please contact your school principal or the district office.

## LANGUAGE OBSERVATION CHECKLIST

This form must be completed by (an) English-speaking teacher(s) in collaboration with program staff familiar with the student.

Student's Name: \_\_\_\_\_ Alaska Student ID: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Language: \_\_\_\_\_

Compared to **standard English-speaking** students of the same age, does the student consistently exhibit any of the following characteristics when listening, speaking, reading, or writing?

CHARACTERISTICS	ORAL	WRITTEN
1. Uses pronouns, genders correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Uses tenses correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Uses singular and plural forms correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Uses prepositions correctly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Understands teacher directions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Uses appropriate sentence structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Uses developmentally appropriate vocabulary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>READING—Please check one:</b>	<b>Comments:</b>
<input type="checkbox"/> Non-Reader (not reading)	
<input type="checkbox"/> Developing Reader (reading below grade level)	
<input type="checkbox"/> Fluent (reading at or above grade level)	
<b>WRITING—Please check one:</b>	<b>Comments:</b>
<input type="checkbox"/> Non-Writer (not writing)	
<input type="checkbox"/> Developing Writer (writing below grade level)	
<input type="checkbox"/> Fluent (writing at or above grade level)	
<b>ORAL—Please check one:</b>	<b>Comments:</b>
<input type="checkbox"/> Non-Speaker (non-English speaker)	
<input type="checkbox"/> Developing Speaker (speaks English below grade level)	
<input type="checkbox"/> Fluent (speaks English at or above grade level)	

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_



US 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 descendant 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 Level: \_\_\_\_\_

Name of Tribe, Band, or Group: \_\_\_\_\_

Tribe, Band or Group is (check one):

- Federally Recognized, Including Alaska Native
- State Recognized
- Terminated
- Organized Indian Group 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

B. 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/Guardian's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## JOHNSON-O'MALLEY PROGRAM STUDENT CERTIFICATION

Bureau of Indian Affairs  
Juneau, Alaska

INDIAN STUDENT ENROLLMENT/CERTIFICATION OF ELIGIBILITY UNDER P.L. 93-638 CFR 273.18(K), (I)

Last Name, First Name, Middle Initial	Social Security Number	Date of Birth	Grade	School

1. Are the student(s) listed above ¼ or more degree Indian/Native blood? Yes No
2. Are the student(s) listed above members of a federally recognized tribe? Yes No

Tribal Affiliation of:	Name of Tribe	Tribal Enrollment Number
Student 1		
Student 2		
Student 3		
Student 4		
Parent/Legal Guardian		

My signature certifies that the information for whom this application is made is/are member(s) of or at least one-fourth Indian blood descendant of a member of an Indian tribe which is eligible for the special programs and services provided by the United States through the Bureau of Indian Affairs to Indians because of their status as Indians.

I am aware that the law provides a penalty of not more than \$10,000 fine or five years in prison, or both, for providing false information.

Name and Address of Parent/ Legal Guardian: \_\_\_\_\_

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

**Privacy Act Statement:**

Authority: The Act of January 4, 1975, 93-638, 88 Stat. 2203.  
 Purpose and Use: This certification will be used for per capita funding of Johnson-O'Malley supplemental education programs.  
 Consequence: Failure to submit this form will result in ineligibility for per capita funding under the conditions defined in 25USC 450b.

Alaska State Law  
ADE 31-305. Rev. 4/83

## STUDENT RECORD TRANSMITTAL REQUEST/RELEASE FORM

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(as shown on school enrollment records)

Name and Address of Last School Attended: \_\_\_\_\_  
\_\_\_\_\_

Grade Level: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Name of Person Requesting Records: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

### Send records to:

**Iditarod Area School District, PO Box 90, McGrath, AK 99627**

**fax: 907.524.3217    phone: 907.524.1226    email: [banderson@iditarodsd.org](mailto:banderson@iditarodsd.org)**

### Records for School Use:

- \_\_\_\_\_ Basic State Mandated Cumulative Record
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Transcript/Historical Grades
- \_\_\_\_\_ Standardized Test Results
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Vocational Interest Inventory/Aptitude Test Results
- \_\_\_\_\_ Awards and Scholarships
- \_\_\_\_\_ Bilingual Language Assessment
- \_\_\_\_\_ Migrant Education Documentation
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Speech and Hearing Records
- \_\_\_\_\_ Psychological and Other Medical Records
- \_\_\_\_\_ Student's Individual Language Program

Under Public Law 93-380, now amended in Section 99.32, PL 93-568, no parent signature is required for educational records sent to another educational agency. May 1980.