

For Office Use Only: School: _____ Teacher Name/Room #: _____
Enrollment Date: _____ Enrollment Code: _____
Approved IDT? _____ Graduating Year: _____ Pupil Number: _____
Proof of Birthdate: Birth Certif. Court Order Hospital Record Passport Other _____

COOS BAY PUBLIC SCHOOLS ELEMENTARY ENROLLMENT FORM 2017-2018

This enrollment form is a legal document. The information you provide must be accurate and complete.
Any personal information requested is solely for the safety and well-being of your student. Thank you in advance for your cooperation.

STUDENT INFORMATION (Please PRINT legibly.)

Previous District & School: _____

Yes No Has the student ever been a student in Coos Bay Public Schools?

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

AKA Last Name: _____ AKA First Name: _____ AKA Middle Name: _____

Grade: _____ Student email address: _____

LANGUAGE

When your child began to talk, what language did they first learn? _____

What language is spoken most often in the household? _____

What language do you prefer to receive correspondence in? _____

Date of Birth: _____

Gender F M

City, State & Country of Birth: _____

Yes No ***If born outside the United States***, has your child been attending a school in the United States for less than 3 cumulative years? When did your child begin school in the United States?

| Date | Grade | School | City/State |
|------|-------|--------|------------|
|------|-------|--------|------------|

RACE & ETHNICITY

Yes No Is your child Hispanic or Latino?

Please mark all that apply to your student and indicate tribe name if marking US Native American or Alaska Native

White Asian Native Hawaiian or Other Pacific Islander

Black or African American US American Indian or Alaska Native – List Tribe _____

Non-United States Native American (Latin America or Canada) Unknown/Unspecified

STUDENT ADDRESS

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different):

Street Address/PO Box: _____ City: _____ State: _____ Zip: _____

Student Home Phone: _____ Unlisted Student Cell Phone: _____

LEGAL PARENT/GUARDIAN INFORMATION: Unless documentation is provided that shows otherwise, the legal parent/guardians have contact rights, education rights, custody rights and mailing rights.

| | | | | | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Custody Check person/s with LEGAL custody of the student | <input type="checkbox"/> Both parents <input type="checkbox"/> Joint (50/50) <input type="checkbox"/> Brother | <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Sister | <input type="checkbox"/> Father/Step Mother <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Sister | <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Social Services/Foster Care | <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian | <input type="checkbox"/> Other |
| Living With Check person/s student lives with | <input type="checkbox"/> Both parents <input type="checkbox"/> Joint (50/50) <input type="checkbox"/> Brother | <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Sister | <input type="checkbox"/> Father/Step Mother <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Sister | <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Social Services/Foster Care | <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian | <input type="checkbox"/> Other |
| For Office Use Only: | | | | | | |
| <input type="checkbox"/> Copy of Court/Custody Order on file in the Main Office dated: _____ | | | | | | |
| <input type="checkbox"/> Copy of Restraining order on file in the Main Office dated: _____ | | | | | | |

Legal Parent/Guardian 1

Yes No Lives with Student?

Last Name: _____ First Name: _____ Relationship: _____

E-Mail: _____ Employer: _____ Job Title: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Primary Language spoken by Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Legal Parent/Guardian 2

Yes No Lives with Student?

Last Name: _____ First Name: _____ Relationship: _____

E-Mail: _____ Employer: _____ Job Title: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Primary Language spoken by Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Legal Parent/Guardian 3

Yes No Lives with Student?

Last Name: _____ First Name: _____ Relationship: _____

E-Mail: _____ Employer: _____ Job Title: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Primary Language Spoken by Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

LOCAL EMERGENCY CONTACT INFORMATION In the event of an emergency, parent/guardians will be called first, so you need not repeat Parent Information here.

#1 Contact Last Name: _____ First Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Yes No They may pick up my student Language Spoken: _____

#2 Contact Last Name: _____ First Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Yes No They may pick up my student Language Spoken: _____

#3 Contact Last Name: _____ First Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Yes No They may pick up my student Language Spoken: _____

SIBLINGS: Please list all brothers, sisters, half and step, *CURRENTLY* registered in a Coos Bay School

Sibling Name: _____ Age: _____ Current CB School: _____

Relationship Brother Sister Half Step

Sibling Name: _____ Age: _____ Current CB School: _____

Relationship Brother Sister Half Step

Sibling Name: _____ Age: _____ Current CB School: _____

Relationship Brother Sister Half Step

STUDENT STATUS

Check all that may currently apply: ELL IEP 504 Special Ed Speech TAG

Does this student have any special needs? If yes, please describe below:

Is this student currently suspended? No Yes from: _____

Is this student currently expelled? No Yes from: _____

Name of juvenile/parole officer: (if applicable) _____

If currently expelled/suspended, student and parent will need to meet with administrators to determine if registration is possible at this time.

AUTHORIZATIONS – Please see back of this page for explanations of authorizations.

Release of Information – see back for details

Photo Release & Photo/Interview

- Opt Out No photo release
- Opt Out No photo or interviews under any circumstances
- Opt Out No photo or interview by an outside agency

Internet Access – see back for details

Yes No My child has permission to access district-provided email.

Field Trips

Yes No My child has permission to participate in local field trips, unless I specifically request in writing that they be excused from a particular field trip.

Informational Materials

_____(initial) I hereby acknowledge that I understand where to find the District Student/Parent Guide and School Student/Parent Guide and/or Attendance and Discipline Policies and agree to read and review the documents with my student.

By signing below, I attest the information provided here is accurate and complete. I understand false swearing to a public agency is unlawful (ORS 162.075).

Date: _____ Parent/Guardian Signature _____

Coos Bay Public Schools

Authorizations/Permissions

For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District Parent and Student handbook located at www.cbd9.net under Parents & Community, Policies and Handbooks.

Under federal law and school policy, the school district may release the following to the public through appropriate procedures: Student name, address, phone listing, date of birth, participation in officially recognized activities and sports, weight and height of member of athletic teams, degrees, honors and awards received, major field of study, dates of attendance, the most recent school attended and video records of students. **If you do not want this information released, please contact your school to submit a written request. This form must be completed each year.** (Publicity Denial and Non-Release of Information to School Directory Form)

*Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request** (Publicity Denial and Non-Release of Information to School Directory Form).

*Many schools or PTA's publish school directories that include parent /guardian contact information. **If you do not want your name and contact information released for the school directory, please contact your school to submit a written request** (Publicity Denial and Non-Release of Information to School Directory Form).

STUDENT CELL PHONES

Student use of cell phones during school hours is a privilege that can be revoked if it is used during instructional time. Rules for use at schools may vary.

INTERNET ACCESS

*Students under age 13 must have parent permission to use district-provided email. As part of the classroom learning environment, all students may have internet access. If you do not want your student to have access to the internet or district-provided email, please contact your school to submit a written denial. Access may be denied for students who do not follow the Elementary Student User Agreement which is located in the Student – Parent Guide.

FIELD TRIPS

As a student in the Coos Bay School District, your child might attend field trips. Written notification of the time, date and destination will be sent to you prior to the day of the field trip unless this is a walking trip to areas near the school. If you do not want your child participating in a particular field trip, you need to request in writing that they be excused.

HIGH SCHOOL ONLY

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories below.

INFORMATIONAL MATERIALS

Coos Bay Public Schools updates Student/Parent Guides for the schools and district annually and has posted copies at www.cbd9.net under Parents and Community – Policies and Handbook and also on the school's websites. Copies will be given to each parent/guardian that does not have internet access during registration. The Student/Parent Guides contain information for you and your child regarding Coos Bay School District policies, procedures and legal notices. It is VERY important you take the time to read these and review them with your student.

COOS BAY PUBLIC SCHOOLS



1255 Hemlock Ave
Coos Bay, OR 97420
Phone (541) 267-3104
Fax (541) 269-5366

www.cbd9.net

Bryan Trendell, Superintendent

RECORDS DEPARTMENT

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS

The student listed below has enrolled in our district. Please forward all educational records, including academic records, health records, special education records and all other available records to Coos Bay Public Schools, 1255 Hemlock Ave, Coos Bay, OR 97420.

Student Last Name, First Name _____

Birth Date _____

Current Grade _____

Enrollment Date _____

Previous District & School _____

Address _____

City, State, Zip _____

ORS 326.575 - (1) and (2)

Records when student transfers or is placed elsewhere; notice to parents; amendments to records; rules.

(1) Within 10 days of a student's seeking initial enrollment in a public or private school or when a student is placed in a state institution, other than an institution of post-secondary education, or a private agency, detention facility or youth care center, the school, institution, agency, facility or center shall notify the public or private school or the institution, agency, facility or center in which the student was formerly enrolled and shall request the student's education records.

(2) Subject to ORS 339.260, any public or private school, state institution, private agency, detention facility or youth care center receiving the request described in subsection (1) of this section shall transfer all student education records relating to the particular student to the requesting school, institution, agency, facility or center no later than 10 days after the receipt of the request. The education records shall include any education records relating to the particular student retained by an education service district.

I hereby request that the educational records be forwarded to Coos Bay Public Schools as soon as possible.

Parent/Guardian or Eligible Student Signature

Date



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

| | | | |
|------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|-----------------------------------------|
| Child's Last Name <i>Apellido</i> | First <i>Primer Nombre</i> | Middle Initial <i>Segundo Nombre</i> | Birthdate <i>Fecha de Nacimiento</i> |
| Mailing Address <i>Dirección</i> | City <i>Ciudad</i> | State <i>Estado</i> | Zip Code <i>Codigo Postal</i> |
| Parents' or Guardians' Names <i>Nombre de los padres o guardian</i> | | Home Telephone Number <i>Número de Teléfono</i> | |

Complete for all
 Up-to-date
 Medical
 Non medical

| Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|---------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|
| Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) |
| Booster Dose Tdap | | | | | |
| Polio (IPV or OPV) | | | | | |
| Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy) | | | | | |
| Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only | | | | | |
| Hepatitis B (Hep B) | | | | | |
| Hepatitis A (Hep A) | | | | | |
| Haemophilus Influenzae Type B (Hib) (Only children less than 5 years) | | | | | |

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

| |
|-------------------------------------|
| For school/facility use only |
| School/facility Name |
| Student ID Number |
| Grade |

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

| | | | |
|--------------------------------------|-------------------------------|-----------------------------------------|-----------------------------------------|
| Child's Last Name <i>Apellido</i> | First <i>Primer Nombre</i> | Middle Initial <i>Segundo Nombre</i> | Birthdate <i>Fecha de Nacimiento</i> |
|--------------------------------------|-------------------------------|-----------------------------------------|-----------------------------------------|

| Recommended Vaccines | Recommended Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|----------------------|------------------------------------------------------------|--------|--------|--------|--------|--------|
| | Pneumococcal (PCV) (Only in children less than 5 years) | | | | | |
| | Meningococcal (MCV4, MPSV4) | | | | | |
| | Human Papilloma Virus (HPV) (9 years or older) | | | | | |
| | Influenza (Flu) | | | | | |
| | Other Vaccine Please specify: | | | | | |
| | Other Vaccine Please specify: | | | | | |

For medical exemptions:
Please submit a letter signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:
 I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

| | |
|--------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Diphtheria/ Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Hib |
| <input type="checkbox"/> Measles/Mumps/Rubella | |

Signature of Parent or Guardian _____ Date _____

Optional:
 ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

**It is important for the schools to have up-to-date health information on your child.
Thank you for updating it.**

**Coos Bay Public Schools
2017-2018
Health Information Form**

Student's Name: _____ Date of Birth: _____

Grade: _____ Teacher/Home Room: _____ School: _____

The following information will help school personnel plan for your child's health needs. Information on this document may be made available to school, health care provider and health department authorities.

1. **No Medical Problems at this time**

2. Check medical problems or concerns below:

- | | | | | | |
|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bone/Joint Problems | <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Past Concussions | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Glasses/Contacts | | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Other (list specific concern) _____ | | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Currently using an inhaler | <input type="checkbox"/> At Home | <input type="checkbox"/> At School | | |
| <input type="checkbox"/> List Allergies, if any: _____ | | | | | |

Describe reaction: _____

Epipen prescribed? Yes No

3. List medication taken: At Home _____
 At School _____
 Are back-up medications needed at school? _____

4. Special directions* (limitations or restrictions-physical/dietary, etc.)

Food Allergy Restriction Note: If your child has a dietary restriction that is not self-managed (by parent/child), our food services department will need a medical note from the student's medical provider. This is a federal food services law. See the school nurse for details.

5. History of any serious illness, injury, or surgery? _____

6. Check if your child has had:

- | | | | | | | | |
|-----------------|--------------------------|------|-------|-----------------|--------------------------|------|-------|
| Chicken Pox | <input type="checkbox"/> | Year | _____ | Premature Birth | <input type="checkbox"/> | | |
| Head Injury | <input type="checkbox"/> | Year | _____ | Hepatitis | <input type="checkbox"/> | Year | _____ |
| Immune Disorder | <input type="checkbox"/> | Year | _____ | Tuberculosis | <input type="checkbox"/> | Year | _____ |

Physician: _____ Phone: _____

IN THE EVENT OF A MEDICAL EMERGENCY, and after every reasonable effort has been made to contact parents/guardians, I authorize Coos Bay School District staff members, any qualified physician, or emergency medical personnel to transport my child to the nearest emergency treatment center so that reasonable and necessary medical care may be given.

I realize that the responsibility for all medical expenses incurred belong to the parents/guardian and will hold Coos Bay School District harmless.

Parent/Guardian Signature

Date

COOS BAY PUBLIC SCHOOLS

2017-2018 K – 7th Elementary School Fees

The Elementary School Fee allows the district to purchase basic school supplies for all students and helps to pay for the cost of workbooks, art supplies and general classroom materials for special activities. It is a one-time per year, per student fee that is paid at each student's school and is non-refundable.

Blossom Gulch Elementary School

- _____ School Fee \$25.00 due at registration
- _____ Swimming Fee \$10.00 due at registration or just prior to lessons

Madison Elementary School

- _____ School Fee \$25.00 due at registration
- _____ Swimming Fee \$10.00 due at registration or just prior to lessons

Millicoma & Sunset Schools

- _____ School Fee \$25.00 due at registration
- _____ Athletic Fee: Athletic fees at the middle school are \$50.00 per sport and are only for 7th grade students that participate in football, volleyball, basketball, track and 6th & 7th grade students that participate in cross country and wrestling. A physical is required.

Student's Name: _____ Grade: _____

For office use only

Amount Paid: \$ _____ Cash _____ Check _____ Check # _____

Retain for 3 years.

**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: 07/31/2019.

2017-2018 Student Housing Questionnaire

NAME OF STUDENT: _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ GRADE: _____ BIRTH DATE: ____/____/____ AGE: _____
MONTH DAY YEAR

OTHER CHILDREN LIVING IN THE HOME:

Name: _____ School: _____
Name: _____ School: _____
Name: _____ School: _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- 1.) Is this student's home address a temporary living arrangement, other than a rental? Yes No
- 2.) Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
- 3.) Is this student in a temporary foster care placement or awaiting foster care? Yes No
- 4.) As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite
- Transitional housing (through community agency)
- "Awaiting" Foster Care
- In a travel trailer, fifth wheel or other RV

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardians(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

For Active Armed Forces Parents/Guardians Only

Student Name

School

Dear Parent/Guardian,

Beginning 2017-2018 school year, the federal government is asking school districts to identify students whose parent(s) or legal guardian(s) are a member of the Armed Forces on active duty or full-time National Guard.

This includes:

- Students placed with a temporary guardian while one or both parents are deployed.
- Students whose parent(s) or guardians(s) are:
 - Full-time Army, Navy, Air Force, Marine Corps or Coast Guard active or training duty
 - Students at a school designed as a service school, while in active military
 - Full-time National Guard members
 - Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
 - Dual Status Military Technicians

Does not include:

- Students whose parent(s) or guardian(s) are:
 - Members of other uniformed services, such as commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service
 - Retired or discharged former service members
 - Part-time national Guard members who are not deployed
 - Members of the reserves who have not been called to active duty
 - Civilian employees of the Department of Defense
- Students with a relative in the armed forces other than the student's parent or guardian

Please list names below of the student's parent(s) or legal guardian(s) who is a member of the Armed Forces who is on active duty or full-time National Guard.

Name

Relationship to student

Name

Relationship to student

Name

Relationship to student

By Signing below, I attest the information provided here is accurate and complete. I understand false swearing to a public agency is unlawful. (ORS 162.075).

Signature Parent/Guardian

Date