

Enrollment Checklist *Lista de Inscripción*

Parents: Please use this checklist to ensure you have filled out and have all necessary forms and enrollment documents.

Padres: Por favor use esta lista de verificación para asegurarse que usted haya llenado todos los formularios necesarios y que tiene todos los documentos requeridos para inscribir a su hijo(a) en la escuela.

| Supporting Documents / Documentos de soporte: | Parent Padre | School Escuela |
|--|--------------------------|--------------------------|
| <p>Child's Age Verification or Birth Certificate If not already on file with school district, *Staff – scan into in IC *Other verification options include: an attending physician's certificate of birth, permanent school records, family bills (shows student's date of birth), last year's school attendance register or other official scholastic record, baptismal certificate, passport, or life Insurance policy.</p> <p>Certificado de nacimiento u otro documento que verifique la edad de su hijo (Si aún no está archivado con la escuela) *Otras opciones de verificación incluyen: certificado de nacimiento del hospital, los registros escolares permanentes, facturas familiares que muestren la fecha de nacimiento del estudiante, el registro de asistencia escolar del año pasado u otro registro académico oficial, certificado de bautismo, pasaporte o póliza de seguro de vida.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Immunizations Records / Registro de vacunas *Staff – scan into IC and give record to school nurse</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Two Proofs of Residency *Staff – not required to copy *Proof residency options include: proof of payment of local personal income or property taxes, title to residential property in the district, or a valid unexpired lease agreement, or current receipts for payment of rent on a district residence where the student lives, proof of current utilities (gas, water, or electric bills), or an unexpired photo ID of parent with current address such as state Issued ID, driver's license, matricula, or passport, or voter registration.</p> <p>Dos documentos que verifiquen la dirección de su residencia *Las pruebas de residencia incluyen: prueba de pago de los ingresos personales locales o impuestos sobre la propiedad, título de propiedad residencial en el distrito, un contrato de alquiler vigente, recibos actuales para el pago del alquiler en una residencia del distrito donde el estudiante vive, un documento de identidad vigente de los padres con la dirección actual (como la identificación estatal, licencia de conducir, matrícula, pasaporte, o el registro de votantes)</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Photo ID of Parent *Photo ID is requested to support student security but not required for enrollment. If ID is valid and shows current address, it may serve as one proof of address. *Staff – scan into IC to the Parent Person Documents</p> <p>Identificación con foto del padre/madre *Se solicita una identificación con foto para apoyar la seguridad del estudiante, pero no se requiere para la inscripción. Si la identificación es válida y muestra la dirección actual, puede servir como una prueba de dirección.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Previous School's Withdrawal Form or Student Transcript if applicable, *Staff – add to student cumulative folder and scan Student Transcript into IC into Student Person Documents</p> <p>Formulario de retiro de la escuela anterior o registro de calificaciones (si es aplicable)</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>New Student Registration Form *For students new to the district only. Formulario de registro para nuevos estudiantes * Sólo para nuevos estudiantes del distrito.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Student Health Enrollment / Inscripción de salud del estudiante *Staff – give record to school nurse</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Title VI Student Eligibility Certification / Certificación de elegibilidad del estudiante de Título VI *Staff – send forms to aglarney@okcps.org or district mail to NASS At MLK</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Enrollment Questionnaire / Cuestionario de inscripción *Staff – send forms to brcoleman@okcps.org or FAX to 587-0642</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Annual Permissions / Permisos anuales *Staff – enter data on Census Permissions tab</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Home Language Survey / Encuesta del idioma del hogar *Staff – Only if student does not have HLS on file at the school, enter data on Student Demographics tab and follow instructions for form distribution</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Household Information Survey / Encuesta de información del hogar *Staff – enter data on Census Household Information Survey tab and parent/guardian federal employee status on Census People Military Connections tab</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>As Needed / Según sea necesario:</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Medication Request & Release Form, if student will need medication during school *Staff – give to nurse. Solicitud de medicamentos y formulario de liberación, si el estudiante necesitará tomar medicamentos durante las horas escolares.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Court, adoption, guardianship and/or custody documents, inc. Establish Residency by Affidavit. if applicable. *Staff – scan into IC. Documentos de corte, adopción, tutela y/o custodia, incluyendo Residencia por Declaración Jurada, si corresponde.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

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| STUDENT INFORMATION | STUDENT BIRTH CERTIFICATE NAME - LAST | | Jr., III, Etc. | FIRST | MIDDLE | ENTERING GRADE | |
| | STUDENT NICKNAME/PREFERS TO BE CALLED | | SPECIAL CUSTODY/HEALTH PROBLEMS WE SHOULD BE AWARE OF: | | | | |
| | STUDENT STREET ADDRESS | | | APT/LOT | CITY/STATE/ZIP | | |
| | HOME PHONE | UNLISTED <input type="checkbox"/> YES <input type="checkbox"/> NO | MAILING ADDRESS - IF DIFFERENT, I.E. POST OFFICE BOX | | | | |
| | ETHNICITY (Choose one) <input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC OR LATINO | | RACE (Choose one or more) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| | DATE OF BIRTH | | BIRTH PLACE - City, State & Country | | | FOREIGN EXCHANGE STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IS YOUR STUDENT CURRENTLY BEING SERVED IN ANY SPECIAL PROGRAMS? (CHECK ALL THAT APPLY) <input type="checkbox"/> IEP <input type="checkbox"/> 504 PLAN <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> GIFTED/TALENTED | | | | | | | |

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| TRANSIT | CHILD TRAVELS TO SCHOOL BY: |
| | <input type="checkbox"/> CAR <input type="checkbox"/> WALK <input type="checkbox"/> BIKE <input type="checkbox"/> BUS <input type="checkbox"/> Child Care Name _____ <input type="checkbox"/> Child Care Phone _____ |

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|---|---|---|
| FAMILY INFORMATION | Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Parent and Step Parent <input type="checkbox"/> Other | |
| | PARENT OR GUARDIAN 1 DOB _____ <input type="checkbox"/> PHOTO ID | PARENT OR GUARDIAN 2 DOB _____ <input type="checkbox"/> PHOTO ID |
| | NAME _____ | NAME _____ |
| | RELATIONSHIP _____ | RELATIONSHIP _____ |
| | PHONE: HOME _____ | PHONE: HOME _____ |
| | WORK _____ CELL _____ | WORK _____ CELL _____ |
| SECONDARY ADDRESS (IF DIFFERENT FROM STUDENT) _____ | | |
| E-MAIL _____ | | |

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|-----------|--|--|--------------------|--|
| EMERGENCY | Emergency Contacts and Telephone - Other than Parent/Guardian | | | |
| | NAME _____ | DOB: _____ | NAME _____ | DOB: _____ |
| | RELATIONSHIP _____ | GENDER <input type="checkbox"/> M <input type="checkbox"/> F | RELATIONSHIP _____ | GENDER <input type="checkbox"/> M <input type="checkbox"/> F |
| | PHONE: HOME _____ | <input type="checkbox"/> PHOTO ID | PHONE: HOME _____ | <input type="checkbox"/> PHOTO ID |
| | WORK _____ | <input type="checkbox"/> CAN CHECK STUDENT OUT OF SCHOOL | WORK _____ | <input type="checkbox"/> CAN CHECK STUDENT OUT OF SCHOOL |
| | CELL _____ | | CELL _____ | |

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|--------------|---|---------------|--|---|
| PRIOR SCHOOL | NAME OF LAST SCHOOL or PRE-KINDERGARTEN ATTENDED: | | PREVIOUSLY ATTENDED SCHOOL WAS: | STUDENT EVER RETAINED: |
| | City and State | Phone and Fax | <input type="checkbox"/> PUBLIC <input type="checkbox"/> CHARTER OR ONLINE <input type="checkbox"/> PRIVATE <input type="checkbox"/> HOMESCHOOL <input type="checkbox"/> PAROCHIAL <input type="checkbox"/> NONE | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT GRADE? |
| | IS THE STUDENT CURRENTLY UNDER SUSPENSION FROM ANOTHER SCHOOL DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO Students currently suspended from a school may not enroll until suspension has been served. Ask about alternative school options. | | | |

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| OTHER CHILDREN | Other Children in Family | | | | | |
| | Name | Age | Sex | Name of School | Grade | Date of Birth |
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|-----------------|---|--|--|---|--|
| SCHOOL USE ONLY | STUDENT # _____ | | SCHOOL NAME _____ | | |
| | ENTRY DATE _____ | ENTRY CODE _____ | TEACHER/TEAM _____ | BIRTH VERIFICATION _____ | |
| | <input type="checkbox"/> RESIDENCY VERIFICATION | <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> PHYSICAL | <input type="checkbox"/> TRANSFER PAPERS | <input type="checkbox"/> ENROLLMENT QUEST. (HOMELESS FORM) |
| | <input type="checkbox"/> CUSTODY VERIFICATION | <input type="checkbox"/> AGE VERIFICATION | <input type="checkbox"/> LANGUAGE SURVEY | <input type="checkbox"/> PERMISSIONS FORM | <input type="checkbox"/> RES AFFID (if applicable) |

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| INFORMACIÓN DEL ESTUDIANTE | Nombre del Estudiante Como Aparece En Certificado De Nacimiento APELLIDO | | Jr., III, Etc. | PRIMER NOMBRE | SEGUNDO NOMBRE | GRADO ENTRANTE | |
| | APODOS / SOBRENOMBRES | | CUSTODIA ESPECIAL / PROBLEMAS DE SALUD QUE SE TIENEN QUE DAR A CONOCER: | | | | |
| | DOMICILIO DEL ESTUDIANTE: NÚMERO CALLE | | | APTO./ UNIDAD | CIUDAD / ESTADO / CÓDIGO POSTAL | | |
| | TELÉFONO DE CASA | NÚMERO DE TELÉFONO NO LISTADO? <input type="checkbox"/> SÍ <input type="checkbox"/> NO | DIRECCIÓN DE CORREO - SI ES DIFERENTE, I.E. APARTADO DE CORREOS | | | | |
| | ETNICIDAD (Escoja una) <input type="checkbox"/> HISPANO(A) <input type="checkbox"/> NO HISPANO(A) O LATINO(A) | | RAZA (Escoja Una o Más) <input type="checkbox"/> INDIO AMERICANO(A) O NATIVO DE ALASKA <input type="checkbox"/> BLANCO(A) <input type="checkbox"/> MORENO(A) O AFRO-AMERICANO(A) <input type="checkbox"/> ASIÁTICO(A) <input type="checkbox"/> NATIVO DE HAWAI U OTRA ISLA DEL PACIFICO | | | SEXO <input type="checkbox"/> MASCULINO <input type="checkbox"/> FEMENINO | |
| | FECHA DE NACIMIENTO | | LUGAR DE NACIMIENTO- Ciudad, Estado & País | | ESTUDIANTE DE INTERCAMBIO <input type="checkbox"/> SÍ <input type="checkbox"/> NO | | |
| | ¿RECIBE ESTE ESTUDIANTE SERVICIOS DE UN PROGRAMA ESPECIAL? (MARQUE TODOS QUE LE CORRESPONDEN) <input type="checkbox"/> IEP <input type="checkbox"/> PLAN 504 <input type="checkbox"/> HOGAR DE ACOGIDA <input type="checkbox"/> DOTADOS/TALENTOSOS | | | | | | |

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| TRÁNSITO | ESTUDIANTE LLEGUA A LA ESCUELA POR: | |
| | <input type="checkbox"/> VEHICULO <input type="checkbox"/> CAMINANDO <input type="checkbox"/> BICICLETA <input type="checkbox"/> AUTOBÚS ESCOLAR | <input type="checkbox"/> Nombre de la Guardería _____ <input type="checkbox"/> Número de Teléfono _____ |

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| INFORMACIÓN DE PADRES | Estudiante Vive Con: <input type="checkbox"/> Padre y Madre <input type="checkbox"/> Madre Solamente <input type="checkbox"/> Padre Solamente <input type="checkbox"/> Padre / Madre y Padrastro/Madrastra <input type="checkbox"/> Otro(a) | |
| | PADRE O GUARDIÁN 1 FECHA DE NACIMIENTO _____ <input type="checkbox"/> IDENTIFICACIÓN CON FOTO | PADRE O GUARDIÁN 2 FECHA DE NACIMIENTO _____ <input type="checkbox"/> IDENTIFICACIÓN CON FOTO |
| | NOMBRE _____ | NOMBRE _____ |
| | PARENTESCO _____ | PARENTESCO _____ |
| | TELÉFONO: CASA _____ | TELÉFONO: CASA _____ |
| | TRABAJO _____ | TRABAJO _____ |
| CELULAR MÓVIL _____ | CELULAR MÓVIL _____ | |
| DIRECCIÓN SECUNDARIA _____ (SI ES DIFERENTE DEL ESTUDIANTE) | DIRECCIÓN SECUNDARIA _____ (SI ES DIFERENTE DEL ESTUDIANTE) | |
| CORREO ELECTRÓNICO _____ | CORREO ELECTRÓNICO _____ | |

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|---|--|----------------------|--|
| Contactos de Emergencia y Número Telefónico - Que no se del Padre (Madre)/ Tutor Legal | | | |
| NOMBRE _____ | FEC. NAC. _____ | NOMBRE _____ | FEC. NAC. _____ |
| PARENTESCO _____ | SEXO <input type="checkbox"/> M <input type="checkbox"/> F | PARENTESCO _____ | SEXO <input type="checkbox"/> M <input type="checkbox"/> F |
| TELÉFONO: CASA _____ | <input type="checkbox"/> IDENTIFICACIÓN CON FOTO | TELÉFONO: CASA _____ | <input type="checkbox"/> IDENTIFICACIÓN CON FOTO |
| TRABAJO _____ | <input type="checkbox"/> PUEDE RECOGER EL ESTUDIANTE | TRABAJO _____ | <input type="checkbox"/> PUEDE RECOGER EL ESTUDIANTE |
| CELULAR MÓVIL _____ | | CELULAR MÓVIL _____ | |

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|----------------|---|---|--------------------------------------|--|--|
| ESCUELA PREVIA | NOMBRE DE LA ESCUELA O PRE-ESCOLAR ANTERIOR | | ESCUELA PREVIAMENTE ASISTIDA: | | ESTUDIANTE FUE RETENIDO ALGUNA VEZ? |
| | <input type="checkbox"/> PÚBLICA <input type="checkbox"/> CHÁRTER O EN LÍNEA <input type="checkbox"/> PRIVADA <input type="checkbox"/> EDUCACIÓN EN CASA <input type="checkbox"/> PARROQUIAL <input type="checkbox"/> NINGUNA | Ciudad y Estado _____ N° de Teléfono _____ | | | <input type="checkbox"/> SÍ <input type="checkbox"/> NO SI ES SÍ, ¿QUÉ GRADO? _____ |
| | EL ESTUDIANTE ESTÁ ACTUALMENTE SUSPENDIDO DE UNA ESCUELA PREVIA? <input type="checkbox"/> SÍ <input type="checkbox"/> NO Los Estudiantes actualmente suspendidos de una escuela no se pueden inscribir hasta que la suspensión se levante. Pregunte sobre opciones de escuelas alternativas. | | | | |

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|----------------|----------------------------------|------|------|----------------------|-------|---------------------|
| OTROS HIJOS(A) | Otros Niños en la Familia | | | | | |
| | Nombre | Edad | Sexo | Nombre de la escuela | Grado | Fecha de Nacimiento |
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|-----------------|---|
| SCHOOL USE ONLY | STUDENT # _____ SCHOOL NAME _____ |
| | ENTRY DATE _____ ENTRY CODE _____ TEACHER/TEAM _____ BIRTH VERIFICATION _____ |
| | <input type="checkbox"/> RESIDENCY VERIFICATION <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> TRANSFER PAPERS <input type="checkbox"/> ENROLLMENT QUEST. (HOMELESS FORM) <input type="checkbox"/> CUSTODY VERIFICATION <input type="checkbox"/> AGE VERIFICATION <input type="checkbox"/> LANGUAGE SURVEY <input type="checkbox"/> PERMISSIONS FORM <input type="checkbox"/> CUSTODY ALERT <input type="checkbox"/> IMMUNIZATIONS <input type="checkbox"/> HOUSEHOLD SURVEY FORM <input type="checkbox"/> RES AFFID (if applicable) |
| | |

Student ID# _____
N° de identificación estudiantil

Student Name _____
Nombre del Estudiante

Release Agreements (Annual Permissions)

Contrato de exoneración de responsabilidad (permisos anuales)

Oklahoma City Public Schools

Parent and student understand responsibility for these areas:
Los padres y estudiantes entienden la responsabilidad de estas áreas:

Expectations and Student Code of Conduct - Student and parent understand the student will be held accountable for behavior and subject to disciplinary consequences outlined in the expectations and student code of conduct.

Expectativas y Código de Conducta del Estudiante: El estudiante y los padres entienden que el estudiante será responsable de su comportamiento y estará sujeto a las medidas disciplinarias que se señalan en las expectativas y en el código de conducta del estudiante.

Student Parent Handbook - I acknowledge that OKCPS does not provide a printed version of the Student Parent Handbook, but that it can be accessed online at www.okcps.org/Handbook. I also acknowledge that it is my responsibility to familiarize myself with the information provided in the Student Parent Handbook.

El Manual de Estudiantes y Padres: Reconozco que OKCPS no ofrece el Manual de Estudiantes y Padres en forma impresa, pero que se puede acceder en línea en www.okcps.org/Handbook. También reconozco que es mi responsabilidad familiarizarme con la información contenida en el Manual de Padres de Estudiantes.

OKCPS Acceptable Use Policy (AUP) - Student and parent understand violating the OKCPS acceptable use policy (AUP) may result in loss of internet / computer privileges and/or other district disciplinary measures. Student is given parent permission to access, produce, video conference, and communicate information on the district network resources for the current school year for class assignments under the supervision of the teacher.

Política de Uso Aceptable (Acceptable Use Policy, AUP) de OKCPS: El estudiante y los padres entienden que violar la política de uso aceptable (AUP) de OKCPS traerá como consecuencia que pierdan el privilegio del uso de Internet y de computadoras y que se les aplique otras medidas disciplinarias del distrito. Los estudiantes tienen el permiso de los padres para acceder, producir, realizar videoconferencias y comunicar información a través de los recursos de la red del distrito para el actual año escolar para realizar tareas de clase con la supervisión del maestro.

District Resources Responsibility - Parent will be responsible for any district resources (such as digital devices, library and textbooks, etc.) issued to student listed below for his/her use while he/she is enrolled in OKCPS.

Responsabilidad de Libros de Texto: Los padres serán responsables por cualquier libro de texto que se otorgue al estudiante que se indica a continuación para su uso mientras esté inscrito en OKCPS.

Unless 'No' is checked below, parent and student agree to the following:
Salvo que se haya elegido 'No,' los padres o el estudiante aceptan lo siguiente:

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| <input type="checkbox"/> No | <p>Student Directory Information - Parent gives permission for release of student information which may include: name, address, telephone number, parent names, date and place of birth, major field of study, class designation (grade), extracurricular participation, achievements or honors, photograph or video, dates of attendance, and most recent educational institution student attended prior to enrolling in the OKCPS district. If student is a member of an athletic team, student height and weight may be provided to third parties upon request. Directory information will be provided, without parental notification or written authorization, to third parties who requests the information.</p> <p>Información del Directorio del Estudiante: El padre da permiso para la divulgación de información del estudiante que puede incluir: nombre, dirección, número de teléfono, nombres de los padres, fecha y lugar de nacimiento, campo de estudio principal, designación de clase (grado), participación extracurricular, logros u honores, fotografía o video, las fechas de asistencia y la institución educativa más reciente a la que asistió el estudiante antes de inscribirse en el distrito de OKCPS. Si el estudiante es miembro de un equipo atlético, la estatura y el peso del estudiante se pueden proporcionar a terceras personas. Se proporcionará información del directorio, sin notificación a los padres o autorización escrita, a terceros que soliciten la información.</p> |
| <input type="checkbox"/> No | <p>Military Recruiters - Parent grants permission for the OKCPS district to release directory information regarding the student listed below to military recruiters.</p> <p>Reclutadores Militares: Los padres autorizan al distrito de OKCPS a brindar información de directorio del estudiante que se menciona a continuación a reclutadores militares.</p> |
| <input type="checkbox"/> No | <p>Metropolitan Library Card - Parent gives permission for the OKCPS district to release directory information regarding the student listed below to the Metropolitan Library for issuance of a library one card.</p> <p>Tarjeta de la Biblioteca Metropolitana: Los padres autorizan que el distrito de OKCPS proporcione la información del estudiante que se indica a continuación a la Biblioteca Metropolitana para la emisión de una tarjeta de la biblioteca.</p> |

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| <input type="checkbox"/> No | <p>Gifted and Talented Program: Should my child be nominated for consideration of Oklahoma City Public School's Gifted and Talented Program, I give permission for him/her to be tested to determine eligibility. I understand that just because my student is tested, it does not mean he/she will qualify. Additionally, I understand that I will receive written notification if my child does qualify.</p> <p>Programa Para los Estudiantes Superdotados o con Talentos Especiales: Si mi hijo(a) es nominado para la consideración del Programa para Estudiantes Superdotados o con Talentos Especiales de las Escuelas Públicas de Oklahoma City, doy permiso para que él / ella sea examinado para determinar la elegibilidad. Entiendo que sólo porque mi estudiante sea examinado, no significa que califique. Además, entiendo que recibiré una notificación por escrito si mi hijo califica.</p> |
| <input type="checkbox"/> No | <p>I give permission for my child to receive gifted and talented services if he/she is eligible.</p> <p>Yo doy mi permiso para que mi hijo(a) reciba servicios para estudiantes superdotados o con talentos especiales si él / ella es elegible.</p> |
| <input type="checkbox"/> No | <p>Medical Treatment - When a principal or teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMSA may be called and the cost directed to you. EMSA will only be called in medical emergencies and/or if you cannot be contacted. You must provide your school with current phone numbers and additional emergency contacts to be reached should your child become seriously ill or injured during school hours, thus requiring emergency medical treatment.</p> <p>Tratamiento Médico: Si el director o un maestro no puede contactarlo en caso de que su hijo sufra una lesión en un accidente o se enferme gravemente, se llamará a la ambulancia EMSA y usted cubrirá los costos. Solo se llamará a la EMSA en caso de emergencia médica o si no podemos contactarlo. Debe proporcionar su número telefónico actual y contactos adicionales de emergencia para llamarlos en caso de que su hijo se enferme de gravedad o que sufra una lesión durante las horas escolares y requiera atención médica de emergencia.</p> |
| <input type="checkbox"/> No | <p>Immunization Information: Parent grants permission for school to access student's immunization records on Oklahoma State Immunization Information System (OSSIS) in accordance with HIPAA regulations to check for compliance with OKCPS Board of Education requirements for school admission.</p> <p>Información de Inmunización: los padres otorgan permiso para que la escuela acceda a los registros de vacunación del estudiante en el sistema de información de vacunación del estado de Oklahoma (OSSIS, por sus siglas en inglés) de acuerdo con las regulaciones de HIPAA para verificar el cumplimiento de los requisitos de la Junta de Educación de OKCPS para la admisión escolar.</p> |
| <input type="checkbox"/> No | <p>CPR Instruction for Students: Parents give permission for the student to receive CPR instructions provided by OKCPS. All students in public schools shall receive instruction in cardiopulmonary resuscitation (CPR) at least once between ninth and twelfth grade, as required by the Dustin Rhodes and Lindsey Steed CPR training act (70 o.s. § 1210.199). As required by the act, instruction of CPR shall be based upon an instructional program which is nationally recognized and evidence-based. School districts may use emergency medical technicians, paramedics, police officers, firefighters, teachers, other school employees, or other similarly qualified individuals or organizations to provide the instruction. A school administrator may waive this requirement for an eligible student who has a disability.</p> <p>Educación sobre RCP para Estudiantes: Los padres autorizan que los estudiantes reciban educación sobre Resucitación Cardiopulmonar (RCP) proporcionada por OKCPS. Todos los estudiantes en las escuelas públicas deben recibir educación sobre resucitación cardiopulmonar (RCP) por lo menos una vez entre el 9° y el 12° grado, según lo establece la Ley Dustin Rhodes y Lindsey Steed sobre capacitación en RCP (Dustin Rhodes and Lindsey Steed CPR Training Act) (70 O.S. § 1210.199). Como lo estipula la ley, la educación sobre RCP debe estar fundamentada en un programa reconocido a nivel nacional y basado en evidencias. Los distritos escolares pueden acudir a técnicos de emergencia, paramédicos, oficiales de policía, bomberos, maestros u otros empleados de la escuela y a otros individuos u organizaciones igualmente calificados para facilitar esta educación. El administrador de la escuela puede exonerar de este requisito a algunos estudiantes elegibles que presenten discapacidades.</p> |
| <input type="checkbox"/> No | <p>Tutors and Mentors - OKCPS is committed to offering opportunities for the community to be involved in our schools. Through this commitment, your child may be provided with a tutor, mentor, and/or other volunteers who will support educational achievement.</p> <p>Tutores y Mentores: OKCPS está comprometido a ofrecer oportunidades a la comunidad para que se involucre con nuestras escuelas. A través de este compromiso, se le puede asignar a su hijo un tutor académico, mentor u otro voluntario que lo apoyará para lograr sus metas educativas.</p> |
| <input type="checkbox"/> No | <p>Photo/Media Release Permission - Under the supervision of the principal or district administrator for district activities, student and parent agree to the usage and/or publishing of photographs, video, or interview on the district website, social or news media websites.</p> <p>Autorización de Uso de Grabaciones y Fotografías: Con la supervisión del director o del administrador del distrito en las actividades del mismo, los estudiantes y los padres aceptan que se utilicen o publiquen fotografías, videos o entrevista en la página web del distrito, en las redes sociales o en medios informativos.</p> |

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| <p>Print Student Name Nombre del estudiante en letra imprenta</p> | <p>Student Signature Firma del estudiante</p> | <p>Date Fecha</p> |
| <p>Print Parent/Guardian Name Nombre del padre/guardián en letra imprenta</p> | <p>Parent/Guardian Signature Firma del padre o del guardián</p> | <p>Date Fecha</p> |

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

20__ - 20__

ENCUESTA DEL IDIOMA HABLADO EN EL HOGAR-DISTRITOS ESCOLARES CON GRADOS PRE - K-12



STUDENT INFORMATION INFORMACIÓN DEL ESTUDIANTE

Name of Student: _____ **Grade:** _____
Nombre del Alumno Last Name / Apellido(s) First Name / Primer Nombre Middle Name / Segundo Nombre Grado

Date of Birth: _____ **School:** _____ **Student ID #** _____ **Gender: Male** _____ **Female** _____
Fecha de Nacimiento MM/DD/AAAA Escuela N° de carnet estudiantil Género Masculino Femenino

Is the student of Hispanic or Latino culture or origin? Yes _____ No: _____
¿Es el alumno de cultura u origen hispano o latino? Sí

Select one or more of the following races: *Seleccione una o más de las siguientes razas:*

- _____ **African American/Black** (*Afroamericano/Negra*) _____ **Caucasian/White** (*Blanca*) _____ **Asian** (*Asiática*)
 _____ **Native Hawaiian/Pacific Islander** _____ **American Indian/Alaskan Native**
(Nativo de Hawái u otra Isla del Pacífico) (Indio Americano/Nativo de Alaska)

1. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno?

2. What is the dominant language most often spoken by the student? _____
¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno?

3. What language was first learned by the student? _____
¿Cuál fue el idioma que el alumno aprendió por primera vez?

4. Does the parent/guardian need interpretation services? Yes _____ No _____ If so, what language? _____
¿Requiere el padre/tutor servicios de interpretación? Sí En su caso, ¿para qué idioma?

5. Does the parent/guardian need translated materials? Yes _____ No _____ If so, what language? _____
¿Requiere el padre/tutor materiales traducidos? Sí En su caso, ¿a qué idioma?

6. What was the date the student first enrolled in a school in the United States? (MM/YYYY) _____
¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? MM/AAAA

Date (MM/DD/YYYY) *Fecha (MM/DD/AAAA)*

Parent/Guardian Signature *Firma de los padres/Tutor*

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report if he or she meets one of the following (any selection below **REQUIRES** appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

| Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test | Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS | | Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL | Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL | |
|---|---|----------------|---|--|----------------|
| | Composite Score | Literacy Score | | Composite Score | Literacy Score |
| | 1. | 2. | | 1. | 2. |
| | 1. | 2. | | | |

| Date(s) of Reading OSTP | Score(s) on Reading OSTP | | | | Date of the Oklahoma Pre-K Language Screening Tool | Score on Pre-K Language Screening Tool |
|-------------------------|--------------------------|-------------------|--------------|----------|--|--|
| | Unsatisfactory | Limited Knowledge | Satisfactory | Advanced | | |
| | | | | | | |
| | | | | | | % |

| Date(s) of Norm Reference Test (NRM) | Name of the NRT | Reading Total Composite Score(s)% | From Above: Question 1 Reference WAVE code 1036 Question 2: Reference WAVE code 1037 Question 3: Reference WAVE code 1038 |
|--------------------------------------|-----------------|-----------------------------------|--|
| | | | |
| | | | |
| | | | |

Household Information Survey

Oklahoma City Public Schools

Encuesta para información del hogar

This form is used in a number of ways that impact federal and state funding to your school. Please help us gather this important information which is confidential and not shared with anyone except state and federal funding sources.

Este formulario se usa de varias maneras que afectan los fondos federales y estatales de su escuela. Por favor, ayúdenos a recopilar esta importante información. Sus respuestas serán completamente confidenciales y se compartirán única y exclusivamente con las fuentes de financiamiento estatales y federales.

Annual Gross Income (Report all Household Income) / Ingreso anual (todos los ingresos del hogar)

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$16,910 <i>Menos de \$16,910</i> | <input type="checkbox"/> Between \$34,591 and \$39,010 <i>Entre \$34,591 y \$39,010</i> | <input type="checkbox"/> Between \$56,691 and \$61,110 <i>Entre \$56,691 y \$61,110</i> |
| <input type="checkbox"/> Between \$16,911 and \$21,330 <i>Entre \$16,911 y \$21,330</i> | <input type="checkbox"/> Between \$39,011 and \$43,430 <i>Entre \$39,011 y \$43,430</i> | <input type="checkbox"/> Between \$61,111 and \$65,530 <i>Entre \$61,111 y \$65,530</i> |
| <input type="checkbox"/> Between \$21,331 and \$25,750 <i>Entre \$21,331 y \$25,750</i> | <input type="checkbox"/> Between \$43,431 and \$47,850 <i>Entre \$43,431 y \$47,850</i> | <input type="checkbox"/> Between \$65,531 and \$69,950 <i>Entre \$65,531 y \$69,950</i> |
| <input type="checkbox"/> Between \$25,751 and \$30,170 <i>Entre \$25,751 y \$30,170</i> | <input type="checkbox"/> Between \$47,851 and \$52,270 <i>Entre \$47,851 y \$52,270</i> | <input type="checkbox"/> Between \$69,951 and \$74,370 <i>Entre \$69,951 y \$74,370</i> |
| <input type="checkbox"/> Between \$30,171 and \$34,590 <i>Entre \$30,171 y \$34,590</i> | <input type="checkbox"/> Between \$52,271 and \$56,690 <i>Entre \$52,271 y \$56,690</i> | <input type="checkbox"/> Between \$74,371 and \$78,790 <i>Entre \$74,371 y \$78,790</i> |
| | | <input type="checkbox"/> Over \$78,791 <i>Más de \$78,791</i> |

Number of People in your Household / Número de personas que viven en su hogar

Highest Level of School Completed / Nivel académico más alto que haya completado:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> No Diploma or Degree <i>Sin diploma o título universitario</i> | <input type="checkbox"/> GED <i>GED</i> | <input type="checkbox"/> HS Diploma <i>Preparatoria</i> | <input type="checkbox"/> Associate Degree <i>Título de asociado</i> |
| <input type="checkbox"/> Bachelor Degree <i>Título universitario</i> | <input type="checkbox"/> Master Degree <i>Maestría</i> | <input type="checkbox"/> Doctorate <i>Doctorado</i> | |

Is Parent/Guardian a federal employee? / ¿Algún padre/guardián es empleado del gobierno federal?

- Yes/Sí No/No

Is Parent/Guardian a member of any Armed Forces, Reserves, or National Guard on active duty status?

¿Alguno de los padres/guardianes es miembro activo de las Fuerzas Armadas o la Guardia Nacional?

- Yes*/Sí* No/No *If you responded yes, please complete section below.
*Si contestó sí a esta pregunta, complete la sección de abajo.

If yes, please indicate branch and duty status / Por favor Indique en qué área trabaja

1. Branch/Área

- Army/Ejército Navy/Naval Air Force/Fuerza Aérea Marine Corps/Marines
 Coast Guard/Guarda Costas National Guard/Guardia Nacional
 Air National Guard/Aviación de la Guardia Nacional

2. Active Duty Status/Estado de servicio activo

- Full Time/Active Service (Non Reserves) Reserves Ordered to Active Duty
Tiempo completo/Servicio activo *Miembro de las reservas en servicio activo*
 National Active Status for National or Air National Guard
Estado Nacional Activo para la Guardia Nacional o la Aviación de la Guardia Nacional

Signature of Parent/Guardian
Firma del padre/guardián

Today's Date
Fecha

Oklahoma City Public Schools

Enrollment Questionnaire / Cuestionario de Inscripción

Your child may be eligible for additional educational services through the Title X Part C McKinney-Vento Homeless Assistance Act

Su hijo puede ser elegible para servicios educativos adicionales a través del Título X Parte C McKinney-Vento de la Ley de asistencia para personas sin hogar

Where are you and/or your family currently living? ¿Dónde vive actualmente usted y su familia?

| | |
|--------------------------|--|
| <input type="checkbox"/> | In an Emergency or Transitional Shelter. Shelter name: _____ |
| <input type="checkbox"/> | <i>En un refugio de emergencia o transición. Nombre del Refugio:</i> _____ |
| <input type="checkbox"/> | Temporarily with another family member or friend due to loss of job, loss of housing, economic hardship or until we can locate affordable housing. |
| <input type="checkbox"/> | <i>Temporalmente con otro miembro de la familia o un amigo debido a la pérdida del empleo, pérdida de la vivienda, o hasta que podamos encontrar una vivienda económica.</i> |
| <input type="checkbox"/> | In a vehicle, park, campground, abandoned building, or other inadequate accommodations. |
| <input type="checkbox"/> | <i>En un vehículo, parque, campamento o en las calles.</i> |
| <input type="checkbox"/> | In a house, building, or trailer WITHOUT running water or electricity. |
| <input type="checkbox"/> | <i>En una casa, edificio, o casa móvil SIN agua potable o electricidad.</i> |
| <input type="checkbox"/> | In a hotel or motel until we can locate affordable housing |
| <input type="checkbox"/> | <i>En un hotel o motel o hasta que podamos encontrar una vivienda económica</i> |
| <input type="checkbox"/> | Alone without an adult serving as a caregiver (unaccompanied youth) |
| <input type="checkbox"/> | <i>Solo o en diferentes lugares, sin un adulto que actúe como cuidador</i> |

IF YOU DID NOT CHECK ANY BOX ABOVE YOU DO NOT NEED TO COMPLETE THE FORM

SI USTED NO MARCÓ NINGUNA DE LAS OPCIONES ANTERIORES, NO DEBE LLENAR ESTE FORMULARIO

Student ID # / # de Identificación del Estudiante: _____

Date of Birth/Fecha de Nacimiento: _____

Student Name/Nombre del estudiante: _____

School/Escuela: _____ Grade/Grado: _____ Male/Hombre Female/Mujer

Parent/Guardian/Padre/Guardián: _____

Present Address/Dirección actual: _____

City/Ciudad: _____ State/Estado: _____ ZIP/C.P. _____ Phone/Teléfono: _____

| Names of ALL siblings Nombres de TODOS los(as) hermanos(as) | ID#/# de Identificación | School/Escuela | Grade/Grado | Age/Edad |
|--|-------------------------|----------------|-------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature/Firma: _____

Date/Fecha: _____

Fax completed form to OKCPS Homeless Education Services (HOPE) at (405) 587-0642
Complete la forma y envíe un fax al Coordinador del Programa al (405) 587-0642

Oklahoma City Public Schools

STUDENT HEALTH ENROLLMENT

*Staff-Form to nurse for IC Entry

Inscripción de Salud del Estudiante

| | | | | |
|---|---------------------------------------|--------------------------------|-----------------------------------|---|
| TO BE COMPLETED BY PARENT OR GUARDIAN AT TIME OF ENROLLMENT <i>Para ser completado por los padres o guardianes al momento de la inscripción.</i> | | | | |
| STUDENT ID <i>Nº de ID del estudiante</i> | RESIDENT SCHOOL <i>Escuela</i> | SCHOOL YEAR <i>Año</i> | GRADE LEVEL <i>Grado</i> | BIRTHDATE <i>Fecha de Nacimiento</i> |
| STUDENT NAME <i>Nombre del Estudiante</i> | | | STUDENT GENDER <i>Sexo</i> | |
| | | | Male <i>Masculino</i> | Female <i>Femenino</i> |
| HOSPITAL PREFERENCE <i>Hospital de Preferencia</i> | | PHYSICIAN <i>Doctor</i> | | PHYSICIAN PHONE <i>Teléfono del Doctor</i> |
| | | | | |

Please check and circle below any ongoing health issues with which your child has been diagnosed:

Por favor marque y encierre en un círculo cualquier condición actual que se le haya diagnosticado a su hijo:

| | Yes/Sí | No | | Yes/Sí | No |
|---|--------|----|---|--------|----|
| Hearing or Speech Problems <i>Problemas de audición o habla</i> | | | Vision problems (contacts/glasses/cataract) <i>Problemas Visuales (dientes de/anteojos/catarata)</i> | | |
| Allergies: (food/insects/medication/seasonal) <i>Alergias: (comidas/insectos/medicamentos/estaciones)</i> | | | Anemia/Bleeding Problems/Sickle Cell <i>Anemia/Problemas de sangrado/Célula Falciforme</i> | | |
| Tuberculosis / <i>Tuberculosis</i> | | | ADD/ADHD / <i>Desorden de Déficit de Atención / Desorden de Déficit de Atención e Hiperactividad</i> | | |
| Anxiety/Depression / <i>Ansiedad/Depresión</i> | | | Asthma*/ <i>Asma*</i> | | |
| Heart Condition / <i>Condición Cardíaca</i> | | | Seizures*/ <i>Convulsiones*</i> | | |
| Stomach Problems / <i>Problemas Estomacales</i> | | | Cancer / <i>Cáncer</i> | | |
| Cystic Fibrosis / <i>Fibrosis Cística</i> | | | Dental Problems / <i>Problemas Dentales</i> | | |
| Bladder/Bowel Problems <i>Problemas de la vejiga/intestinales</i> | | | Head Injuries/ Head Aches/Migraines <i>Lesiones de la cabeza/Dolores de cabeza/Migrañas</i> | | |
| Diabetes Type I or II*/Hypoglycemia <i>Diabetes Tipo I ó II*/Hipoglicemia</i> <small>*Requires Diabetic Care Management Plan on File *Requiere tener en Archivo el Plan de Manejo de Atención Diabética</small> | | | Hospitalizations/Surgeries <i>Hospitalizaciones/Cirugías</i> | | |
| Other / <i>Otro</i> | | | Other / <i>Otro</i> | | |

Please add any other health concerns and explain any 'Yes' answers from above

Por favor agregue cualquier otra condición de salud y explique si la respuesta en alguna de las opciones anteriores es Sí.

*Additional forms available for students with asthma, seizure disorders or other recurring health problems.

**Formas adicionales disponibles para estudiantes con desórdenes de asma, diabetes y convulsiones.*

| | | |
|---|---|----|
| | Yes/Sí | No |
| Does your child ever have to use an Epi Pen for allergies? <i>¿Alguna vez su hijo(a) ha usado un Epi Pen para las alergias?</i> | | |
| Does your child ever use an inhaler/breathing machine for breathing problems? (If yes, complete Medication permission form) <i>¿Alguna vez su hijo(a) ha usado un inhalador/máquina de respiración para problemas de respiración? (Si la respuesta es Sí, complete la forma de permiso para medicina)</i> | | |
| Does your child wear a hearing aid at school? <i>¿Su hijo(a) usa un dispositivo de ayuda auditiva en la escuela?</i> | | |
| Does your child have any special health care needs? If yes, please explain: <i>¿Su hijo(a) tiene alguna necesidad especial de atención a la salud? Si la respuesta es sí, por favor explique:</i> | | |
| Would you like to schedule a meeting with the School Nurse? <i>¿Le gustaría hacer una cita con la Enfermera de la escuela?</i> | | |
| What MEDICATIONS does your child take REGULARLY ? <i>¿Qué MEDICINAS toma su hijo(a) REGULARMENTE?</i> | What MEDICATIONS will your child take at SCHOOL ? <i>¿Qué MEDICINAS tomará su hijo(a) en la ESCUELA?</i> | |
| | | |
| | | |
| Students requiring ANY medication at school MUST have a current school year Medication Request and Release on file. Physician authorization and parental consent is required for any prescribed or over the counter medication to be given at school. <i>Los estudiantes que necesiten alguna medicina en la escuela DEBERÁN tener Consentimiento y Autorización de Medicina vigente en los archivos de la escuela. La autorización del doctor y consentimiento de los padres son requeridos por cada medicina recetada o sin receta que se le dará en la escuela.</i> | | |

| SIBLING NAME(S) <i>Nombre de los Hermanos(as)</i> | GRADE <i>Grado</i> | SIBLING NAME(S) <i>Nombre de los Hermanos(as)</i> | GRADE <i>Grado</i> |
|--|---------------------------|--|---------------------------|
| | | | |
| | | | |

X

Parent Signature. *Firma de los Padres.*

Date *Fecha*

**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.