

MANDAREE SCHOOL REGISTRATION

SCHOOL YEAR: _____

STUDENT INFORMATION:

Student's Name as listed on the Birth Certificate or Legal name change document.

First & Middle Name: _____

Last Name: _____

Birthdate: _____

Gender: _____ Male _____ Female

Ethnicity: _____ Hispanic _____ White _____ Native American

_____ Black _____ Asian _____ Other (Select all that apply)

TRIBAL ENROLLMENT INFORMATION

Agency/Tribe: _____

TRANSFER STUDENT INFORMATION

Name & Address of previous school attended: _____

Grade: _____ Reason for leaving: _____

Does the student have learning accommodations? ____ Yes ____ No

PARENT/GUARDIAN INFORMATION:

Mother: _____

Father: _____

Legal Guardian: _____

Legal guardianship Documents required at this time.

Legal Stepparent: (If **not** legally married then list that person under Emergency Contacts): _____

CONTACT Information

Mailing Address: _____

Home Phone: _____

Cell AND/OR Work # for: _____

Mother: _____

Father: _____

Legal Guardian: _____

Email Address for any of the above: _____

***If in an emergency the school is unable to contact you or emergency contacts, Law Enforcement & Social Services will be contacted for student.**

MEDICAL INFORMATION:

Doctor/Clinic Name: _____

Phone Number: _____

Critical Medical Information the school should know:

The school will no longer dispense Over the Counter medications per Dept. of Public Instruction laws. Prescription drugs must have name, date & Dr.'s name & kept at the front office.

TRANSPORTATION INFORMATION:

Physical Address: _____

Name of County: _____

Emergency Drop Off: _____

BUS ROUTE: _____ Ridge _____ East _____ South

SEE STUDENT HANDBOOK REGARDING BUS RIDING RULES

EMERGENCY CONTACT INFORMATION:

Names of person(s) authorized to pick up student(s), must be 18 yo.

#1 Contact Name: _____

Home/Work/Cell: _____

#2 Contact Name: _____

Home/Work/Cell: _____

NDDPI – McKinney-Vento Act Verification

Is this student? ____ Migrant ____ Refugee ____ Foster ____ Homeless

____ Temporary Housing Where is student currently living? _____

Parent/Guardian Verification

I verify that I am the legal guardian/parent of this student and the information I have given is true and accurate.

Signature: _____ Date: _____

OFFICE USE ONLY

Current Immunization:	Yes	No
Degree of Indian Blood/Tribal ID	Yes	No
Birth Certificate/Legal Name Change	Yes	No
Transfer Records requested	Yes	No
Guardianship documentation	Yes	No
Dept. Of Ed. 506 Form signed:	Yes	No
Current Student Handbook received:	Yes	No
Special Ed. notified if applicable	Yes	No

Superintendent/Principal Signature for New & Transfer Student:

_____ Date: _____

MANDAREE SCHOOL DISTRICT #36

FERPA RELEASE AUTHORIZATION

I am aware that:

1. The District releases information to the local media.
2. The District maintains social media internet sites (Facebook and school websites).
3. The District video records courses for student/teacher use.
4. The District also uses live online applications for instruction.

I hereby give my permission:

1. To publish my students' name and/or photo when announcements are made for awards and acknowledgements in the local paper.
2. For my student(s) to be included in course video recording only for student playback and teacher training.
3. To include my student's image/photo in social media sites.
4. To participate in live online course instruction.

Students' Name(s) and Grade(s):

School Year: _____

Parent/Guardian Name & Date

cc: Student Cumulative File
Teacher File

MANDAREE SCHOOL DISTRICT #36
PO Box 488 Mandaree, North Dakota 58757
PH. 701-759-3311 Fax 701-759-3112

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of information identified below for:

Student's Name: _____

Date of Birth: _____

Please release the information identified below to the Mandaree School Registrar for the purpose completing the student's enrollment record.

_____ Immunization Record

_____ Degree of Indian Blood

_____ Copy of Birth Certificate

Signature: _____

Relationship to the student: _____

Date: _____

MANDAREE SCHOOL – Home Language Survey

Student Name: _____

Grade: _____

The U.S. Office of Civil Rights requires school to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. The district may be eligible for additional funding for English learners and/or immigrant children and youth. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) did your child learn when he/she first began to talk? _____

What language(s) does your child speak/use? _____

What language does your child use most often? _____

What language do YOU use most often to speak to your child? _____

Has your child ever been in an English Learner or Bilingual Program? Yes _____ No _____ Unsure _____

Circle the grades your child has attended in the United States.	Prek	1	2	3	4	5	6	7	8	9	10	11	12
Circle the grades your child has attended outside of the United States.	Prek	1	2	3	4	5	6	7	8	9	10	11	12

If outside the U.S, which country did your child attend school? _____

What language(s) did your child learn in school? _____

If practicable, in what language or format should the school communicate with your family? _____

Immigrant Student: An immigrant student was born outside of the U.S. and has attended school in the U.S. for three (3) years or less.

Would your child be considered an immigrant student? Yes _____ No. If yes, please list the country of origin _____

Date entered the U.S. ____/____/____ Heritage Language: _____

Native American or Alaskan Native student: Native American and Alaska Native students are mentioned specifically in the EL definition and may qualify for EL services.

Would your student be considered Native American or Alaska Native? Yes _____ No.

Do you believe a tribal language has significantly influenced your child's education in English? Yes _____ No. If yes, what is the tribal language? _____

Migrant Student: A migrant student has moved in the past 36 months with or to join a parent/guardian who is a migratory agricultural worker. Would your child be considered a migrant student? Yes _____ No

If yes, what date did you move to this area? ____/____/____

Refugee Student: (This information is not a state requirement but may be collected at the discretion of the district.) A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion and has fled to another country to be resettled. Newly arrived is defined as with the last three (3) years.

Would your child be considered a refugee student? Yes _____ No

I declare under penalty of perjury under North Dakota law, that the information provided here is true and correct.

Print Name of Student's Parent/Guardian _____

Signature of Student's Parent/Guardian _____

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

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 _____

MANDAREE SCHOOL

* PO Box 448 Mandaree, ND 58757

Ph. 701-759-3311 - Fax 701-759-3112

REQUEST FOR STUDENT RECORDS

1. Student Name: _____ Grade: _____
2. Date of Birth & Age _____ Gender: _____
3. Name of the last school attended: _____ End Date: _____
4. City & State of previous school: _____
5. Phone & Fax Numbers of previous school: _____

Please send the following information:

1. Please FAX Exit Grades/Transcripts
2. Please MAIL Student Cumulative File.

Mandaree School Registrar
PO Box 488
Mandaree, ND 58757

Parent/Guardian Signature: _____ Date: _____

OR

Records Manager: _____ Date: _____

*Parental permission is no longer required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act.)
Final Rule on Education Records, Federal Register, June 17, 1976 Vol. 41, No 118, p24673.*