



Student Registration Packet

For Office Use Only:	
<input type="checkbox"/> Birth Certificate if provided	Entry Date: _____
<input type="checkbox"/> Race / Ethnicity Data	
<input type="checkbox"/> Immunization Record	Exit Date: _____
<input type="checkbox"/> Health Information	
<input type="checkbox"/> Home Language	
<input type="checkbox"/> Residence Form (Non-Residents of District or School)	

Date: _____

Which School would you like to enroll your student? Clallam Bay School Neah Bay Elementary Neah Bay Jr./Sr. High School

Student Information:

Student Legal Last Name	Student Legal First Name	Middle Name	“Goes By” Name	Date of Birth	Birth City	Birth State	Birth Country	Gender	Grade

If student is a kindergartner- a copy of their birth certificate needs to be included.

Student Resident Address:

Home Phone:	Physical Address (<i>Required</i>)	Mailing Address - <i>if different from Physical (Required)</i>

Student Lives with (Please select one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother / Stepfather | <input type="checkbox"/> Other Guardian: |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father / Stepmother | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Self |
| <input type="checkbox"/> Shared Custody | | |

Primary Household Information:

Guardian 1 Name (i.e Father)	Guardian 1 Primary Phone	Guardian 1 2 nd Phone	Guardian Work Phone	Guardian 1 E-Mail
Guardian 2 Name (i.e. Mother)	Guardian 2 Primary Phone	Guardian 2 2 nd Phone	Guardian Work Phone	Guardian 2 E-Mail

Second Household Information: (For Example: Non- Custodial Parent)

Guardian 1 Name	Mailing Address	Guardian 1 Primary Phone	Guardian 1 2 nd Phone	Guardian 1 Work Phone
Guardian 2 Name	Mailing Address 2	Guardian 2 Primary Phone	Guardian 2 2 nd Phone	Guardian 2 Work Phone

Emergency Contact Name (in local area) Please list the phone # you prefer the school to call first- in the primary/ priority box.

Emergency Contact Name	Primary/ Priority Phone (include area code)	2 nd Phone (include area code)	Work Number (include area code)	Relationship to Student

Home Language: Please indicate which language is mainly spoken at home _____

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

<input type="checkbox"/> NOT HISPANIC/LATINO	<input type="checkbox"/> MEXICAN / MEXICAN AMERICAN/ CHICANO	<input type="checkbox"/> DOMINICAN
<input type="checkbox"/> CUBAN	<input type="checkbox"/> CENTRAL AMERICAN	<input type="checkbox"/> OTHER HISPANIC/LATINO
<input type="checkbox"/> SPANIARD	<input type="checkbox"/> SOUTH AMERICAN	
<input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> LATIN AMERICAN	

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

<input type="checkbox"/> AFRICAN AMERICAN/ BLACK	<input type="checkbox"/> NATIVE HAWAIIAN	<input type="checkbox"/> MAKAH
<input type="checkbox"/> WHITE	<input type="checkbox"/> FIJIAN	<input type="checkbox"/> MUCKLESHOOT
<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> GUAMANIAN or CHAMORRO	<input type="checkbox"/> NISQUALLY
<input type="checkbox"/> CHINESE	<input type="checkbox"/> MARIANA ISLANDER	<input type="checkbox"/> NOOKSACK
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> MELANESIAN	<input type="checkbox"/> PORT GAMBLE KLALLAM
<input type="checkbox"/> HMONG	<input type="checkbox"/> MICRONESIAN	<input type="checkbox"/> PUYALLUP
<input type="checkbox"/> INDONESIAN	<input type="checkbox"/> SAMOAN	<input type="checkbox"/> QUILEUTE
<input type="checkbox"/> JAPANESE	<input type="checkbox"/> TONGAN	<input type="checkbox"/> QUINAULT
<input type="checkbox"/> KOREAN	<input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> SAMISH
<input type="checkbox"/> LAOTIAN	<input type="checkbox"/> ALASKA NATIVE	<input type="checkbox"/> SAUK-SUIATTLE
<input type="checkbox"/> MALAYSIAN	<input type="checkbox"/> CHEHALIS	<input type="checkbox"/> SHOALWATER
<input type="checkbox"/> PAKISTANI	<input type="checkbox"/> COLVILLE	<input type="checkbox"/> SKOKOMISH
<input type="checkbox"/> SINGAPOREAN	<input type="checkbox"/> COWLITZ	<input type="checkbox"/> SNOQUALMIE
<input type="checkbox"/> TAIWANESE	<input type="checkbox"/> HOH	<input type="checkbox"/> SPOKANE
<input type="checkbox"/> THAI	<input type="checkbox"/> JAMESTOWN	<input type="checkbox"/> SQUAXIN ISLAND
<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> KALISPEL	<input type="checkbox"/> STILLAGUAMISH
<input type="checkbox"/> OTHER ASIAN	<input type="checkbox"/> LOWER ELWHA	<input type="checkbox"/> SUQUAMISH
	<input type="checkbox"/> LUMMI	<input type="checkbox"/> SWINOMISH
	<input type="checkbox"/> OTHER WASHINGTON INDIAN	<input type="checkbox"/> TULALIP
		<input type="checkbox"/> YAKAMA
		<input type="checkbox"/> OTHER AMERICAN INDIAN/ALASKA NATIVE

Release of Student Information about your student

Schools are permitted to disclose information on students if it has been properly designated as directory information. By law, directory information includes things that would generally not be considered harmful or an invasion of privacy if disclosed, such as name, address, photograph and date of birth. Directory information may not include things such as a student’s social security or grades. If a school has a policy of disclosing directory information, it is required to give public notice to parents of the types of information designated as directory information, and the right to opt out of having your child’s information so designated and disclosed. Also, secondary school students’ names, addresses, and telephone numbers may be released to military recruiters or institutions of higher education. Parents and adult students have the right to deny release of directory information. By signing below, you are acknowledging that any work published on the school’s website is available worldwide to anyone with internet access. You also agree to hold the school, district, its officers, employees, or agents harmless for any unauthorized uses or copyright violations arising from the publication of your student’s work and/or photograph.

Allow student name and photo in school year book?

Allow student photo or school in CFSD publications/ news/media/website?

Allow student name and other directory information in the student directory, approved mailing lists, school newspapers, commencement programs, honor rolls, and other similar purposes?

YES	NO	N/A

We are required by law to release your student’s information to military recruiters and institutions of higher learning including address and phone number unless you tell us not to.

May we release your student’s information to military recruiters?

May we release your student’s information to institutions of higher learning?

Allow student to use internet at school for learning? (If yes, you must complete Internet Agreement)

Family Access / Student Access

Family Access and Student Access is part of the student information system used by the Cape Flattery School District. It allows you, as the guardian, to have access to important information within the system such as demographic information, attendance, your student’s grades (if applicable), what assignments your student is missing, lunch balances, test scores, and other important information.

Would you like to have access to Family Access?

YES NO

If so the building secretary will provide you with a username and password.

Notice to parent/ guardian

Only students who physically reside within the boundaries of the Cape Flattery School District, are homeless, and nonresident students who have obtained a release from their resident districts and who have been officially accepted by the Cape Flattery School District may attend school within the district. Recognizing this legal requirement, I hereby verify that the student listed above physically resides with the Cape Flattery School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Cape Flattery School District.

I certify the information (in all pages of the registration packet/ forms) to be true and recognize that falsification or omission of information could result in modifications of the school or program placement for this student.

Parent/ Guardian Name (please print): _____ **Parent/ Guardian Signature & Date:** _____

Student Name: _____

Busing Information

In order to provide for the care and safety of your child, we must know how students get home each day after school. This also includes student in the after school program (if applicable). If your child is picked up, we need to know the name of the person allowed to pick them up. If someone else is picking up your child, please call the office to let us know who will be picking up your student. *Kindergartners can not go with another child under the age of 12.*

List the people allowed to pick up your student	()	()
	()	()

Will your student ride the bus? YES NO

My student will ride the bus: Home to Childcare _____ to Relative's House _____
Address Address

If you need your child to go somewhere different than stated on this form, you will need to provide that transportation. Parents of kindergarten students **must be present** at the bus stop in order for kindergartners to get off of the bus.

Previous Schools Attended

Please list previous schools your student has attended:

School Name	District Name (if known)	School Address	School Phone Number

Previous Program Participation

Please indicate previous programs your student has participated in:

<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Title I Program	<input type="checkbox"/>	College Bound Scholarship
<input type="checkbox"/>	Section 504	<input type="checkbox"/>	LAP Program	<input type="checkbox"/>	Advanced Placement Courses
<input type="checkbox"/>	Bilingual	<input type="checkbox"/>	21 st Century Program (After School)	<input type="checkbox"/>	Honors Courses
<input type="checkbox"/>	Limited English Proficiency (LEP)	<input type="checkbox"/>		<input type="checkbox"/>	GEAR UP Program

Discipline Questionnaire

Does this student have any past, current or pending discipline? YES NO

Does this student have a history of violent behavior? YES NO

Does this student have any court actions pending? YES NO

Does this student have any unpaid fines/fees from other schools? YES NO

Preliminary Health Information:

Student name: _____ Date of Birth: _____ Date you are completing this form: _____

Does your child have a health care provider? _____ Name of Physician _____ Phone (____) _____

Life Threatening Conditions* <i>Requires an Individual Health Plan</i>									
Allergy to (List)									
		Is Allergy Severe?	YES	NO	Student has Epi- Pen?	YES	NO		

Asthma provoked by (List)									
		Is Asthma Severe?	YES	NO	Student has Inhaler?	YES	NO		

Heart Condition (Describe)					
		Student has pacemaker?	YES	NO	

Please check any of these conditions which currently affect your child:			
Skin Condition		Mental/ Emotional	ADD /ADHD
Cancer		Orthopedic / Bone issues	Migraine Headaches
Diabetes		Vision Problems (other than glasses)	Counseling
Kidney / Bladder Disorder		Hearing Problems	Blood/ Bleeding Disorder
Convulsions / Seizures		Other/ Describe:	

Takes Medication Daily: YES* NO Medication Name: _____

* If your child must receive medication while at school, an “**Authorization for Administration of Medication at School**” form must be completed and signed by a Licensed Health Care Provider. You may obtain this form from the school secretary or school nurse. This form must be completed and on file, prior to any medication being brought to the school. It is the parent(s)/ guardian(s) responsibility to inform schools about changes in medication orders or health conditions.

I understand the information given above, or in subsequent health plans, will be shared with appropriate school staff to provide for the health and safety of my student. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency services rendered. The school will make every effort to contact the parent before action is taken, except for in a life threatening emergency, when concurrent attempts will be made to access EMS and the parent.

Parent / guardian Signature: _____ Date: _____

Parent / guardian Signature: _____ Date: _____



Request for Records

The following student(s) have enrolled in our district.

Student Name	Date of Birth	Grade	Special Ed*

Please send the following records:

<input checked="" type="checkbox"/>	Cumulative Records	<input checked="" type="checkbox"/>	High School Transcript	<input checked="" type="checkbox"/>	Special Education Records*
<input checked="" type="checkbox"/>	Immunization Records	<input checked="" type="checkbox"/>	State Testing Results	<input checked="" type="checkbox"/>	Section 504 Records*
<input checked="" type="checkbox"/>	Attendance Records	<input checked="" type="checkbox"/>	Discipline Records	<input checked="" type="checkbox"/>	Special Program Records*
					<i>*If applicable</i>

Please send Records to the following School: (Requestor check appropriate box)

Clallam Bay School	Neah Bay Elementary	Neah Bay Jr./Sr High School
Attn: Registrar	Attn: Registrar	Attn: Registrar
P.O. Box 337	P.O. Box 86	P.O. Box 86
Clallam Bay, WA 98326	Neah Bay, WA 98357	Neah Bay, WA 98357
Phone: (360) 963-2154	Phone: (360) 645-2382	Phone: (360) 645-2221
Fax: (360) 963-2228	Fax: (360) 645-2708	Fax: (360) 645-2574

Previous School(s) Attended:

Previous School Name	Previous School Address	Previous School Phone	Previous School Fax
		()	()
		()	()

Please **FAX** records as soon as possible. (CUM files can be mailed, but please fax all other records)
Thank You.

Parent/ Guardian Signature or Principal

Date

Date sent (1 st Attempt)		Date resent (2 nd Attempt)	
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School Year: _____



Military Parent or Guardian Survey Form

Required to be Completed Annually

RCW 28A.300.505(2)(b) requires school districts to collect Military Parent or Guardian information of enrolled students in public schools in Washington State.

This information is reported to Office of Superintendent of Public Instruction through the student information system and the Comprehensive Educational Data and Research System (CEDARs).

The state is interested in collecting – this information for only the parent or guardian of the student being enrolled. They *do not need* it for extended family members.

Please select one of the following options: (that apply only to the immediate parent or guardian)

- A parent or guardian is a member of the ACTIVE duty US Armed Forces. (A)
- A parent or guardian is a member of the RESERVES of the US Armed Forces. (R)
- A parent or guardian is a member of the National Guard (WA or any other State). (G)
- More than one parent or guardian who is either a member of Active duty US Armed Forces, Reserves of the US Armed Forces, or National Guard (WA or any other State). (M)
- Neither parent / guardian is a member (active or reserve) of any military force. (N)
- Parent or Guardian prefers not to answer. (Z)

Thank you for helping our school stay in compliance with Washington State Law.

Parent/ Guardian Name (Please Print)

Parent / Guardian Signature

Date

Student Name: _____
(please print)

Siblings: _____
(If applicable)

Thank You!

For staff Use:

Entered Student Information System:

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: 07/31/2019.