

# STUDENT REGISTRATION FORM

Grade	Student LAST Name (Legal) Jr., II, III	Student FIRST Name	MIDDLE Name	Gender Male Female	D.O.B. M/D/Yr	Receives Special Ed Services Yes / No	Pictures taken that can be used in forms of multi-media production tools without any liability or obligation to the School/ Student/ Parent/Guardian:	Band/Tribe Affiliated with Name: (FDL, WE, LCO, etc.)	Band/Tribe Enrolled: (FDL, WE, RL, BF, LCO, etc.)	RACE (Check ALL that Apply) 1=Am. Indian 2=Asian 3=Hawaiian/P 4=Black 5=White	Fieldtrip Permission for school field trips and to be included in pictures.  Yes / No
	<i>All Kindergarten students and first-time enrolled students need Birth Certificate with Seal on file.</i>										

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**

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

Adult First Name	Last Name	Relationship	1 <sup>st</sup> Contact Phone Number	2 <sup>nd</sup> 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 one) Student Information can be shared with this person! Put on Student's Mailing List YES or NO

Adult First Name	Last Name	Relationship	1 <sup>st</sup> Contact Phone Number	2 <sup>nd</sup> 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:** **Emergency Contacts: Person to call if I cannot be reached; this person will then contact me and I will contact the school**  
 (Please print clearly)

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

Signature of Parent/Guardian	Relationship to Student	Date
Printed 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.<sup>1</sup>

*[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/<br>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.*

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

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

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

**No** [Go to Question 3.]

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

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

**No** [Go to Question 6.]

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**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.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

Print/Save

**Authorization for Transportation 2024 – 2025 (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**  
**Policy for Acceptable Use of Technology Resources and the Internet**

The Policy for Acceptable Use of Technology Resources and the Internet (the “Policy”) establishes guidelines for the use of the Fond du Lac Education Division (the “Division”) technology resources by staff, students, and other authorized users. The Policy further prescribes appropriate uses of Division technology resources and networks to access the Internet.

Technology resources include, but are limited to, all voice, video, and data systems such as telephones, televisions, SMART boards, laptops, computers, networks, internet appliances, and supplies. As a learning tool, a technology resource is similar to a book, video, magazine or any other information source.

The Internet offers access to an immense repository of information, communication platforms, and multiple services which facilitate global connectivity and collaboration which is of incredible educational value. 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 Division has no control over the content of the Internet and making the Internet available carries some risk. Students and other users may encounter information that is controversial, offensive, or even harmful. Student proficiency in recognizing and evaluating internet content can reduce risk to the student and to Division technology resources.

The Division will actively focus on equipping users with the skills necessary to responsibly and safely utilize the Internet and Division technology resources consistent with their educational needs. Accessing the Internet through Division resources is a privilege, not a right. Any improper or unauthorized use may lead to disciplinary action, including but not limited to the revocation of Internet privileges and limitations on access to Division technology resources.

**Staff Responsibilities**

- Staff will educate students in personal safety guidelines appropriate to technology resource and internet use.
- Develop and help students develop the skills needed to discriminate amongst information sources.
- Identify information appropriate to age and developmental levels’ as well as to 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**

- Demonstrate basic skills in computer use, understanding of this policy, and have parental permission before being allowed to use any school computer on the Internet without direct supervision by a teacher or member of its educational staff.
- Use technology devices consistent with the 7 Grandfather Teachings.
- Do not use technology devices and personal devices in Restrooms, Locker rooms, or other prohibited areas as designated by the Division.



- Secure their own personal technology and electronic devices when not in use. Fond du Lac Ojibwe School is not responsible for lost, broken, or stolen personal technology and electronic devices.
- Keep all educationally inappropriate materials or files harmful to the integrity of the network from entering the school.
- Do not record, post, or transmit photos, images, or videos recorded at school without the express permission of a teacher.
- Use personal devices (laptops, phones, video games, iPads, etc.) in accordance with Fond du Lac Ojibwe School's Responsible Use Policy.
- Use the network for educationally appropriate activities that are consistent with the philosophy of the school. Students will report inappropriate use to staff.
- Students will not tamper with any devices in a way that comprises the installed security, anti-virus, the device operating system, content filters, or mobile device management software.
- Students should not purposely engage in activity that may
  - harass, threaten, impersonate, or abuse others;
  - degrade the performance of FDLOS Information Resources;
  - deprive authorized FDLOS personnel access to a FDLOS Information Resource;
  - obtain additional resources beyond those allocated;
  - or circumvent FDLOS computer security measures.

Any violation of this policy will be subject to disciplinary actions laid out in the Policy for Acceptable Internet Use.

### **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 IT 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.

### **Personal Safety Guidelines:**

- Never give out personal or family information such as phone numbers, addresses, social security numbers, or full names.
- Never arrange for a face-to-face meeting with a stranger and never respond to abusive or suggestive messages.
- Never send pictures of yourself or others to strangers or send pictures that are inappropriate or explicit (e.g. something that you would be afraid to share with your family). Immediately report any requests for inappropriate or explicit photos to staff.

- Do not permit others to use your account.
- The Division makes no guarantees 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.
- 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.
- Use of AI-generated content without attribution, including, but not limited to, work generated by ChatGPT.
- The use of technology resources or the internet to generate, distribute, or receive pornographic, obscene, abusive, or threatening materials. This includes written materials depicting real or imaginary individuals or events, as well as images depicting real persons or events, whether they were produced in photographs or by online AI image generators or other technological means.
- The use of technology resources or the internet to commit illegal or unlawful acts.

Fond du Lac Ojibwe School  
Internet Safety Policy

A. Introduction

It is the policy of the Fond du Lac Ojibwe School to:

- (1) prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications;
- (2) prevent unauthorized access and other unlawful online activity;
- (3) prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors;
- (4) educate minors about appropriate online behavior, including interacting with other individuals on social networking websites, and in chat rooms, and cyberbullying awareness and response; and
- (5) comply with the Children’s Internet Protection Act [Pub. L. No. 106-554 and 47 USC 254(h)].

B. Other Policies

This Internet Safety Policy supplements the Fond du Lac Ojibwe Policy for Acceptable Use of Technology Resources and the Internet and the Fond du Lac Band of Lake Superior Chippewa Employee Computer Use Policy.

C. Definitions

Key terms are as defined in the Children’s Internet Protection Act.

TECHNOLOGY PROTECTION MEASURE. The term “technology protection measure” means a specific technology that blocks or filters Internet access to

visual depictions that are:

- (1) OBSCENE, as that term is used in section 1460 of title 18, United States Code;
- (2) CHILD PORNOGRAPHY, as that term is defined in section 2256 of title 18, United States Code; or
- (3) HARMFUL TO MINORS. The term “harmful to minors” means any picture, image, graphic image file, or other visual depiction that:
  - a. Taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
  - b. Depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and
  - c. Taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.
- (4) SEXUAL ACT; SEXUAL CONTACT. The terms “sexual act” and “sexual contact” have the meanings given such terms in section 2246 of title 18, United States Code.

#### D. Access to Inappropriate Material

To the extent practical, technology protection measures (or “Internet filters”) shall be used to block or filter the Internet. Specifically, as required by the Children’s Internet Protection Act, blocking shall be applied to visual depictions that are deemed obscene, child pornography, or harmful to minors.

Subject to staff supervision, technology protection measures may be disabled or, in the case of minors, minimized only for bona fide research or other lawful purposes.

#### E. Inappropriate Network Usage

To the extent practical, steps shall be taken to promote the safety and security of users of the Fond du Lac Ojibwe School’s online computer network when using electronic mail blogs, instant messaging student assigned email, Google chat rooms, and other forms of direct electronic communications.

Specifically, as required by the Children’s Internet Protection Act, prevention of inappropriate network usage includes:

- (1) unauthorized access, including so-called ‘hacking,’ and other unlawful activities; and
- (2) unauthorized disclosure, use, and dissemination of personal identification information regarding minors.

#### F. Supervision and Monitoring

It shall be the responsibility of all members of the Fond du Lac Ojibwe School’s staff to supervise and monitor usage of the online computer network and access to the Internet in accordance with this policy and the Children’s Internet Protection Act.

Procedures for the disabling or otherwise modifying any technology protection measures shall be the responsibility of the Fond du Lac Band IT Division or designated representatives.

**Internet Agreement**

The Fond du Lac Education Division believes that the benefits of the Internet to educators and students far exceed disadvantages. Ultimately, parents and guardians of minors are responsible for establishing and enforcing the standards that their child should follow. The Fond du Lac Education Division supports and respects each family's right to decide whether their child may have access to this resource. No child will be permitted to operate a computer to access the Internet unless all parties commit to their responsibility by completing the attached Fond du Lac Education Division Internet Agreement.

**Student:**

I understand and will abide by the Policy for Acceptable Use of Technology Resources and the Internet, I also understand that violation of the policy could result in the revocation of my Internet access privileges, as well as school disciplinary action and/or appropriate legal action.

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Last Name (Please Print)	First Name	Middle
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Student Signature	Date
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**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 intended 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 obtained on the school's network. Therefore, I hereby grant permission for my child to be issued an account to use the Internet for this school year.

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Parent/Guardian Name (Please Print)

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Parent/Guardian Signature                      Date



# JOHNSON O'MALLEY PROGRAM STUDENT CERTIFICATION FORM

## STUDENT INFORMATION

Full Name (First Middle Last):

Date of Birth:

School District Attending:

Grade:

Student Mailing Address:

Student Tribal Affiliation/Reservation:

City/State/Zip:

Enrollment #:

## BIOLOGICAL MOTHER'S INFORMATION

Full Name (First Middle Last):

Maiden:

Date of Birth:

Non-Indian

American Indian

Reservation Enrolled:

Enrollment #:

## BIOLOGICAL FATHER'S INFORMATION

Full Name (First Middle Last):

Date of Birth:

Non-Indian

American Indian

Reservation Enrolled:

Enrollment #:

## GRANDMOTHER'S INFORMATION - MATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Maiden:

Date of Birth:

Non-Indian

American Indian

Reservation Enrolled:

Enrollment #:

## GRANDFATHER'S INFORMATION - MATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Date of Birth:

Non-Indian

American Indian

Reservation Enrolled:

Enrollment #:

## GRANDMOTHER'S INFORMATION - PATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Maiden:

Date of Birth:

Non-Indian

American Indian

Reservation Enrolled:

Enrollment #:

## GRANDFATHER'S INFORMATION - PATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Date of Birth:

Non-Indian

American Indian

Reservation Enrolled:

Enrollment #:

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

Natural Parent

Other Family Member

Legal Guardian

Foster

Adoptive

Other (Explain):

### Release of Information:

I authorize the Minnesota Chippewa Tribe (MCT) and their designated person(s) to obtain/research my child's tribal membership and/or blood quantum to determine JOM program 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:

### \*\*\*Tribal Enrollment Official Use Only\*\*\*

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

The above-named student **does** meet the JOM eligibility criteria as determined by the BIA/BIE:

- Student is an enrolled member of the \_\_\_\_\_ Tribe OR
- Student is a 1<sup>st</sup> or 2<sup>nd</sup> generation descendant of the \_\_\_\_\_ Tribe OR
- Parent is an enrolled member of the \_\_\_\_\_ Tribe OR
- Grandparent is an enrolled member of the \_\_\_\_\_ Tribe.

The above-named student **does not** meet the eligibility criteria for the following reason(s):

- Birth Record/Birth Certificate is needed to verify enrollment.
- No information was found regarding enrollment for student/family.

Signature of Tribal Official:

Date:

# 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  
2024-2025 School Year**

**Fond du Lac Ojibwe School**

**First Name:**

**Last Name:**

**Federal Code: 25: CFR 32.3**

***“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...”***

**School Mission Statement:**

**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 for 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?**

- 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: 218-878-7260  
 Fax: 218-878-7266

Email: [vickioberstar@fdlrez.com](mailto: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 9<sup>TH</sup> GRADE (for state reporting)

Date: \_\_\_\_\_ School: \_\_\_\_\_

📁 **GUARDIANSHIP PAPERWORK** (if applicable)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: 218-878-7260 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**  
<http://www.fdlrez.com>  
Click on Education Division  
Click on Infinite Campus  
Parent Portal Link  
Enter your user name and  
password



49 University Road, Cloquet, MN 55720

Phone: 218-878-7254

Fax: 218-878-7266

## Certificate of Indian Blood Request Consent for Release of Confidential Tribal Membership Information

To Office of Tribal Enrollment:

I, \_\_\_\_\_ Authorize \_\_\_\_\_  
(Parent/Guardian Name-Please Print) (Tribal Agency)

To disclose the following information regarding identified student to the Fond du Lac Ojibwe School on a Certificate of Indian Blood form or letter. Please include: 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.

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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: \_\_\_\_\_

**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