

**Lower
Kuskokwim
School
District**

Bethel Schools Enrollment

Date: _____

- Mikelnguut Elitnaurviat K-2 (907) 543-2845
 - Gladys Jung Elementary 3-6 (907) 543-4440
 - Ayaprun Elitnaurvik K-6 (907) 543-1645
 - Bethel Regional High School 7-12 (907) 543-3957
 - Kuskokwim Learning Academy 9-12 (907) 543-5610
- o Byf

Student Legal Last Name		First	MI	Social Security Number	
Grade	Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate: month/day/year		Mother's Maiden Name	
Ethnic Origin <input type="radio"/> Alaska Native <input type="radio"/> Hispanic <input type="radio"/> Caucasian <input type="radio"/> American Indian <input type="radio"/> African American <input type="radio"/> Mixed Ethnicity <input type="radio"/> Asian/Pacific Islander			Mailing Address (PO Box)	City	
			Physical Address (House and Street)	Zip Code	
Mother/Guardian			Father/Guardian		
Home Phone Number		Mother's Cell Phone	Father's Cell Phone	Student's Cell Phone	
Mother's Employer		Mother's Business Phone	Father's Employer	Father's Business Phone	
e-mail			e-mail		

Previous School:

Name of School:			
Address:			

To which phone numbers/email would you prefer automated school messages be sent? (home phone is default)

- Home Phone
- Mother's Cell
- Father's Cell
- Mother's email
- Father's email

In addition, the following forms must be submitted with a new student enrollment:

- Transcripts / Grades from previous school
- Income Survey for Title I (attached)
- Indian Education 506 Form
- Up-to-date shot records
- Demographic Information (attached)
- Birth Certificate

Parent Signature

Emergency Contact Numbers

You and the other primary guardian listed on the front of this form are always the first people we will try to reach. Should you both be unavailable, we need **3 additional people** to contact in case of emergency. These people will also be allowed to pick up your child in case of an emergency only. Please notify your contacts that they are on this list at ME School.

Emergency Contact #1

Relationship to Child _____

Name: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

Emergency Contact #2

Relationship to Child _____

Name: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

Emergency Contact #3

Relationship to Child _____

Name: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

Demographics

Child's Name: _____

Mailing Address: _____

Physical Address: _____

Home Phone Number: _____

Mother/Guardian's Information Email: _____

Mother/Guardian's Name: _____

Mailing Address (if different than above) _____

Physical Address (if different than above)

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Number _____

Father/Guardian's Information: Email: _____

Father/Guardian's Name: _____

Mailing Address (if different than above) _____

Physical Address (if different than above)

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Number _____

Emergency Contact Numbers

You and the other primary guardian listed on the front of this form are always the first people we will try to reach. Should you both be unavailable, we need **3 additional people** to contact in case of emergency. These people will also be allowed to pick up your child in case of an emergency only. Please notify your contacts that they are on this list at ME School.

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Work Phone _____ Ext. _____

Emergency Contact #2

Relationship to Child _____

Name: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

Emergency Contact #3

Relationship to Child _____

Name: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

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

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

**HEALTH SHEET
STUDENT INFORMATION**

Name of Student: _____ Date of Birth: _____

CONSENT FOR TUBERCULIN TESTS

Tuberculin testing is required of all students EACH year. Please read carefully and check the appropriate box below:

- () I give my permission for my child (info above) to have an annual TB test when it is being administered each year during the period he/she is enrolled at ME School.
- () I DO NOT give my permission for my child to have an annual TB test.
Please provide reason: _____

Many times during the school year, students will come to the Front Office with a sore throat, headache, or other aches and pains. Most times, a non-aspirin pain reliever or other over the counter medication would take care of the symptoms. We do not have a nurse, so we need your permission to administer a non-aspirin pain reliever (such as Tylenol) and/or cough drops. Please fill in and sign the form below if you choose to give this permission. ME School staff will also call a guardian when we believe medicine should be given to make sure it is approved whenever possible. If your child has specific medical needs, or may need to take prescription drugs during the school day, please notify us so we can complete with you the correct forms for that.

- () I give permission for my child to receive a non-aspirin pain reliever, and/or cough drops when deemed prudent to the best interests of my child.

Guardian Signature: _____

STUDENT HEALTH HISTORY

Please fill in the following questionnaire. This information will be used to better the healthcare of our students.
(Please circle your answer)

1. Does your child have allergies? Yes No
Allergic to _____

2. Does your child take medication regularly? Yes No
Name of medication, and reason taken. _____

3. Are your child's physical activities limited? Yes No
How, and for what reason? _____

Does your child have other health problems that the school should be aware of? (RE: asthma, migrains.....)



MIKLENGUUT ELITNAURVIAT
HOME OF THE MUSHERS

Afternoon Dismissal Information

How will your child get home from school daily? Please check one of the choices below indicating your child's regular way home from school. Thank you!

Child's Name: _____

Teacher's Name: _____

Effective Date: _____

_____ My child will ride the bus home to the following physical address:

_____ My child will be picked up by: _____

List full names and relation of those allowed to pick up your child:

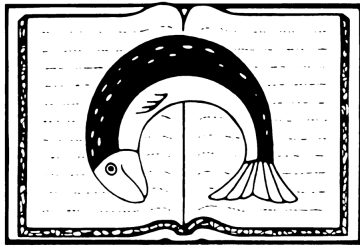
_____ My child will walk home to:

Physical Address: _____

I understand that this will be my child's regular dismissal routine. If plans change at any time I understand that I must call the schools office by 12:00 pm or send a note. Without proper notification, I understand that there is no guarantee that the school can change the dismissal plan. With COVID mitigation strategies, it could take up to 2 days to reserve a bus seat, so please request one early.

Parent Signature: _____ . Date _____

Daytime phone: _____



Lower Kuskokwim School District

Mikelnguut Elitnaurviat Primary School
P.O. Box 900 • Bethel, Alaska 99559-0900
907 543-2845 FAX 907 543-2429

Student Photographs – Parental Release Form

I certify that I am the parent and/or legal guardian of _____,
a student enrolled in the Lower Kuskokwim School District (LKSD) at Mikelnguut
Elitnaurviat. I hereby give my consent to LKSD's use of any photographs taken of
my child in a school setting or during out-of school student activities, provided that
my child is photographed while being involved in usual school activities. The
photograph is not for commercial use or gain, and the photograph is used to
enhance the educational purpose of the District in its publications, such as ELICAQ,
Student of the Month, or is used in District advertisements or notices placed in the
media for the purpose of presenting the District and its students in a positive and
beneficial manner.

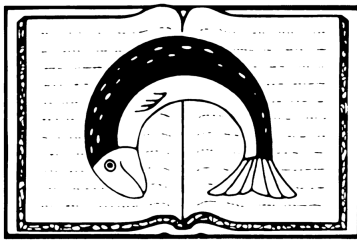
Date _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

PO Box/City _____

Phone _____



Lower Kuskokwim School District

Mikelnguut Elitnaurviat Primary School

P.O. Box 900 • Bethel, Alaska 99559-0900

907 543-2845 FAX 907 543-2429

M.E. School is seeking permission for your child to participate in field trips that may be planned for students of M.E. School. Each field trip will be carefully planned with reasonable supervision and safety precautions observed. You will also be notified prior to each field trip informing you of when and where your child will be going.

I give permission for _____ to go on class field trips.
(Student's Name)

(Guardian Signature)

(Date)

M.E. School is seeking permission to take your child to the Yukon-Kuskokwim Regional Aquatic Health and Safety Center to participate in swimming. Some sample events your child may attend (not limited too), swimming lessons, class parties, Kids Don't Float Program, and reward programs.

As a parent or guardian you must understand that the nature of this activity has a natural risk. The school and participants will follow all facility rules to be safe as possible. We will be reviewing all pool rules with the children prior to participation in any activity. Please note that an infraction to these rules by your child could lead to a loss of privilege to participate at the pool with the school.

This is a great opportunity for you child to learn a vital skill especially for this region while in a safe and controlled environment.

I give _____ permission to swim and participate in
(Student's Name)

any pool activities. I hereby waive, on behalf of myself and above listed child, any liability responsibilities of Lower Kuskokwim School District, either organizationally or for any of the officers, agents or employees for injuries or damages sustained in this program. I also understand that medical or liability insurance is my responsibility.

(Guardian Signature)

(Date)

(Guardian's Name Printed)

() _____
(Contact Phone Number)

PARENT INPUT SHEET

What do you want us to know about your child?

Parent Information Regarding Classroom Placement

Child's Name: _____ Date of Birth: _____

School Before ME (if applicable): _____

Please describe characteristics about your child which you feel would be most important for us to consider in placing her/him for next year. (Ex. shy, outgoing, needs extra "think time, won't take risks, perfectionist, etc.)

Describe the type of learning environment in which you feel your child could do her/his best work. (Ex. quiet, minimum of movement or activity, clearly defined rules, cooperative work, etc.)

What kind of learning experiences have worked best in the past for your child? How does she/he learn best? (Ex. by watching how, doing projects, talking things through, hands-on, etc.)

Is there anything else you want us to know about your child, socially or academically?

Please use the back for additional space to write if needed.