

STUDENT REGISTRATION FORM

GRADE	LAST Name (Legal) Jr., II, III	FIRST Name	MIDDLE Name	M/F	D.O.B. M/D/Yr.	Receives Special Ed Services Yes / No	Permission given to use photographs or electronic photograph images for school and public media: Yes / No	Permission for School Field Trips: Yes/ No	Band/Tribe Affiliated with Name: (FDL, WE, LCO, etc.)	Band/Tribe Enrolled In: (FDL, WE, RL, BF, LCO, etc.)	RACE (Check ALL that Apply) 1=Am. Indian 2=Asian 3=Hawaiian/P 4=Black 5=White

Student(s) Lives with: Both Parents Mother Mother/Stepfather Father Father/Stepmother Grandparent
 Guardian Foster Parent Self Other

If student is not your biological child, please attach active Notarized/ Legal copy of Guardianship Paperwork or DOPA

Student's PRIMARY HOUSEHOLD Information (Do you want The Primary household listed to receive mailings of report cards, etc.) YES NO

First Name	Last Name	Relationship	1 st Contact Phone Number	2 nd Contact Phone Number	Work Phone Number
Home Address	Apartment No.	Send Mail to P.O. Box	City	State & Zip Code	E Mail Address

Student's SECONDARY HOUSEHOLD (If any Student Information can be shared with this person) Put on Student's Mailing List YES or NO

First Name	Last Name	Relationship	1 st Contact Phone Number	2 nd Contact Phone Number	Work Phone Number
Home Address	Apartment No.	Send Mail to P.O. Box	City	State & Zip Code	E Mail Address

Is Student Living in Temporary Housing Due to Economic Hardship? Yes No

If Yes, Please check which box applies: Hotel/Motel At a Shelter In Auto Campground, Tent Awaiting Foster Placement Living with family/friends (Due to Hardship)

My Child(ren) have permission to be Picked up from School by:
(Please print clearly)

Emergency Contacts: Person to call if I cannot be reached; this person
will then contact me and I will contact the school

1.	Relation To Student:	Print Name	Daytime Phone Number	Relationship to Student
_____	_____	1. _____	(____) _____	_____
2. _____	_____	2. _____	(____) _____	_____

Signature of Parent/Guardian	Relationship to Student	Date

Print Name of Parent/ Guardian: _____

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|----------------------------------------------|---------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|----------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons 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, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Authorization for Transportation 2023 – 2024 (Ojibwe School Only)

Child's Name: _____ Grade: _____ Date of Birth: _____ — Student Enrolled Y / N

Fond du Lac Department of Transportation will transport eligible children to and from the Ojibwe School daily. You are not required to have your child ride the bus, but if you would like to, please fill out the information below. **If your child(ren) will not be riding the bus please write in "Self-Transport"**

Please fill in the morning **pick up** address for each day listed:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time

Please fill in the afternoon **drop off** address for each day listed:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time

Does this child have any special transportation needs? Yes, please explain: _____ No

Is this child picked up from or dropped off at childcare in the Morning Afternoon Both

Yes, Name of Center / Provider and Telephone number _____

No

Transportation Agreement

Initial

Consent

_____ **I understand that if I need to make any changes to the above information, (short term or permanently) I must inform the Ojibwe School office by 11:00 am the Monday before the change. Changes will ONLY be approved by the Ojibwe School Office. No changes will be allowed or accepted by FDL Transportation Department.**

_____ **I understand that the Ojibwe School will deny any changes that are not made by Monday at 11:00 am. In this case, it is my Responsibility to arrange my own transportation.**

With this knowledge, I give permission for Fond du Lac Transportation Department to transport my child to and from the Fond du Lac Ojibwe School according to the listed schedule. I am aware of the transportation policy and above guidelines and will follow them.

Telephone number you may be reached at: _____ Parent / Guardian Printed Name: _____

Parent / Guardian signature: _____ Date: _____

EMERGENCY MESSENGER

STUDENT NAME _____

PARENT NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

START DATE _____

Fill in Phone/Email/Text Numbers you want our **automated system** to call.

FILL IN ONLY THE NUMBERS YOU WANT CALLED/TEXT

Please check the box for the type of message for each number listed:

	Phone Call	Text Msg
PRIMARY HOUSEHOLD PHONE: (____) _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>
SECOND HOUSEHOLD PHONE: (____) _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>
CELL PHONE: (____) _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER PHONE: (____) _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>
WORK PHONE: (____) _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>

Print clearly for e-mail information provided: (fill in ONLY if you want an automate notice).

EMAIL: _____

SECOND EMAIL: _____

School/Parent Compact

RIGHTS AND RESPONSIBILITIES

PARENTS/GUARDIANS' RESPONSIBILITIES

As a parent or guardian it is your responsibility to:

- A. See that my child attends school regularly, and notify school if child is absent.
- B. Support the Anishinaabeg Core Value System and Grandfather Teachings.
- C. Establish a time for homework and review it regularly.
- D. Attend school functions (e.g. conferences, programs, parent/community night).
- E. Encourage your child to work at the highest level possible.
- F. Support the education provided by the Fond du Lac Ojibwe School.

PARENTS/GUARDIANS' RIGHTS

As a parent or guardian you reserve the right to:

- A. Expect an appropriate education for their children.
- B. Be notified of all disciplinary action.
- C. Be informed of all upcoming school activities.
- D. Communicate freely with teachers and staff on all matters concerning your child.
- E. Be involved in instruction and activities.

SCHOOLS' RESPONSIBILITIES

The Fond du Lac Ojibwe School assumes the responsibility to provide a safe environment for students which is free from hazards, threat of violence, and furthermore to:

- A. Provide an appropriate education in accordance to our goals and objectives.
- B. Provide students an opportunity to make positive behavior choices and options to amend any negative choices, which adversely affect their educational experience.
- C. Hold student information and records confidential.
- D. Notify parents of disciplinary actions.
- E. Provide prevention, and intervention for chemical health issues.

SCHOOLS' RIGHTS

The Fond du Lac Ojibwe School reserves the rights to:

- A. Expect courteous and respectful behavior.
- B. Provide consequences in accordance with the School Code of Conduct.
- C. Establish school hours, days, and rules.
- D. Determine graduation requirements.
- E. Determine school curriculum.
- F. Administer all forms of Achievement Assessments.

Parent/Guardian Responsibilities:

We, as parents, will support our children's learning in the following ways:

- See that my child attends school regularly, and notify school if child is absent.
- Support the Anishinaabeg Core Value System and Grandfather Teachings.
- Establish a time for homework and review it regularly.
- Attend school functions (e.g. conferences, programs parent/community night)
- Encourage your child to work at the highest level possible.
- Support the education provided by the Fond du Lac Ojibwe School.

Student Responsibilities:

We, as students, will commit to the following

- Attend school regularly and on time.
- Complete and return homework assignments.
- Follow the Anishinaabeg Core Value System, and Grandfather Teachings
- Respect others, my environment, and myself
- Learn and apply classroom lessons to daily life
- Adhere to the dress code (no bare midriffs, low hanging pants, and strapless shirts)

School Responsibilities:

We, as teachers, will commit to the following:

- Provide quality teaching and learning.
- Give corrective feedback.
- Hold all students accountable for all assignments.
- Communicate effectively with all parents regarding their child's progress.
- Maintain current teaching licensor.
- Work with parents/guardians to develop parental/guardian involvement activities.
- Nurture the students emotionally, socially, and academically.
- Respect cultural, racial and ethnic differences.
- Teach and support the Anishinaabeg Core Value System, and Grandfather Teachings

As a parent/guardian, I understand that I am my child's first teacher, and I agree to **support the school as necessary** for the benefit of my child's education.

Parent/Guardian Signature(s) _____ Date _____

Fond du Lac Ojibwe School

School Year 2022/2023

Policy for Acceptable Use of Technology Resource and the Internet

The intent of this Acceptable Use Policy is to establish and administer guidelines for the use of the Fond du Lac Education Division technology resources by staff, students, and any other individuals. This policy identifies ethical uses of technology resources, and identifies personal.

Technology resources include all voice, video, and data systems such as telephones, televisions, computers, networks, and supplies. As a learning tool, a technology resource is similar to a book, video, magazine or any other information source. Concerns about technology learning tools will be handled, and policies now dealing with other educational resources also pertain.

Fond du Lac Education Division provides access to the Internet because it is a global electronic network with vast amounts of information and educational potential. The skills required for its use are vital to the productivity and citizenship of individuals in a democracy, higher education, and the work force.

The Internet, which connects educators, businesses, the government, the military and other organizations, is not under the control of the Division. Making Internet access available to the students carries with it the possibilities that some students might encounter information that some have identified as controversial and of potential harm to students.

Fond du lac Education Division will actively focus on providing participants with the understanding, and skills needed to use the Internet and all technology resources in ways appropriate to educational needs and personal safety. The use of the Internet is a privilege, not a right, and inappropriate or unauthorized use will result in disciplinary action, including the termination of those privileges.

Staff Responsibilities

- Develop and help students develop the skills needed to discriminate among information sources.
- Identify information appropriate to age and developmental levels, and 10 evaluate and use information to meet educational goals.
- Monitor and supervise all to whom one grants access to technology resources regarding implementation of this policy.
- Take an active role in ensuring that students and their parents are aware of the individual student's responsibility to use technology resources in an ethical and educational manner.

Student Responsibilities

- Students must be able to demonstrate basic skills in computer use, understanding of this policy, and have parental permission before being allowed 10 use any school computer on the Internet without direct supervision by a teacher or member of its educational staff.

Network User Responsibilities

Use of the Division's technology resources must be in support of education and research consistent with the educational objectives of the Fond du Lac Education Division.

- Comply with all rules and laws regarding access and copying of information as prescribed by either: Federal, state, or local law, and Internet Providers (Northeast Service Cooperative, Fond du Lac MIS Division).
- Be polite and appropriate. Adhere to all standards of courtesy, etiquette, and existing school board policies (Discipline, Harassment/Violence, etc.) as they may be interpreted to apply to technology resources.
- Help maintain security of Division technology resources by following this policy and maintaining secrecy of all passwords. Report known breaches of security to technology personnel.
- Be aware that network files and electronic mail are not guaranteed to be private. Division technology personnel shall have access to all files.

Technology Personnel (Technology Coordinator) Responsibilities

- Will be covered by the job description

Personal Safety Guidelines:

- Never give out personal or family information such as phone numbers or addresses.
- Never arrange for a face-to-face meeting with a stranger and never respond to abusive or suggestive messages. Report all such instances immediately to a teacher or technology personnel.
- Do not permit others to use your account.
- Fond du lac Education Division makes no warranties of any kind, for the service it is providing.
- Use of any information obtained via the Internet is at the individual's own risk.

Unacceptable uses include, but are not limited to:

- Harming or destroying data of another user or other networks connected to the Internet.
- Distributing or using obscene, abusive, or threatening material.
- Using school resources without administrative or School Board approval for commercial, political, and profit-making activities.
- Physically abusing the equipment.
- Violating school policies and behavior standards.
- Degrading or disrupting equipment or systems performance.

Internet Account Agreement

Fond du Lac Education Division believes that the benefits to educators and students of the Internet far exceed disadvantages. Ultimately, parents and guardians of minors are responsible for setting and obeying the standards that their child should follow. To support and respect each family's right to decide whether or not their child may have access to this resource. No child will be allowed to operate a computer to access the Internet unless all parties commit to responsibility by completing the attached Fond du Lac Education Division Internet Account Agreement.

Student:

I understand and will abide by the Fond du Lac Education Division Policy for Acceptable use of Technology Resources and Internet, I further understand that violation of the policy is unethical and could cause my Internet access privileges to be revoked and school disciplinary action and/or appropriate legal action to be taken.

Last Name (Please Print)

First Name

Middle

Student Signature

Date

Parent:

As the parent/guardian of the student, I have read the Fond du Lac Education Division Policy for acceptable Use of Technology Resources and the Internet. I understand that this access is designed for educational purposes. I recognize it is impossible for the school to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the school's network. I hereby give permission to issue an account for my child to use the Internet for this school year.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date



JOHNSON O'MALLEY PROGRAM CERTIFICATION FORM

STUDENT INFORMATION

First Name:	Last:	M.I.:
Date of Birth:	Enrollment Number:	Phone: ()
School Attending/School Address:		
Student Mailing Address	Student Physical Address	Student Tribal Affiliation/Reservation
City: _____	City: _____	Tribe: _____
State: _____ Zip: _____	State: _____ Zip: _____	Reservation: _____

BIOLOGICAL MOTHER'S INFORMATION

First Name:	Last:	M.I.:	Maiden:
<input type="checkbox"/> Indian <input type="checkbox"/> Non-Indian	Date of Birth:	Place of Birth:	
Mailing Address:	Physical Address:	Phone: ()	
City:	State:	Zip Code:	
Reservation Enrolled:	Blood Quantum:	Enrollment Number:	

BIOLOGICAL FATHER'S INFORMATION

First Name:	Last:	M.I.:
<input type="checkbox"/> Indian <input type="checkbox"/> Non-Indian	Date of Birth:	Place of Birth:
Mailing Address:	Physical Address:	Phone: ()
City:	State:	Zip Code:
Reservation Enrolled:	Blood Quantum:	Enrollment Number:

PLEASE CHECK ALL BOXES THAT APPLY TO THE CUSTODY/RESIDENCE OF CHILD:

<input type="checkbox"/> Natural Parent	<input type="checkbox"/> Other Family Member
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Foster	<input type="checkbox"/> Other (Explain)

Release of Information: I authorize the MCT and their designated person (s) to obtain/research my child's tribal membership and/or blood quantum to determine JOM eligibility. In the event my child should transfer schools, I further authorize the MCT JOM Program to share this certification with the new school.

Parent Signature:	Date:
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Tribal Enrollment Official Use Only

TRIBAL ENROLLMENT OFFICE/VERIFICATION OF INFORMATION (Please check appropriate box):

- The above named student meets the eligibility criteria as determined by the BIA and I hereby certify that this student is an enrolled member of an Indian tribe which is eligible for the special programs and services provided through the BIA to Indians because of their status as Indians.
- The above named student is **not** an enrolled member but is a descendent of the _____ tribe and does possess a blood degree/blood quantum of _____.
- The above named student does **not** meet the eligibility criteria for the following reason (s):
 - Birth Record/Birth Certificate is needed to verify enrollment/blood quantum.
 - No information was found regarding enrollment/blood quantum for student/family.

Signature of Tribal Official:	Date:
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Medical Information Sheet

Student's Name _____ Birthdate _____ Grade _____

Parent/Guardian: _____ Home Phone _____ Work _____ Cell _____

Physician _____ Date of Last Exam _____

Dentist _____ Date of Last Exam _____

Hospital Preference (in case of an emergency) _____

(If the school is unable to get a hold of you, your child will be sent to the above facility if it is medically necessary)

Immunizations: By law, all school age children are required to be up-to-date. Please call 878-7244 if you have any questions or concerns regarding your child's immunizations.

Please list all current Health Diagnosis/Conditions for the above child (Physical &/or Mental Health):
i.e. Asthma, Diabetes, ADHD _____

Allergies:

The school nurse must be notified of any allergy your child may have to food(s), medication(s), seasonal, or other, and your child's reaction to the allergen, especially if an anaphylactic reaction occurs. Furthermore, the school nurse will be contacting you regarding your child's allergy for further discussion on your child's care while at school.

Please list all allergies along with the reaction (i.e. Peanuts – results in hives)

Food(s): _____

Medication(s): _____

Seasonal: _____

Please list all current medications for the above child (drug name, time taken, and dosage): _____

Prescription Medications:

Every effort should be made to administer medication outside of school hours. However, the Fond du lac Ojibwe School does acknowledge that this is not always the case and will accommodate as needed for your child's medication needs.

If a prescription medication needs to be given while at school, the school nurse (or delegated personnel) has my permission to administer the prescribed medication(s) as ordered by my child's physician, and I give permission for the school nurse to contact my child's physician regarding the prescription medication.

Also, a separate form will need to be filled out for **any** prescription medication, which will include the prescribing physician's and parental signatures. This form will be given upon notification of your child's need of prescription medication administration during school hours.

X _____

Signature of Parent/Guardian

Date



BIE Home Language Survey School Year 23-24

Student First Name:

Student Last Name:

Federal Code: 25: CFR 32.3 & Revised CFR 30.109

“It’s the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives.”

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:

“Provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions, you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
- 2. Which language does your child most frequently speak at home?**
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**



BIE Home Language Survey
School Year 23-24

4. Which language is spoken more often by other adults in the home?

5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?

Additional Information (Optional)

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian _____

Date _____

School Official Verification _____

Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

***** Please Note: SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**

FOND DU LAC OJIBWE SCHOOL DISTRICT # 1094



Send To: Fond du Lac Ojibwe School
 49 University Road
 Cloquet, MN 55720

Phone: 218-878-7254
 Fax: 218-878-7266

Email: vickioberstar@fdlrez.com

REQUEST FOR ACADEMIC INFORMATION

STUDENT: _____

DATE OF BIRTH: _____ **GRADE LEVEL:** _____

Last School Attended	City & State	Phone Number	Fax Number	Last Day Attended

(This is only a request. Please DO NOT WITHDRAW student from your school roster)

To assist us in enrolling this student, please send the following information

- 📁 **MARSS #:** _ _ _ _ _ (Please fill in)
- 📁 **TRANSCRIPT** of grades and credits and MCA Test results
- 📁 **ATTENDANCE** Report
- 📁 **Copy of Certified Birth Certificate**
- 📁 **Is student receiving Special Education services?** Yes ___ No ___
 If yes, please send the most recent IEP, most recent & initial Evaluation Report
- 📁 **On a 504 PLAN?** Yes ___ No ___
- 📁 **HEALTH / IMMUNIZATION** Records
- 📁 **ENROLLMENT HISTORY PAGE** and **BEHAVIOR/DISCIPLINE REPORT**
- 📁 **DATE & SCHOOL NAME** Student first Entered 9TH GRADE (for state reporting)
 Date: _____ School: _____
- 📁 **GUARDIANSHIP PAPERWORK** (if applicable)

Parent/Guardian Signature: _____ **Date:** _____

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$_____ ; lunch costs \$_____.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge.

Who can get free school meals? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Alternatively, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

To apply for free school meals, please complete the Application for Educational Benefits form.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals depending on other household financial information. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

May I apply if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

Will the income information or case number I give be checked? It may be. We may also ask you to send written proof.

How will the information be kept? Information you provide on the form, and your child's approval for meal benefits, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2022-23 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2022 through June 30, 2023.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Add for each additional person	8,732	728	364	336	168

Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
 - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
 - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
 - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

Step 4: Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (School/District Information)** _____

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3.
 If **YES** >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- Or Check if Adult has **No SSN:** **Total Number of All Household Members** (Children + Adults)

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is give in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

I have checked this box if I *do not* want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____

Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

<i>Do Not Fill Out: For School Office Use</i>	X52	X26	X24	X12	X1	<input type="checkbox"/> Verified? Attach Tracker	No change	Free After Verified	Reduced After Verified	Denied After Verified
Conversions to Annualize All Income:							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Categorical Eligibility	Free	Reduced	Denied
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Official Signature:							Date:			
Confirming Official Signature:							Date:			

OPTIONAL: Children’s Racial and Ethnic Identities

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Step Two: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security <ul style="list-style-type: none"> Disability Payments Survivor’s Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income Unemployment benefits Worker’s compensation Alimony payments Child support payments Veteran’s benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student’s school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state’s educational program.

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Parent Portal Request

Parent Tips

What is Parent Portal?

Parent portal is a website that brings parents and students closer to their teachers and school. Now a parent can log on and view school and district notices, family calendars, attendance information, progress reports, assignments, class schedules, transcripts, and more.

Is it Secure?

Information on Infinite Campus Parent Portal is provided in a read-only format over a secure website. Records and information displayed cannot be changed using Parent Portal. Access to the site requires a unique username and password. Use of Infinite Campus Parent Portal is covered by the Fond du Lac Education Policy for Acceptable Use of Technology Resources and the Internet.

Previous Portal Users:

If you have created a Parent Portal username in the past, you do not need to re-establish an account each year. Reminder: after five unsuccessful password attempts, your account will be disabled. Please contact the school to reactivate your account.

Parent Tips

*Click on the "schedule" link under your student to check on assignments and scores. Remember grades are not final until you receive your student's report card.

For support or questions call:
Phone: 218-878-7254 or
Email: vickioberstar@fdlrez.com

To request a portal account fill out the following information:

Parent First Name _____

Parent Last Name _____

Name(s) of children whose information you are requesting to view in the Parent Portal:

I verify that I either have legal guardian-ship of the students listed above, or that rights to view the students (s) records have been granted to me by the legal guardian.

Signature _____ Date _____

Return this completed form to the school and your account will be set up as soon as possible.

How to log in:

**Parent Portal Access through
FDL Ojibwe School Website**
[Click on Infinite Campus
Parent Portal Link](#)
Enter your user name and
password

**FOND DU LAC OJIBWE SCHOOL
CERTIFICATE OF INDIAN BLOOD
FORM REQUEST**

TO: Office of Tribal Enrollment

Consent for Release of Confidential Tribal Membership Information

Student's Name: _____ **D.O.B.** _____

I, _____ Authorize _____

(Parent/Guardian Name-Please Print)

(Tribal Agency)

To disclose to the Fond du Lac Ojibwe School the following information pertaining to student on a Certificate of Indian Blood Form/ Letter: Student's Full Name, Date of Birth, Name of Tribal Agency Where Enrolled, Tribal Enrollment Number, Blood Quantum, or if student is not Enrolled with your agency.

NATURE OF INFORMATION: To count student for our School's Tribal/ Bureau ISEP Count.

I understand that these records are protected under the appropriate Privacy Laws and cannot be disclosed to any other party without my written consent.

Parent/Guardian Signature: _____ **Date:** _____

Fond du Lac Ojibwe School 49 University Road Cloquet, MN 55720

Phone (218)878-7260 - Email: vickioberstar@fdlrez.com

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

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, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. 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. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number 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.

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 3W238, Washington, D.C. 20202-6335