



STUDENT REGISTRATION

NORTH BRANCH AREA PUBLIC SCHOOLS ISD #138

FOR OFFICE USE ONLY		Address checked on Pollfinder (http://pollfinder.sos.state.mn.us) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student ID # _____		If not Dist. #138 resident, Open Enrollment form completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MARSS # _____		Expected Start Date _____	
School _____			

STUDENT INFORMATION

Last Name (Legal Name)		First Name		Middle Name	Grade
Home Address (Student Resides Here)			Unit #	City, State & Zip Code	
Home Phone () _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yyyy)		Effective Date of Move (If Applicable)	
Race/Ethnic Background: Race/Ethnic data is used to comply with federal and state civil rights laws and statistical reports.	Hispanic/Latino (select only one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	State Ethnicity (select only one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic		Race (select one or more) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander	
	School: <input type="checkbox"/> Resident of ISD #138 <input type="checkbox"/> Non-Resident (<i>paperwork required</i>)				
Has this student ever attended North Branch Area Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Year _____ School(s) _____					
Has this student ever attended any other Minnesota public school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Year _____ School(s) _____					
School last attended _____ <div style="display: flex; justify-content: space-between; font-size: small;"> School Name District # Address City/State/Zip </div>					
If Kindergarten, has this student been preschool screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, district _____					

GENERAL INFORMATION

Residency Information:
 Have you moved into the school district in the last 36 months for temporary or seasonal agricultural or fishing work?
 Yes No

Is your current address a temporary living arrangement? Yes No If yes, please answer the following two questions:
 Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
 Do you and your student lack a fixed, regular, adequate nighttime residence? Yes No

Is your current address a foster home for the student listed above? Yes No
 Is your current address a group home for the student listed above? Yes No

Home Language Questionnaire:
 Which language did the student learn first? English Other: _____
 Which language is most often spoken in your home? English Other: _____
 Which language does the student usually speak? English Other: _____
 Is an interpreter required to communicate with anyone in your family? Yes No If yes, Language:: _____
 Family Members: _____
 Would you prefer information to be sent home in a language other than English? Yes No If yes, Language:: _____

Other Information:
 What is the student's country of birth? US Other: _____
 Does this student have any Native American lineage? Yes No
 If not in the U.S. when did the student enter the U.S.? _____ (mm/dd/yyyy)
 Is your child in band? Yes No If yes, preferred instrument? _____
 Is your child in Choir? Yes No

STUDENT

Last Name (Legal Name)

First Name

Middle Name

GENERAL INFORMATION**Military Information:**

Are there any family members in the military? Yes No If yes, please specify: Active Reserve

Additional Enrollment/Placement Information: Please answer all the questions. If yes, you may comment below.

Please mark the appropriate box for each of the following:

Has your child received previous Special Education Services? Yes No

Does your child have a current IEP (Individualized Education Plan)? Yes No

Has your child been on a 504 Plan? Yes No

Has your child received previous Title I services? Yes No

Has your child received previous speech services? Yes No

Has your child received previous counseling services? Yes No

Has your child had any previous behavior or social adjustment problems? Yes No

Has (or does) your child receive support through County Services
(*Children's Mental Health, Family Services, Probation*) Yes No
If yes, County? _____

Has your child attended Summer School within the past year? Yes No

Has your child received any Gifted & Talented services? Yes No

Has your child received any (ELL) English Language Learner services? Yes No

Comments:

Transportation:

Will the student need transportation by the North Branch Area Public Schools? Yes No

(Please complete the **Transportation Form**. If your child does not need transportation provided by the school district, please complete the **Transportation Form** and check "Bus Not Needed".)

STUDENT

Last Name (Legal Name)

First Name

Middle Name

HEAD OF HOUSEHOLD #1 (where student resides)

Last Name:

First Name

MI

Gender

 M F

Birth Date

Relationship

Home Address:

City/State/Zip:

Lives With:

 Yes No

Contact Allowed:

 Yes No

Ed. Rights:

 Yes No

Legal Guardian

 Yes No

Email Address:

This email will be used for school communications.

Work Phone: ()

 Primary Not Listed OK to Contact

Home Phone: ()

 Primary Not Listed OK to Contact

Cell Phone: ()

 Primary Not Listed OK to Contact**HEAD OF HOUSEHOLD #2 (where student resides)**

Last Name:

First Name

MI

Gender

 M F

Birth Date

Relationship

Home Address:

City/State/Zip:

Lives With:

 Yes No

Contact Allowed:

 Yes No

Ed. Rights:

 Yes No

Legal Guardian:

 Yes No

Email Address:

This email will be used for school communications.

Work Phone: ()

 Primary Not Listed OK to Contact

Home Phone: ()

 Primary Not Listed OK to Contact

Cell Phone: ()

 Primary Not Listed OK to Contact**LIST ALL OTHERS LIVING IN HOUSEHOLD**

Last Name _____

First Name _____ Middle _____

Relationship to Head of Household _____

Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____

Current Grade _____

Last Name _____

First Name _____ Middle _____

Relationship to Head of Household _____

Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____

Current Grade _____

Last Name _____

First Name _____ Middle _____

Relationship to Head of Household _____

Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____

Current Grade _____

Last Name _____

First Name _____ Middle _____

Relationship to Head of Household _____

Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____

Current Grade _____

Parent/Guardian Signature _____

Date _____

Tennessee Warning: The data requested will help us to serve you and your children more efficiently and will be maintained as part of your child's educational record. Some of the data, in summary form, is used in the application for grants. You are not required by law to answer the questions asked. If you do not answer the questions, we will have incomplete information for our records and for some grants. The data supplied falls under our Policy 515 Protection of Student Records and is considered private, except data labeled as directory in our policy. For a copy of Policy 515, please refer to the Student and Parent Handbook or call (651) 674-1000.

STUDENT

Last Name (Legal Name) _____

First Name _____

Middle Name _____

LIST ALL OTHERS LIVING IN HOUSEHOLD

Last Name _____ First Name _____ Middle _____
 Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)
 Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____
 Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)
 Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____
 Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)
 Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____
 Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)
 Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____
 Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)
 Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____
 Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)
 Current School _____ Current Grade _____

LEGAL GUARDIAN INFORMATION

If student does not live with both parents, please provide the other Parent's information (one who does not live with the student):

Parent Name: _____ Phone: (____) _____
 Address (City/State/Zip): _____
 Have parental rights been legally revoked? Yes No Effective Date: _____

If there is a custody matter that the school needs to be aware of, the office **MUST** have current legal documentation from the court system on file supporting the decision(s) that were made.

If student is temporarily placed in your care, please provide **Legal Guardian** information:

Parent/Guardian Name: _____

Home Address: _____
City/State/Zip: _____

Have parental rights been legally revoked? Yes No Effective Date: _____

SCHOOL OFFICE NOTE: *If "yes" send a copy of this form to Special Education secretary.*

Work Phone: () _____ Primary Not Listed OK to Contact

Home Phone: () _____ Primary Not Listed OK to Contact

Cell Phone: () _____ Primary Not Listed OK to Contact

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	language(s) other than English. English and language(s) other than English. only English.	
2. My student speaks:	language(s) other than English. English and language(s) other than English. only English.	
3. My student understands:	language(s) other than English. English and language(s) other than English. only English.	
4. My student has consistent interaction in:	language(s) other than English. English and language(s) other than English. only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

**CONSENT TO RELEASE PRIVATE DATA
TO OTHER INDIVIDUAL(S)**

North Branch ISD #138
PO Box 370
North Branch, MN 55056

This document is used to authorize the exchange of student information to other individuals (ex: step-parents, grandparents, significant others, etc.) by the student's legal guardian. This will allow school staff to discuss information with step-parents, grandparents, or other individuals that you designate. If you would like others to have access to your child's school information, please complete the following information.

Student's Full Legal Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent's Name: _____

Address: _____

I authorize the disclosure and/or exchange of information between North Branch Area Public Schools, ISD #138 and the following individual as related to the above-named student:

Name: _____

Relationship to Student: _____

Address: _____

- Official School Records (name, address, birthdate, gender, attendance record, grade level, grades, class rank, standardized test results)
- Health Record
- Special Education Records
- Other (Specify) _____

I understand that this authorization takes effect the day that I sign it and expires one year from the date of my signature, unless revoked earlier by my written request.

Tennessee Warning: The data requested will help us to serve you and your children more efficiently and will be maintained as part of your child's educational record. Some of the data, in summary form, is used in the application for grants. You are not required by law to answer the questions asked. If you do not answer the questions, we will have incomplete information for our records and for some grants. The data supplied falls under our Policy 515 Protection of Student Records and is considered private, except data labeled as directory in our policy. For a copy of Policy 515, please refer to the Student and Parent Handbook or call (651) 674-1000.

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: 07/31/2019.



STUDENT TRANSPORTATION INFORMATION

NORTH BRANCH AREA PUBLIC SCHOOLS ISD #138



We use this information to assess transportation needs, determine eligibility, and plan busing for students. "Daycare" includes private providers and/or family members providing care at a location other than the parent/guardian's residence. If your child does not need transportation provided by the school district, please complete this form and check "Bus Not Needed."

For all grades K-12 please complete and return this form to the North Branch Area Transportation Department, 38150 Grand Avenue, North Branch, MN 55056. FAX (651) 674-1040 or scan and email to transportation@isd138.org.

School Year: _____

Parents/Guardians with shared custody should contact our transportation department at 651-674-1030.

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Parent/Guardian: _____ Contact Phone: _____

Home Address: _____

Day Care Provider: _____ Contact Phone: _____

Day Care Provider Address: _____

Student will be coming from:	Home Address	Daycare Address	SAC	Bus Not Needed
Student will be returning to:	Home Address	Daycare Address	SAC	Bus Not Needed

Does your child have a medical condition a bus driver needs to be aware of? Yes No

If yes, please explain: _____

I certify that all the information contained on this form is accurate.

Parent/Legal Guardian Signature: _____ Date: _____

**IF THIS INFORMATION CHANGES, PLEASE NOTIFY THE TRANSPORTATION DEPARTMENT
(651)674-1030 OR transportation@isd138.org**

Consistent bus stops are necessary for the safety of students. Students are not allowed to make changes regarding pick-up or delivery stops. Example: riding a school bus to a friend's house.

Special Transportation arrangements may be considered for daycare students. A student may be:

- * Picked up at home, attended school and then delivered to daycare location
- * Picked up at the daycare location, attended school and delivered home; or
- * Picked up at the daycare location, attended school and delivered to daycare

The above transportation arrangements may be made under the following conditions:

1. Both addresses are within the attendance area of the school.
2. The pattern is regular, providing the same pick-up address and the same drop-off address every day.

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Thank you for helping us keep our transportation system safe and efficient for our students