



Inspiring Today's Students To Meet Tomorrow's Challenges

2845 Greensprings Drive • Klamath Falls, OR 97601 • PHONE 541-883-5000 • FAX 541-883-5023

Hello Parents, Guardians, and Students,

Welcome to Klamath County School District!

We are excited to have you join our school community and look forward to working with you and your student(s). Please look at this packet carefully so you are best prepared for all we have to offer.

Attached are the registration forms for all new-to-the-district students enrolling in grades 1 - 12. (Kindergarten students have a separate packet.) Please fill these forms out to the best of your ability. If you need any assistance or require a translated copy, please reach out to your school's front office. You can find more information at our district and school websites: www.kcsd.k12.or.us

What you'll find in this packet:

- Verification of Residency Statement
- Registration Form
- Language Use Survey
- Recent Arrivers Form
- Technology Agreement
- School Bus Rules and Regulations Agreement
- Health Guidelines
- Title VI (Native American Education) Form

If you have any questions or concerns about any of the forms or requirements in this registration packet, please request a meeting with the school's principal through the front office secretary.

Most Sincerely,

Glen Szymoniak
Glen Szymoniak, KCS D Superintendent

If you have a disability and need this publication in an alternate format, please contact the Klamath County School District Business office at 541-883-5000.

Bonanza Schools/Brixner Junior High/Chiloquin Elementary/Chiloquin Jr.-Sr. High/Falcon Heights Academy/Ferguson Elementary/Gearhart Elementary/Gilchrist Schools/Great Basin Home School Center/Henley Elementary/Henley Middle/Henley High/Keno Elementary/Lost River Jr.-Sr. High/Malin Elementary/Mazama High/Merrill Elementary/Peterson Elementary/Shasta Elementary/Stearns Elementary



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Verification of Residency Statement

In order to verify residency within the Klamath County School District and individual school boundaries, one current document (dated within the past 30 days) listed below must be provided, showing parent/guardian name and address. Post Office box numbers are not acceptable as residence addresses.

- ☐ Gas or electric bill
- ☐ Cable TV or phone bill
- ☐ Water or garbage bill
- ☐ Mortgage, lease, or rental agreement
- ☐ Driver's license
- ☐ Other _____

Parent/Guardian Name: _____

Student Name: _____

I declare that the above-named student resides at the address shown on the document above and attached. I will notify the school within two weeks if residency changes and agree to provide new residency documentation and updated signed statement at that time. If I move out of the school or school district boundary, a request for nonresident student admission – transfer form must be submitted in order to be considered for continued attendance for this student. If this student is attending on an approved student transfer and moves to a new address, I will submit a new student transfer request in order to be considered for continued attendance.

Falsification of any information or document for residency verification or the use of any address where the student does not reside may result in the revocation of student enrollment.

If you are unable to provide the above documentation due to a non-traditional or houseless living condition, please request a meeting with the school principal. The school district will find enrollment options for students who lack permanent housing.

Parent/Guardian Signature _____ Date _____

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Registration Form

Klamath County School District

School: _____

Grade: _____

School Year: _____

Teacher: _____

Bus: _____

Has the student attended a Klamath County School District school in the past? Yes ☐ No ☐

If yes, school name: _____

Does the student have a current Individualized Education Plan (IEP) Yes ☐ No ☐

Does the Student have a section 504 Plan Yes ☐ No ☐

Is this a foster child? Yes ☐ No ☐

Student Information

Legal Last Name	Legal First Name	Middle Name	Suffix	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
Last Name (goes by)	Preferred Name	Birthdate	Age	City of Birth (if in USA)
State of Birth (If in USA)	Country of Birth	If country of birth is outside of the USA or Puerto Rico, when did the child start attending school in the USA?		Last School Attended
Primary Phone Number ()	Student Email Address		Student Cell Phone ()	
Home Address	Apartment Number, etc.	City	State	Zip
Is mailing same as home address?	Different Mailing Address	City	State	Zip

Ethnicity/Race

Federal and State regulations require KCSD to gather this information for statistical reporting. Your response is not required for enrollment. If you choose not to respond, Klamath County School District is required to report this information through an observer identification process.

Ethnicity (Choose One) ☐ Not Hispanic/Latino ☐ Hispanic/Latino (Having origins in Cuba, Mexico, Puerto Rico, Central and South America or Other Spanish Culture.)

Race: No matter what you selected above, please continue to answer the following by marking **one or more boxes** to indicate what you consider your child's race to be.

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

☐ **Asian:** Having origins in the Far East, Southeast, Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Black or African American:** Having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander:** Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White:** Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Siblings

Please include Pre-School Age (Birth-4 Years) and School Age (Grades K-12). This page may be copied to add additional siblings.

Last Name:	First Name:	Age:	Birth Date:	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	School Name:	Grade:
Last Name:	First Name:	Age:	Birth Date:	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	School Name:	Grade:
Last Name:	First Name:	Age:	Birth Date:	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	School Name:	Grade:

Parent/Guardian Contact

In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. It is assumed that any person listed as a parent/guardian contact will have permission to transport your student **in the event of an emergency.**

1.	Parent/Guardian Last Name	First Name	Relationship To Student	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-Time
Primary Language Spoken		Home Phone Number ()	Work Number ()	Cell Number ()
Address			Email	
2.	Parent/Guardian Last Name	First Name	Relationship To Student	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-Time
Primary Language Spoken		Primary #1 Phone Number ()	Primary #2 Phone Number ()	Work Phone Number ()
Address			Email	

Additional and Emergency Contacts

In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact will have permission to transport your student **in the event of an emergency.** Check **"Release to"** if you are granting permission for your contact to pick up your child on a daily basis, such as Nanny, or after school provider.

1.	Contact Last Name	First Name	Relationship To Student	Release To <input type="checkbox"/> Y <input type="checkbox"/> N	City, State
Primary Language Spoken		Home Phone Number ()	Work Number ()	Cell Number ()	
2.	Contact Last Name	First Name	Relationship To Student	Release To <input type="checkbox"/> Y <input type="checkbox"/> N	City, State
Primary Language Spoken		Primary #1 Phone Number ()	Primary #2 Phone Number ()	Work Phone Number ()	
3.	Contact Last Name	First Name	Relationship to Student	Release To <input type="checkbox"/> Y <input type="checkbox"/> N	City, State
Primary Language Spoken		Home Phone Number ()	Work Number ()	Cell Number ()	

Medical Concerns

A. Does your child have a diagnosed medical condition(s) that we should be aware of? ☐ Yes ☐ No (if yes, please specify)

☐ Asthma

☐ Allergies

☐ Prescription Medications: _____

☐ Diabetes

☐ Hearing Impaired

☐ Vision Impaired/Glasses/Contact Lenses

☐ Life Threatening Allergies: _____

☐ Other (Specify): _____

☐ Seizure Disorder

Contact a school nurse with specific medical concerns at 541-851-3339

B. Any person listed as a contact on this form can be called to assume temporary care of my child in the event I cannot be reached. If an injury or health emergency occurs at the school, the staff will contact emergency medical personnel for transportation and treatment if needed. Staff will attempt to notify the student's parents whenever a student has been transported for treatment.

***I acknowledge that I have read and understand Sections A and B.

Parent Initials _____

Emergency Closure Plan

Please indicate what the student should do in case of emergency or early school closure. **Choose Only One Option**

Pick up by Parent/Emergency
Contact/Daycare

☐

School Bus to Home/Neighbor/Daycare

☐

Walk/Ride Bike/Drive to
Home/Neighbor/Daycare

☐

Bus Information

If eligible for district transportation will the student ride the bus?

A.M. ☐ Yes ☐ No

P.M. ☐ Yes ☐ No

Military/College Recruitment (High School Use Only)

The Every Student Succeeds Act (ESSA) requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "**OPT OUT**". In order to do so, you must check next to one or both of the following categories:

☐ No Military Recruiters

☐ No College Recruiters

Photograph/Video Non-Permission/Opt-Out Form

From time to time, photographs and/or videos of students are taken during school for use in the district and educational new releases, publications, video productions, social media, educational projects and the district websites.

Parents: Please Complete this section **ONLY IF YOU DO NOT** give permission for your student's image to appear in possible school publications, including social media, our website, and the newspaper.

Parents Signature _____

Date _____

Note: All students will appear in the school yearbook unless the school office is given specific, written instructions to the contrary.

Military Connected Family: (Required)

The federal Every Student Succeeds Act (ESSA) requires the state to report achievement and graduation data for students of military families.

Is a parent/guardian of this child a member of the Armed Forces on active duty or full-time National Guard?

ANSWER YES IF ANY OF THE FOLLOWING ARE TRUE:

Students whose parent(s) or guardian(s) are:

- Deployed (including students placed with a temporary guardian)
- Full-time Army, Navy, Air Force, Marine Corps, Coast Guard active or training duty
- Full-time National Guard members
- Active Duty Reserves who have been called to active duty for at least 180 consecutive days
- Dual Status Military Technicians

☐ **Yes**

☐ **No**

By initialing the three boxes below, I acknowledge that I have read and understand the information.

STUDENT INSURANCE: The District, acting through each school, provides you with the opportunity to purchase a variety of student medical insurance plans through a private carrier. As a parent/guardian you must realize you have sole responsibility for medical expenses, including emergency transportation and/or medical treatment incurred by your student. **Parent Initials** _____

STUDENT COMPUTER/INTERNET ACCESS: Students will have access to school computers and internet during their instructional school day; in accordance with the district's Electronic Communications System and Administrative Regulation. If you do not want your child to have this access you will need to provide a signed and dated written statement to the school. **Parent Initials** _____

STUDENT RIGHTS AND RESPONSIBILITIES HANDBOOK: I acknowledge that the District publishes a Student Rights and Responsibilities Handbook which describes the expected behavior of students. The handbook can be found on the Klamath County School District website at www.kcsd.k12.or.us. The Directory Information section outlines what student information is available for public release.

I understand that I must notify the principal if extra precautions need to be taken to protect my student's privacy.

Parent Initials _____

I have reviewed the district's directory information policy (available online). This is Policy JOA – Directory Information

Parent's Initials _____

Title X McKinney-Vento Program: (Optional)

Guarantees all children and youth the right to an education, regardless of their current living situation. Program resources may include provisions of school supplies, clothing, and other services to help ensure student success.

Please check a box below if any of the following apply to your current living situation:

- ☐ Temporarily doubled up with friends or relatives due to economic hardships.
- ☐ Living in a motel/hotel or campsite.
- ☐ Living in a shelter.
- ☐ Unsheltered (car, park, on the street, etc.)
- ☐ Moving from place to place without permanent housing.
- ☐ **TITLE X MCKINNEY-VENTO PROGRAM DESCRIPTIONS DO NOT APPLY TO MY CHILD**

To the best of my knowledge, I have read and understand all pages of the KCSD registration form.

Signature: _____ Date: _____

State of Oregon Language Use Survey

The 2020-21 Language Use Survey (LUS) is under development. Until the 2020-21 version is finalized, districts may choose to use either of the Language Use Surveys available on the ODE website

This form is given to all students entering into a school district for the first time.

The purpose of the **Language Use Survey** is to help the school determine if your child qualifies for additional **Title III** supports in language instruction for English learners.

Title III provides support for English learners as defined by USED.

The State of Oregon honors the language and culture of its people and respects the over 166 languages in our schools, and recognizes that:

- Language is a key component of each person's cultural identity,
- Heritage and primary languages are instrumental in student academic and cultural success, and
- Students who are multilingual/multicultural may have an advantage over students with a single language and are valued in career placements.

Student Name: _____ Grade: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Descriptions	Questions
<p>Communication Preferences This question helps the school provide an interpreter or translated documents, free of charge, should you want them.</p> <p><i>This section is for informational purposes only.</i> <i>It is not used to identify your child for English language proficiency placement testing.</i></p>	<p>1. What language(s) would you prefer the school use to communicate with you?</p> <p>_____</p>
<p>Eligibility for Language Development Support This section helps the school identify if your child should be assessed to receive support in academic English instruction.</p> <p><i>This section is used to identify your child for English Language Proficiency placement testing.</i> A response other than English to questions #2, #3, and/or #4 may qualify your child for English language proficiency placement testing.</p>	<p>2. What is the primary language(s) used to communicate in your home?</p> <p>_____</p> <p>3. What language(s) did your child learn first?</p> <p>_____</p> <p>4. What language(s) is most often used by your child at home?</p> <p>_____</p>

Below is the United States Department of Education definition of an English learner.

The term “English learner,” when used with respect to an individual, means an individual —

- (A) who is aged 3 through 21;
- (B) who is enrolled or preparing to enroll in an elementary school or secondary school;
- (C)
 - (i) who was not born in the United States or whose native language is a language other than English;
 - (ii)
 - (I) who is a Native American or Alaska Native, or a native resident of the outlying areas;
 - and
 - (II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
 - (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
- (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
 - (i) the ability to meet the challenging State academic standards;
 - (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
 - (iii) the opportunity to participate fully in society.

(ESEA Section 8101(20))



Recent Arrivers/Recien Llegados

Department of Federal Programs/ Departamento de Programas Federales

Required Information/ Información Obligatoria

To be completed for ALL KCSD students at registration

What – Beginning this year, the Oregon Department of Education is requiring that we collect information to determine the number of “Recent Arrivers” in our school district.

Why – Title III is a Federal grant that provides funding for language instruction for Limited

English Proficient and Immigrant Students. Title III will use information about “Recent Arrivers” to help in distributing these funds. Therefore, the Oregon Department of Education is required to provide information about “Recent Arrivers” to the US Department of Education every year.

Who – All students/families must respond to this questionnaire. Any student born outside of the US or Puerto Rico, including foreign exchange students and students born abroad to military members, must be included in the “Recent Arriver” count if they meet all three criteria.

Student first and last name _____

Student school _____

1. Is the student **3 to 21** years of age? _____ Yes _____ No
2. Student date of birth _____
3. Was the student born **outside of** the United States or Puerto Rico? (optional response) _____ Yes _____ No (This includes foreign exchange students and students born abroad to military members.)
4. Has the student attended school in the United States for **less than a total of three full school years?** _____ Yes _____ No
5. Date that student first attended school in the United States (optional response) _____
6. Has the student left US schools at any time since that date? _____ Yes _____ No
7. If Yes, please give dates that student was not in US schools. _____
8. What is the student’s language of origin? _____
9. Is the student identified as an English language learner? _____ Yes _____ No
10. Is the student a Foreign Exchange student? _____ Yes _____ No

Parent/Guardian Signature _____

Date _____

Registrars: Please submit forms to Beth Clark, Federal Programs Administrator via Intradistrict Mail.



Chromebook User Agreement

Agreement between user and Klamath County School District

Students will have access to a Chromebook to use in the classroom. Students are expected to use District technology responsibly and they must understand the appropriate and responsible uses of the technology and District network resources. The District also expects that students will keep Chromebooks safe, secure, and in good working order. This agreement includes the following specific expectations:

Responsibilities and Restrictions

By using a Chromebook, I acknowledge and agree to the following conditions:

- ☐ Students are expected to abide by the *Internet Use Agreement* at all times.
- ☐ Student use of District equipment is filtered on and off District property.

No filter is perfect and the District cannot guarantee students will not intentionally or unintentionally access content that is inappropriate.

- ☐ Students are responsible for all content on the Chromebooks they use.

Any inappropriate content, in any form (pictures, text, animation, video, sound, etc.) will be grounds for disciplinary action.

- ☐ Students may be subject to fines if the device has graffiti or stickers of any kind.
- ☐ Students will notify their classroom teacher immediately if the device needs repair, is lost or stolen.

Lost Device Forms can be obtained at the front office or library.

Some common-sense actions the user must take to protect the device, software, and confidential data that may be on the device include, but are not limited to the following:

- ☐ Do not leave unattended in a car, an unlocked home, or in a public place.
- ☐ Keep information password-protected; log off when you are away from a Chromebook.
- ☐ Protect from liquids or dampness.
- ☐ Protect from extreme temperatures (i.e. do not leave in trunk of car for long periods of time, etc.).
- ☐ Do not load or add software, apps, or extensions without teacher or administrator permission.

Ownership

I understand that I am responsible for any damage to any Chromebook that I use. The District or School may request the device and software be returned at any time. Upon request by the District/School or termination of the Agreement, I must return the device to the District/School, in the same condition it was received, reasonable wear and tear accepted, excluding physical damage. I understand that the District or School may ask to examine the device at any time.

Conditions and Liability

I agree to use the Chromebook and software "as is." In no event shall the District be liable to me for my use of any device. I understand that in the event of theft, misuse, or carelessness, there is no provision for replacement by the District. I understand that if loss or damage occurs while the Chromebook is in my possession, I am responsible for **any damage at full cost**, and in case of theft, for filing an official police report and informing my school immediately.

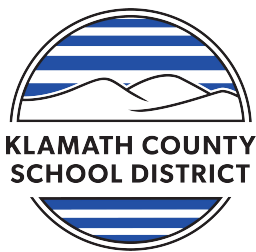
REPLACEMENT COSTS:

Charger----->	\$20.00	2024 Chromebook----	\$300.00
Screen ----->	\$50.00	2023 Chromebook----	\$250.00
Keyboard/ Keys ->	\$30.00	2022 Chromebook----	\$200.00
Hinge----->	\$25.00	2021 Chromebook----	\$150.00
Device Exterior-->	\$40.00	2020 Chromebook----	\$100.00

Student Name

Parent/ Guardian Signature*

*As the parent/guardian you understand, if your child damages any Chromebook you are financially responsible for the cost of repair.



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School Bus Expectations

These are the Oregon Department of Education bus riding rules. The driver's job is to enforce these rules to ensure the safety and comfort of all students transported to and from school. Your help and understanding will be appreciated when it becomes necessary to issue a student a **"Bus Conduct Report,"** for the infractions of any of the following rules. Please help the driver to make this a safe year for the students transported under the care of the bus driver by helping students to understand these safety rules and the necessity of practicing them every day. Your help and cooperation will be greatly appreciated.

1. Students being transported are under the care of the bus driver.
2. Fighting, wrestling, and/or rowdy behavior is not tolerated on the bus.
3. Students shall use the emergency door only in the case of an emergency.
4. Students shall be on time for the bus both morning and evening. (5 minutes early)
5. Students shall not bring firearms, weapons, or other hazardous material on the bus.
6. Students shall not bring animals, except approved assistance guide animals on the bus.
7. Students shall remain seated while the bus is in motion.
8. The bus driver may assign students a seat.
9. When necessary to cross the road, students shall cross in front of the bus or as instructed by the bus driver.
10. Students shall not extend their hands, arms, or heads through bus windows.
11. Students shall have written permission, signed by the office to leave the bus other than their regular stop.
12. Students shall talk in a normal tone; loud and/or vulgar language is not acceptable.
13. Students shall not open or close windows without permission of the bus driver.
14. Students shall keep the bus clean and not damage it in any way.
15. Students shall be courteous to the driver, to fellow students and passerby.
16. Students who refuse to obey directions of the driver or refuse to obey regulations may forfeit their privilege to ride the bus.

Helpful Safety Hints:

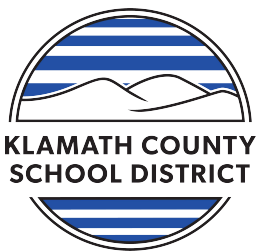
Please carry your personal belongings in front of you when getting on or off the bus. This will reduce the danger of injury to someone sitting in a seat.

Please make sure to tie up shoelaces so they are not dragging, this reduces the chances of tripping on a loose shoe string.

Not following the above regulations will result in contacting the parents or guardians and/or the student not being allowed on the bus for a period of time.

Parent/Guardian Signature _____ Date _____

Student Signature _____



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Common Health Guidelines for School Age Children

Immunization Schedule

Most children at 5 years of age entering kindergarten should have:

- 5 doses of diphtheria/tetanus/pertussis (DTaP)
- 4 doses of polio (IPV)
- 2 doses of measles, mumps, rubella (MMR)
- 2 doses of Hepatitis A
- 3 doses of Hepatitis B
- 1 dose of varicella (chickenpox)

Or

If the child has had chickenpox, the parent/guardian must sign Certificate of Immunization Status form indicating date of disease.

One dose of each of these vaccines is required before student will be allowed to attend school.

All students 7th-12th grade are required to have one dose of Tdap.

Medical and non-medical exemptions are available. For more information, contact a school secretary or district nurse.

Head Lice

Head lice is a common problem among school age children and **anyone can become infested**. You can be alert to this condition in your own children by watching for signs, such as severe itching of the scalp, especially in the hair over the ears and on the back of the neck. Lice appear as tiny grayish-brown insects. They are smaller than fleas and move very quickly. They do not jump or fly. The eggs, called nits, are tan, oval shaped and laid close to the scalp on the hair shafts. The nits are very hard to pull off of the hair.

Several treatments/options are available. Contact your school nurse, pharmacist, or health care provider for more information.

When Should I Keep My Child Home?

Student's Symptoms/Diagnosed Illness	Student May Return to School When...
Fever greater than 100.4 (orally)	Temperature below 100.4 degrees (orally) for a minimum of 24 hours without the use of Tylenol or other fever-reducing medicine
Rash with or without fever-new or sudden onset	Rash disappears. Written or phone consent from health care provider to school nurse
Weepy (fluid or pus filled) skin lesions	Discharge must be gone or the student must have a written or phone consent from health care provider to school nurse. Opened sores must be covered.
Vomiting	Symptom-free for 48 hours
Diarrhea: 3 loose or watery stools in one day	Symptom-free for 48 hours
Cough: deep, barking, congested or productive of colored mucous/phlegm	Symptom-free or have a written or phone consent from health care provider to school nurse.
Strep throat diagnosed by health care provider	Must have been on antibiotics for 24 hours
After an illness of 2 or more weeks, major injury, surgery or other change in health status	Written release and activity guidelines from medical provider are helpful but not required
Pink/Red Eye: Irritated eyes that are tearing, sensitive to light, with puffy lids and colored drainage	Symptom free, or on antibiotics for 24 hours, or cleared by health care provider.

Medication

Whenever possible, all medications should be given at home. Only medication that are necessary for the student to remain in school will be administered by school staff.

1. Fill out and sign a medication administration form available in the school office and on the district website.
2. A form is required for all prescription and over-the-counter medications (includes cough drops and Tums)
3. A new form is required if there are any changes in instructions.
4. All medication must be in the original container and is to be brought to the school by a parent.
5. Students may carry and self-medicate with written permission from physician, principal, and parent.

For Parent/Guardians of Native American Students :

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

ED 506 Form-For Native American Students**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)
- 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 _____