

Colstrip Public Schools Annual Health Update 2018-2019

Student Name _____ Date of Birth _____ Grade _____

Does your child have any special health concerns? Yes No
 Asthma* Diabetes* Seizure Disorder* Other* _____

Does your child have any Severe Allergies? Yes* No

*A Health Care Plan must be filled out **every year** for the above health concerns and allergies to provide special instructions for staff. Forms may be obtained from school health office or district website under "Departments" > "School Nurse" > "Printable Forms"

Is your child currently taking medication? Yes No

Name of medicine(s) _____
Purpose _____

Will medication be taken at school? Yes No

*If yes, obtain Authorization of Medication Form from school health office or district website.

Does your child have eye/vision problems? Yes No

Wears Glasses/Contacts Yes No
For reading books _____ For seeing distance _____ Both _____

Does your child have ear/hearing problems? Yes No

Right ear _____ Left ear _____ Both _____
Please explain: _____

Any other current or past health problems? Yes No

For example: frequent stomachaches, headaches, constipation, kidney problems, lactose intolerance, skin problems, foot or knee problems, cardiac condition, weight concerns, dietary sensitivities/concerns*, broken bones or sprains. Please explain: _____

*Please note that food service personnel cannot accommodate all dietary sensitivities, and students will be permitted to eat school lunch at their discretion.

Has your child had any recent surgeries? Yes No

Please list: _____

The above information may be shared with Colstrip Public Schools personnel if needed to provide for student well-being at school. If a situation occurs in which my child needs immediate medical attention and I am unable to give consent, this signed statement will serve as authorization for school personnel to obtain medical care in the best interest of my child until I can be contacted. I understand it is my responsibility to keep the school updated on changes in contact numbers I can be reached at. I also understand that any expenses for emergency transport and/or care are my responsibility.

Parent/Guardian Signature _____ Date _____

COLSTRIP PUBLIC SCHOOLS DISTRICT NO. 19

OFFICE USE ONLY	Verified Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunizations Received:	School Entry Date: School Name:	Grade Level:
STUDENT INFORMATION					
(LEGAL NAME ONLY) Last Name		First	Middle	Suffix (Jr, II, III)	
Other name(s) used previously (AKA):				Nickname	
Grade	Date of birth	Gender: Female Male		Is student a US citizen? Yes No	
Previously enrolled in Colstrip School District: Y or N (circle) if yes: Date: _____ Grade: _____		Is student Hispanic or Latino? Yes No (circle one)		Race: (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native Tribal Affiliation _____ (complete 506 form & attach enrollment certification)	
School Previously Attended Name: City: _____ State: _____		School Messenger Primary contact #			
Language(s) Spoken at home:				Student's Primary Language:	
Home Address (physical):				City	State Zip Code
Mailing Address (if different than home address)				City	State Zip Code

Parent and Emergency Contact Information

PARENT/GUARDIAN	<input type="checkbox"/> Lives with student	Last Name	First Name			
	<input type="checkbox"/> Student's Legal Guardian <input type="checkbox"/> Receive news by Mail	Relation to student	Email Address	Place of Employment		
		Home Address (if different than above)		City	State	Zip Code
		Mailing Address (if different than home address)				
		Primary Phone ()	Work Phone ()	Cell Phone ()		
PARENT/GUARDIAN OTHER	<input type="checkbox"/> Lives with student	Last Name	First Name			
	<input type="checkbox"/> Student's Legal Guardian <input type="checkbox"/> Receive news by Mail	Relation to student	Email Address	Place of Employment		
		Home Address (if different than above)		City	State	Zip Code
		Mailing Address (if different than home address)				
		Primary Phone ()	Work Phone ()	Cell Phone ()		
LOCAL EMERGENCY CONTACT (Other than Parent/Guardian)	Last Name		First Name			
	Relation to student	Primary Phone ()	Work Phone ()	Cell Phone ()		
	Home Address		City	State	Zip Code	
LOCAL EMERGENCY CONTACT (Other than Parent/Guardian)	Last Name		First Name			
	Relation to student	Primary Phone ()	Work Phone ()	Cell Phone ()		
	Home Address (if different than above)		City	State	Zip Code	
Please attach separate sheet if more contact information is needed						

COLSTRIP PUBLIC SCHOOLS DISTRICT NO. 19

Siblings

Complete this section only if applicable. Include only siblings who are currently in Grades K-12 in Colstrip Public Schools

Sibling #1 full name:	Grade:	School Name:
Sibling #2 full name:	Grade:	School Name:
Sibling #3 full name:	Grade:	School Name:
Sibling #4 full name:	Grade:	School Name:

Questions for Parents

Has student ever received services from or been involved in (check all that apply):

- | | | | |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Title I | <input type="checkbox"/> Section 504 | <input type="checkbox"/> Speech |
| <input type="checkbox"/> English 2 nd Language | <input type="checkbox"/> Counselling | <input type="checkbox"/> Gifted & Talented | <input type="checkbox"/> Other _____ |

Has your student ever been retained? Yes No
Grade: _____

Has your student ever been suspended for a weapons violation?
 Yes No Date: _____

Is there a joint custody or parenting plan in effect?
 Yes No

Is there a restraining/no contact order in effect?
 Yes No

Legal Bindings: Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: (copy of the legal documentation is required).

Is there any other information that would help us better serve your student?

Student Transportation Information

His/her pick up spot is: _____ His/her drop off spot is: _____
_____ My child will walk or use private transportation.

CONSENT TO TRANSPORT: By signing below, I give consent for our student to be transported by district vehicle on field trips and other school related activities that require transportation of this student by the district. I release Colstrip Public Schools and individuals from liability in case of accident during activities related to the field trip, as long as normal safety procedures have been taken.
In case of an emergency I hereby, give the school permission to seek first aid treatment and medical services if necessary with the understanding that there will be no financial obligation on the part of the school. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Legal Parent/Guardian Signature _____ Date _____

INFORMATION RELEASE AUTHORIZATION: I understand my child's photo may be taken for inclusion in the district publications or in local newspapers or articles/newsletters relating to school activities. (Please check) _____ Yes _____ No

Legal Parent/Guardian Signature _____ Date _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Colstrip School District.

Legal Parent/Guardian Signature _____ Date _____

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.

Student's Name: _____

Grade Level: _____

School: _____



Colstrip Public Schools Home Language Survey

Question	Please circle appropriate response.				
1. Is the English Language the primary language spoken in the home?	Yes	No			
2. Is there another language besides English spoken in the home?	Yes	No			
If the answer is yes to Question 2, please answer questions number 3-5					
3. What other languages are spoken in the home?	List the language(s) in order of fluency				
4. Does the child speak this (these) language(s)?	Yes	No			
5. To what degree does the child understand of the language spoken most frequently other than English?	20%	40%	60%	80%	100%

Parent/Guardian Signature: _____

***Office Staff:** If a **Second Language** is spoken in the home: please send a **copy** of this survey to the Speech and Language Pathologist **and** Curriculum Director.

Guidance on Race/Ethnicity
Montana Office of Public Instruction (OPI)

Race/Ethnicity Reporting Form

A change has been made to the reporting of race and ethnicity in educational data to better reflect the country's growing diversity. The change will take place in the 2010-2011 school year and will require all students to be identified using a new two-part race/ethnicity question. The federal government has established the two-part question to recognize Hispanic ethnicity and race as two separate and distinct concepts. Additionally, the change allows the reporting of multiple races (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White).

Student Name: _____
FirstMiddleLast

DOB: _____ Grade: _____ School: _____

Identify the ethnicity and race of the individual by answering **BOTH** questions.

Part 1.
Is the individual Hispanic or Latino? (Choose only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino
(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2.
What is the individual's race? (Choose one or more races below)

American Indian or Alaska Native *(A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)*

Asian *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.)*

Black or African American *(A person having origins in any of the black racial groups of Africa.)*

Native Hawaiian or Other Pacific Islander *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*

White *(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)*

Note: Failure to answer both questions will result in use of prior racial/ ethnic data or an observer identifying for you.

Parent/Guardian Signature

Date

