This application is for students who are currently attending or whose most previous school experience was at a District 279 school.

Osseo Area Learning Center
7300 Boone Avenue North
Brooklyn Park, MN 55428
Phone: (763)391-8890 Fax: (763) 391-8895

Thank you for applying to the OALC!

Applicants are responsible for ensuring that all required information is completed before the application can be processed. Be sure to sign all the forms.

Enrollment Process

The Application: The scholar/family submits a completed application to the OALC. Please keep all sections of the application together.

Log & Check: Applications are logged and checked for completeness. Missing items are requested via email provided by the scholar/family. The OALC uses email as the primary form of communication. Please provide a current email address and be sure to check it regularly.

- If you are a student who receives Special Education services and has an Individual Education Plan (IEP), we are required by law to conduct an IEP review to determine if the OALC is an appropriate setting to best meet your educational needs. Please do not proceed with this application until this process is completed. Our special education teachers can assist you with this process.

Counselor Review: The counselor reviews the completed application, and the receptionist communicates the decision and next steps with the scholar/family via the email provided on the enrollment forms.

Final Forms: The family receives a link via the email provided on the enrollment form to complete a Google Form for transportation needs, Chromebook needs, and school policy review.

Enrollment: The counselor notifies the scholar/family of their start date and other important information.

OSSEO AREA SCHOOLS
ISD 279

OSSEO AREA LEARNING CENTER STUDENT APPLICATION

7300 Boone Ave North
Brooklyn Park, MN 55428
(763) 391-8890 Fax (763) 391-8895

Last Name First Name Middle _____ Date of Birth ☐ Male ☐ Female

Current or last school attended _____ Grade _____ Dates attended _____ Name of counselor or contact person _____

Students who attend OALC must meet at least one of the following state eligibility criteria.

Please check all that apply.

- ☐ Performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
- ☐ Is behind in satisfactorily completing coursework or obtaining credits for graduation;
- ☐ Is pregnant or is a parent;
- ☐ Has been assessed as chemically dependent;
- ☐ Has been excluded or expelled from school;
- ☐ Has been referred by a school district for enrollment in an eligible program;
- ☐ Is a victim of physical or sexual abuse;
- ☐ Has experienced mental health problems;
- ☐ Has experienced homelessness sometime within six (6) months before requesting a transfer to an eligible program;
- ☐ Speaks English as a second language or is an English learner; or
- ☐ Has withdrawn from school or has been chronically truant.

STUDENT STATEMENT
(use back side of page if more space is needed)

If you are a new student, please explain why you want to attend OALC. If you are a student returning to OALC, please explain why you want to come back.

_____

_____

_____

_____

_____

ENROLLMENT CHECKLIST

OSSEO AREA SCHOOLS
ISD 279

Please complete and sign ALL of the attached forms listed below.

FORMS

- ☐ ENROLLMENT FORM (4 page form)
- ☐ ETHNIC AND RACIAL DEMOGRAPHIC DESIGNATION FORM (2 page form)
- ☐ MINNESOTA LANGUAGE SURVEY (1 page form)
- ☐ TRANSPORTATION FLYER - Online Student Transportation Special Request Form (1 page form)
- ☐ REQUEST FOR RECORDS FORM (1 page form)
- ☐ TITLE VII STUDENT ELIGIBILITY CERTIFICATION - Office of Indian Education (1 page form)
- ☐ STUDENT INFORMATION FORM (1 page form)
- ☐ EMERGENCY AUTHORIZED PICKUPS AND HEALTH HISTORY FORM (1 page form)
- ☐ STUDENT IMMUNIZATION FORM (2 page form)

BRING ***PHOTO ID*** AND ***TWO PROOF OF RESIDENCY*** OF PARENT/ GUARDIAN. APPROVED DOCUMENTATION LISTED BELOW:

PARENT/GUARDIAN DOCUMENTS

☐ **PHOTO ID** (Include **ONE** of the following identification documents)

- Driver's License
- Passport
- College ID
- Military ID
- State ID
- Tribal ID

☐ **PROOF OF RESIDENCY** (Bring **TWO** of the following)

- **Valid Driver's License** - (not expired) with current address
- **Current Utility Bill** - dated within 60 days
- **Letter from Government Agency** - dated within 60 days
- **Lease Agreement** - signed by lessee and lessor and show the lease period (start date and end date)
- **Purchase Agreement** - signed agreement (by both buyer and seller) with purchase date and address referenced / HUD Verification with owner's name and address
- **Closing escrow papers or warranty deed** - Purchase dated within 60 days
- **Mortgage Statement** - Dated within 60 days
- **Property Tax Statement** - must show principal residential address and current year.
- **Homeowners or Renters Insurance Policy** - must be active and issued within 60 days (proof of insurance card unacceptable)
- **U.S. Postal Service change of address confirmation letter** - dated within 60 days (cannot be a PO Box)

STUDENT DOCUMENTS

- ☐ IMMUNIZATION RECORDS
- ☐ BIRTH CERTIFICATE or PASSPORT *(Early Childhood Special Education, Pre-Kindergarten, and Kindergarten)*
- ☐ EARLY CHILDHOOD SCREENING DOCUMENT *(Early Childhood Special Education & Kindergarten only)* *(only if not screened in Osseo Area Schools)*
- ☐ TRANSCRIPT FROM PREVIOUS SCHOOL *(6th through 12th grade only)*
- ☐ SPECIAL EDUCATION RECORDS *(If applicable)*
- ☐ ANY COURT (LEGAL) DOCUMENTS RELATED TO THE STUDENT *(If applicable)*

For data privacy information, see school board policy #515 at district279.org

ENROLLMENT FORM SCHOOL _____ PROGRAM _____ GRAD INCENTIVE _____

OFFICE USE ONLY							
	STUDENT ID	BEGIN DATE (mm/dd/yyyy) — —	LAST LOCATION CODE	☐ NEW ☐ ADDRESS CHANGE Move date:	☐ WARD OF THE STATE ☐ HOMELESS	☐ SHARED-TIME ☐ 504 ☐ IEP	
	☐ PRIMARY ☐ LIVES WITH ☐ ADDRESS CHANGE	LEGAL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	RESIDENT DISTRICT	RESIDENT SCH	☐ RE-ENTRY ☐ REVERSAL ☐ TRANSFER ☐ CHANGE OF PRIMARY	GRID	SAC
	☐ PRIMARY ☐ LIVES WITH ☐ ADDRESS CHANGE	LEGAL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	ACTION CODE ☐ NW ☐ EO ☐ SP ☐ OS ☐ RO	HOME LANGUAGE	COMPLETED BY		

1. STUDENT INFORMATION (LEGAL NAME AS IT APPEARS ON THE BIRTH CERTIFICATE)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER ☐ Male ☐ Female	BIRTH DATE (mm/dd/yyyy) — —	ENR GRADE
MAIN ADDRESS	STREET NAME & HOUSE NUMBER (Apt/Unit #)	CITY	STATE	ZIP CODE		
PREFERRED PHONE	WHO DOES THE STUDENT LIVE WITH?	***CHECK ALL THAT APPLY*** ☐ FATHER ☐ MOTHER	☐ STEPFATHER ☐ STEPMOTHER ☐ OTHER - Relationship:			

2. BIOLOGICAL OR ADOPTIVE PARENT #1 INFORMATION ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER ☐ Male ☐ Female	RELATIONSHIP ☐ Father ☐ Mother	INCLUDE FOR MAILINGS? ☐ Yes ☐ No
ADDRESS *(If different than MAIN)*	STREET NAME & HOUSE NUMBER (Apt/Unit #)	CITY	STATE	ZIP CODE		
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

3. BIOLOGICAL OR ADOPTIVE PARENT #2 INFORMATION ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER ☐ Male ☐ Female	RELATIONSHIP ☐ Father ☐ Mother	INCLUDE FOR MAILINGS? ☐ Yes ☐ No
ADDRESS *(If different than MAIN)*	STREET NAME & HOUSE NUMBER (Apt/Unit #)	CITY	STATE	ZIP CODE		
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

4. LEGAL GUARDIAN (LEGAL DOCUMENTATION IS REQUIRED TO USE THIS ADDRESS FOR SCHOOL ASSIGNMENT) ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER ☐ Male ☐ Female	RELATIONSHIP	INCLUDE FOR MAILINGS? ☐ Yes ☐ No
ADDRESS *(If different than MAIN)*	STREET NAME & HOUSE NUMBER (Apt/Unit #)	CITY	STATE	ZIP CODE		
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

5. OTHER ADULT #1 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR THE STUDENT)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER ☐ Male ☐ Female	RELATIONSHIP	INCLUDE FOR MAILINGS? ☐ Yes ☐ No
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

6. OTHER ADULT #2 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR THE STUDENT)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER ☐ Male ☐ Female	RELATIONSHIP	INCLUDE FOR MAILINGS? ☐ Yes ☐ No
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

Why do we ask these questions?

7. GENERAL ENROLLMENT QUESTIONS

Military: A "Military-connected youth" means having a biological parent or legal guardian who is currently in the armed forces (either as a reservist or on active duty) or has recently retired from the armed forces.

Expelled: Has your student ever been expelled from a previous school? This information is used in determining if an Open Enrollment request will be granted. Determination is based on the reason for the expulsion.

Arrested: Has your student ever been arrested resulting in a charge? If yes, the school district contacts the probation officer to exchange information regarding the enrollment (such as attendance, grades, etc.). This information is used to determine if your student is currently on probation.

Title I – Part A (Title I) of the Elementary and Secondary Education Act, as amended (ESEA) provides financial assistance to Local Education Agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Federal funds are currently allocated through four statutory formulas that are based primarily on census poverty estimates and the cost of education in each state.

Section 504 – Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Part 104) is a federal civil rights statute that assures individuals will not be discriminated against based on their disability. All school districts that receive federal funding are responsible for the implementation of this law. Individuals who have been determined to have a disability under Section 504 may or may not be disabled under special education (IDEA). Section 504 protects a student with an impairment that substantially limits one or more major life activities, whether the student receives special education services or not. Parents who have concerns or questions regarding Section 504 should contact their building principal.

Is this your student's first school enrollment in the United States? Providing the information is not required and the requested information will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

9. RESIDENCY INFORMATION

This information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence and (2) includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in an emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings: and (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section there may be a delay in the provision of services. The school teacher, school and district administrators and the Minnesota Department of Education (MDE) have access to this information.

OFFICE USE ONLY	STUDENT ID

ENROLLMENT FORM (continued)

OSSEO AREA SCHOOLS
ISD 279

7. GENERAL ENROLLMENT QUESTIONS

Has temporary or seasonal work in agriculture or fishing caused you to move and change your student(s) schools? ☐ Yes ☐ No

Is the student a member of a military family? *(See definition on page 2)* ☐ Yes ☐ No

If Yes, is the military member actively deployed or expects to be actively deployed this year? ☐ Yes ☐ No

Has your student ever enrolled in a Minnesota public school before? ☐ Yes ☐ No

Has your student ever enrolled in ISD 279 - Osseo Area Schools before? ☐ Yes ☐ No

Is your student currently enrolled in a talented and gifted program? ☐ Yes ☐ No

Has your student ever received help learning American English? (ESL, ELL, EL, etc.) ☐ Yes ☐ No

Is your student currently receiving Title I services? *(See definition on page 2)* ☐ Yes ☐ No

Does your student have a social worker? ☐ Yes ☐ No

Name and phone number of social worker: _____

Has your student ever been expelled from a school? ☐ Yes ☐ No

If Yes, where? and when? _____

Has your student ever been arrested resulting in a charge? ☐ Yes ☐ No

Name and phone number of probation officer: _____

If enrolling for Kindergarten, has your student completed Early Childhood Screening? ☐ Yes ☐ No

If Yes, where?_____

Does your student have a Section 504 Accommodation Plan as defined by the Americans with Disabilities Act (ADA)? (*See definition on page 2)* ☐ Yes ☐ No

Does your student have a Special Education IEP (Individual Education Plan)? ☐ Yes ☐ No

If Yes, what is your student's disability? *(Check all that apply)*

- ☐ Autism Spectrum Disorders
- ☐ Developmental Cognitive Disability
- ☐ Developmental Delay
- ☐ Deaf – Hard of Hearing
- ☐ Emotional/Behavior Disorders
- ☐ Other Health Disabilities
- ☐ Physically Impaired
- ☐ Specific Learning Disabilities
- ☐ Speech/Language Impairments
- ☐ Severely Multiple Impaired
- ☐ Traumatic Brain Injury
- ☐ Visually Impaired

OFFICE USE ONLY	STUDENT ID

ENROLLMENT FORM (continued)

OSSEO AREA SCHOOLS
ISD 279

7. GENERAL ENROLLMENT QUESTIONS - continued

The district is sometimes able to offer translated documents and messages. How would you like to receive communications?

☐ English ☐ Hmong (Hmoob Dawb) ☐ Spanish (Español) ☐ Vietnamese (Tiếng Việt) ☐ Somali

Do you, as biological parent/legal guardian, need an interpreter? ☐No ☐Yes If yes, which language _____

What is your student's country of birth? _____

Date your child first attended school in the USA? _____ (mm/dd/yyyy)

Is this your student's first school enrollment in the United States? ☐ Yes ☐ No

8. SIBLINGS OF THE STUDENT UNDER THE AGE OF 21 LIVING IN THE SAME HOUSEHOLD

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			☐Male ☐Female			
			☐Male ☐Female			
			☐Male ☐Female			
			☐Male ☐Female			
			☐Male ☐Female			
			☐Male ☐Female			

9. RESIDENCY INFORMATION (McKINNEY - VENTO)

Are you temporarily staying with another person or family due to loss of housing, economic hardship or similar reason? ☐ Yes ☐ No
Are you living in a hotel, motel, or camping grounds due to lack of alternative, adequate housing? ☐ Yes ☐ No
Are you living in emergency or transitional shelters, cars, parks, public spaces or similar places? ☐ Yes ☐ No

10. PREVIOUS SCHOOL ENROLLMENT INFORMATION. LIST ALL PREVIOUS ENROLLMENTS (Most recent first):

DISTRICT NAME	SCHOOL NAME	STATE	GRADE(S)	WITHDRAW DATE

11. BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I certify the information given above is true and complete to the best of my knowledge and belief.

Print Name _____ Signature _____ Date _____

DEPARTMENT OF EDUCATION

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.]

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

- ☐ Decline to indicate
- ☐ Colombian
- ☐ Ecuadorian
- ☐ Guatemalan
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Spaniard/Spanish/ Spanish-American
- ☐ Other Hispanic/Latino
- ☐ Unknown

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.]

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

- ☐ Decline to indicate
- ☐ Anishinaabe/Ojibwe
- ☐ Cherokee
- ☐ Dakota/Lakota
- ☐ Other North American Indian Tribal Affiliation
- ☐ Unknown

Go to Question 2.

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

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

O **Yes** *[Go to Question 3.]* O **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]

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

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

O **Yes** *[Go to Question 6.]* O **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]

O **Yes** O **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

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

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

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

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

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

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

Minnesota Language Survey

The next page in this packet is the Minnesota Language Survey. Information collected about home languages is used by schools and teachers to provide the best programming for each student. Students may be eligible for English language services based on responses to the questions and a language assessment.

The Minnesota Language Survey is also available in the following languages:

Español – Spanish

Tiếng Việt Nam – Vietnamese

Hmoob – Hmong

Af-Soomaali – Somali

اللغة Русский - Russian

العربية - Arabic

國語 - Mandarin

Oromo

አማርኛ - Amharic

ພາສາລາວ - Lao

Français – French

Kiswahili – Swahili

नेपाली – Nepali

తెలుగు – Tegulu

हिन्दी – Hindi

ភាសាខ្មែរ - Khmer

Karen – Sgaw

Karen – Pwo

Kayah – Karenni

* Ask an Administrative Assistant for a translated version of the language survey.

* Students who learned English outside of the United States may also be eligible for English language services. This includes: **Liberian English, Kru, Kreyol, Nigerian English, Jamaican Patois, Creolized English, World English**, **etc**. Please note these languages when responding to the Minnesota Language Survey.

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

STUDENT INFORMATION

STUDENT NAME _____

Please read the following list and check/circle all that apply.

This information will be shared with staff at the school to help your student.

Initial at the bottom of the page if you have NO concerns

STUDENT HAD THE FOLLOWING AT PREVIOUS SCHOOL:

☐ Advanced Placement Classes

☐ English Language Support (EL, ELL, ESL)

☐ 504 Accommodation Plan

☐ Special Education Services (IEP) Primary Disability: _____

STUDENT MAY NEED SUPPORT IN THE FOLLOWING AREAS: (Check all that apply)

Reading ☐ Math ☐ Writing ☐ Behavior ☐ Attendance ☐ Mental Health ☐

Family Change ☐ Social Skills ☐ English Language ☐ Credit Recovery ☐

Other Concern(s) please list: _____

STUDENT HAS HAD OR CURRENTLY HAS:

☐ Expulsion

☐ Suspension

☐ Chemical Use Concern

☐ Probation Officer

☐ Social worker

☐ Mental Health Concern

Therapist's name & phone # _____

☐ Health/Medical Concerns- briefly describe _____

_____ INITIAL HERE IF YOU HAVE NO CONCERNS FOR YOUR STUDENT

EMERGENCY CONTACT/AUTHORIZED PICKUPS AND HEALTH HISTORY FORM

OSSEO AREA SCHOOLS
ISD 279

OFFICE USE ONLY	STUDENT ID	NOTES

1. STUDENT INFORMATION

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	BIRTH DATE (mm/dd/yyyy) — —	ENR GRADE

2. EMERGENCY CONTACT INFORMATION

This information is being collected to provide for the student's health and safety at school. In completing this form I'm authorizing the school to contact the parent/legal guardians designated emergency contact, and to permit the emergency contact to pickup the child in the event the parent/guardian cannot be reached. Refusal to supply emergency information could result in the school's inability to contact you in case of an emergency. In the event of an emergency and the school is unable to reach the parent or designated emergency contact, the school will secure emergency services (medical, dental, paramedic, ambulance) for my child, at parent expense. District Policy authorizes school staff to release private data to appropriate parties in connection with an emergency if the knowledge of the information is necessary to protect the health and safety of the student. I certify that all information below is accurate and that it is my responsibility to apprise the school of any changes in residency, phone numbers, and emergency release contacts.

BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER ADULT that lives with the student

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	

PRIMARY EMAIL ADDRESS - Please list only one	DOCTOR/CLINIC NAME	DOCTOR/CLINIC PHONE NUMBER

OTHER EMERGENCY CONTACTS/AUTHORIZED PICKUPS - If possible please list at least two contacts

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	

3. HEALTH HISTORY INFORMATION

This information is required in order to provide appropriate health services for your student. This data will be treated as private data and will be recorded in the student health record. It will be shared with those working with your child only on a "need to know" basis and with emergency personnel in the event of an emergency.

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CHRONIC HEALTH CONDITIONS? *(Check all that apply)*

- ☐ ADD/ADHD
- ☐ Cancer
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Other (Explain)
- ☐ Hearing Loss
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Kidney Problems
- ☐ Sickle Cell Disease/Trait
- ☐ Tuberculosis
- ☐ Vision Loss
- ☐ Wheel Chair Type:

DOES YOUR CHILD HAVE ALLERGIES? LIST:
☐ Yes ☐ No

DOES YOUR CHILD HAVE AN EPI-PEN?
☐ Yes ☐ No
☐ Epi-Pen (Prescribed) - will be kept in the nurse's office
☐ Epi-Pen (Prescribed) - student will self-carry their Epi-pen

DOES YOUR CHILD HAVE ASTHMA?
☐ Yes ☐ No
☐ Inhaler/Neb (Prescribed) - will be kept in the nurse's office
☐ Inhaler - student will self-carry their inhaler

HAS YOUR CHILD BEEN HOSPITALIZED FOR ILLNESS, SURGERY, OR INJURY? IF YES, EXPLAIN:
☐ Yes ☐ No

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, LIST MEDICATIONS:
☐ Yes ☐ No

4. BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION & AUTHORIZATION

I certify the information given above is true and complete to the best of my knowledge and belief. I further authorize the emergency contact(s) listed is/are able to receive relevant information on my child and pick up my child in the event of an emergency when I cannot be contacted by the school.

Printed Name _____ Signature _____ Date _____

OSSEO AREA LEARNING CENTER

IN-DISTRICT SCHOOL COUNSELOR FORM

Student Name _____ Student ID _____ Date _____

Counselor Name _____ School & Grade Level _____ Phone Number _____

Required Courses & # of Trimesters Required		Credits Earned	Credits Needed
English 9/10	**6.0**		
English 11/12	**6.0**		
Human Geography A	**1.0**		
Human Geography B	**1.0**		
US History 10A	**1.0**		
US History 10B	**1.0**		
US History 10C	**1.0**		
US History 9 (GSY19 & Prior)	**3.0**		
World History/Geography A	**1.0**		
World History/Geography B	**1.0**		
World History/Geography C	**1.0**		
Economics	**1.0**		
Government	**1.0**		
Nonlinear Algebra	**3.0**		
Geometry	**3.0**		
Algebra 2	**3.0**		
Physical Science 9	**3.0**		
Biology	**3.0**		
Chemistry or Physics (circle one)	**3.0**		
Life Fitness	**1.0**		
Health	**1.0**		
Art	**3.0**		
Electives	**19.0**		
TOTAL	**64.0**		

Please share any additional information below that might be helpful in working with this student.

PLEASE FAX THIS FORM TO
763-391-8895

OSSEO AREA SCHOOLS

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