



**LAKE OF THE WOODS**  
*School*

PO Box 310 • 236 15<sup>th</sup> Ave. SW • Baudette, MN 56623  
218-634-2510 • Fax: 218-634-2750  
Jeff Nelson, Superintendent / Elementary Principal  
Mary Merchant, High School Principal

Fax To: \_\_\_\_\_

Fax From: Lake of the Woods School 218-634-2750 or  
**Email to Tracy Cook: [tracy\\_c@lakeofthewoodsschool.org](mailto:tracy_c@lakeofthewoodsschool.org)**

### Authorization for Release of Student Records

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date enrolled at  
Lake of the Woods: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Please release school records of the above named student, including the following:

- Attendance records
- Academic records including a copy of his/her transcript
- Special Education records including "Individual Education Plans"
- 504
- Results of Minnesota Graduation Standard math, reading and writing exams
- Information regarding the placement of Graduation Standards
- Health records including immunization dates
- MARSS number
- Birth Certificate
- Copy of his/her most recent athletic physical and extracurricular eligibility or ineligibility records

If you have any questions, please feel free to call. Thank you for your assistance.

Tracy Cook  
Lake of the Woods School Secretary  
[tracy\\_c@lakeofthewoodsschool.org](mailto:tracy_c@lakeofthewoodsschool.org)  
218-634-2510 ext 1421



**Lake of the Woods School, ISD 390**  
**Student Enrollment Form**

Date Enrolled \_\_\_\_\_

Student's Name (first, middle, last) \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Is your home located within the boundaries for School District 390? \_\_\_\_\_

**Parent/Guardian Information With Whom Student Resides**

Male Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Educational Rights: Yes No Financially Responsible: Yes No Release to: Yes No

Female Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Educational Rights: Yes No Financially Responsible: Yes No Release to: Yes No

**Noncustodial Parent/Guardian Information**

Male Parent \_\_\_\_\_ Relationship \_\_\_\_\_  
Physical Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Educational Rights: Yes No Release to: Yes No

Female Parent \_\_\_\_\_ Relationship \_\_\_\_\_  
Physical Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Educational Rights: Yes No Release to: Yes No

**Emergency Contact(s)**

(To be notified only if a parent/guardian is not available)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Release student to? Yes No

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Release student to? Yes No

**School History**

Previous School Attended \_\_\_\_\_

School Address \_\_\_\_\_  
Date of last attendance at previous school \_\_\_\_\_  
Has your child previously received Special Education Services? \_\_\_\_\_  
Is your child presently on an Individual Education Plan? \_\_\_\_\_  
Is your child presently receiving and 504 Accommodations? \_\_\_\_\_

### Student Ethnicity – Optional Information

(Check all that apply)

\_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White/Not Hispanic

### School Transportation Information

All Lake of the Woods students are encouraged to ride the school bus to school each day. If necessary, please provide a description to the location of your home to help our transportation staff locate your home. If your child will be driving to school, please review the school policy for driving and parking a vehicle at our school.

### School Lunch

Please list the names and grades of all students in your family who will be listed under your lunch account. A copy of our current breakfast/lunch menu, information on our school meal program and a free and reduced meal application will be provided to you at the time of enrollment.

### Military – Connected Youth

127A.852 MILITARY-CONNECTED YOUTH IDENTIFIER.

(a) When a school district updates its enrollment forms in the ordinary course of business, the district must include a box on the enrollment form to allow students to self-identify as a military-connected youth. For purposes of this section, a "military-connected youth" means having an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

(b) Data collected under this section is private data on individuals, as defined in section 13.02, subdivision 12, but summary data may be published by the Department of Education.

\_\_\_\_\_ Student has an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

\_\_\_\_\_ Student does not have any immediate family military connections.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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Non-Resident Student attendance Agreement  
Agreement Between School Boards

School Year 20\_\_\_\_-20\_\_\_\_\_

Current Date \_\_\_\_\_

Enrolling District Lake of the Woods School District 390

Student Name \_\_\_\_\_

Student Birth date \_\_\_\_\_

Current Year Grade Level \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Address \_\_\_\_\_

\_\_\_\_\_

Resident District \_\_\_\_\_

(Name and Number)

\_\_\_\_\_  
Superintendent Signature  
Lake of the Woods School District 390

\_\_\_\_\_  
Superintendent Signature  
Resident District

**Resident District**  
Please fax a signed copy of this form to the above number or return it in the envelope provided and keep a copy for your records.





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**STUDENT HEALTH HISTORY**

Student Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_

Parent/Guardian:  
Male Parent Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Release to: (circle one) Yes No

Female Parent Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Release to: (circle one) Yes No

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Release to: (circle one) Yes No

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies. Please list the items that your child is allergic to.  
\_\_\_\_ Food allergy to \_\_\_\_\_  
\_\_\_\_ Drug or medication allergy to \_\_\_\_\_  
\_\_\_\_ Severe reaction to insect stings. \_\_\_\_\_  
\_\_\_\_ Other allergies. Please list specific type of allergy. \_\_\_\_\_  
\_\_\_\_\_

Hospitalizations:  
Has your child ever been hospitalized? \_\_\_\_\_  
If yes, for what and at what age? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER PLEASE)

Medications:

Is your child on any medication on a regular or long-term basis? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Illnesses (Please check all illnesses that your child has had.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Hayfever                    |   |
| <input type="checkbox"/> Chicken Pox            | <input type="checkbox"/> Frequent colds              |   |
| <input type="checkbox"/> Cystic Fibrosis        | <input type="checkbox"/> Cancer                      |   |
| <input type="checkbox"/> Eczema                 | <input type="checkbox"/> ADHD or _____ ADD           |   |
| <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Diabetes Age of onset _____ |   |
| <input type="checkbox"/> Frequent headaches     | <input type="checkbox"/> Earaches                    |   |
| <input type="checkbox"/> Draining ears          | <input type="checkbox"/> Kidney infections           |   |
| <input type="checkbox"/> Heart trouble          | <input type="checkbox"/> Heart murmur                |   |
| <input type="checkbox"/> Scarlet fever          | <input type="checkbox"/> Rheumatic fever             |   |
| <input type="checkbox"/> Tonsillitis            | <input type="checkbox"/> Tuberculosis                |   |
| <input type="checkbox"/> Whooping cough         | <input type="checkbox"/> Muscular dystrophy          |   |
| <input type="checkbox"/> Bone or muscle trouble | <input type="checkbox"/> Broken bones                |   |
| <input type="checkbox"/> Urinary trouble        |  |   |
| <input type="checkbox"/> Hearing trouble        | <input type="checkbox"/> Hearing aid                 | <input type="checkbox"/> PE tubes in ears |
| <input type="checkbox"/> Eye trouble            | <input type="checkbox"/> Glasses                     | <input type="checkbox"/> Contacts         |

Please describe all illnesses checked above:

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Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of parent or guardian)

Notary Stamp

Notary Signature: \_\_\_\_\_  
STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)



**LAKE OF THE WOODS**  
*School*

## Student Transportation Request Form

- My child will need transportation
- My child will *NOT* need transportation

Today's Date: \_\_\_\_\_ Date to Begin: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Student Name(s):	Grade:
_____	_____
_____	_____
_____	_____
_____	_____

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

My child(ren) will be riding the bus:

- Mornings & Evenings
- Mornings Only
- Evenings Only

Special Instructions/Additional Information:

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**WWW.LAKEOFTHEWOODSSCHOOL.ORG**

**Lake of the Woods School ISD #390 · 236 15th Ave SW · P.O. Box 310 · Baudette, MN 56623  
218.634.2510 (Phone) · 218.634.2467 (Fax)**



**THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL :**

**STUDENT IDENTIFICATION INFORMATION**

Student's Name (First, Middle, Last)

Date of Birth

Age

Grade Level

**DISTRICT IDENTIFICATION/VERIFICATION INFORMATION**

School Name

District Number

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

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature – Responsible Authority

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN:**

**STUDENT LANGUAGE INFORMATION**

*Dear Parents and Guardians:*

*In order to help your child learn, your child's teachers need to determine which language your child uses most.*

*Please respond to the questions below by checking the appropriate box.*

1. Which language did your child learn first?       English    Other (specify): \_\_\_\_\_
2. Which language is most often spoken in your home?       English    Other (specify): \_\_\_\_\_
3. Which language does your child usually speak?       English    Other (specify): \_\_\_\_\_

**PARENT/GUARDIAN VERIFICATION OF INFORMATION**

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

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date



## 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 \_\_\_\_\_



**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

Lake of the Woods School  
PO Box 310  
Baudette, MN 56623

Homelessness exists in our community. A combination of high housing costs and poverty causes many families to lose their housing. Many young people leave their homes due to abuse, neglect, and family conflict. Children and youth who have lost their housing live in a variety of places including motels, shelters, shared residences, transitional housing programs, cars, campgrounds, and others. Their lack of permanent housing can lead to potentially serious physical, emotional, and mental consequences. The Lake of the Woods School will ensure that all children and youth receive a free and appropriate public education and are given meaningful opportunities to succeed in our school. The Lake of the Woods School will follow the requirements of the McKinney-Vento Homeless Assistance Act. Eligible students will receive support and referrals to outside school resources as needed.

We ask that parents and guardians complete this Questionnaire at the time of admissions. We ask that parents update this form as situations change that may make a student eligible under this act.

Name of Student: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent(s) / Legal Guardian (s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Is this student living with friends or family members (Other than a Parent / Guardian?) \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Check all that apply as to where this student is presently living:

1. \_\_\_\_\_ Does this student lack a fixed, regular, and adequate nighttime residence? and includes children and youth who are:
  - a. \_\_\_\_\_ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
  - b. \_\_\_\_\_ Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations.
  - c. \_\_\_\_\_ Living in Emergency or Transitional Shelters.

d. \_\_\_\_\_ Abandoned in Hospitals

e. \_\_\_\_\_ Awaiting Foster Care Placement

2. \_\_\_\_\_ Does this student have a primary nighttime residence that is public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings?

3. \_\_\_\_\_ Is this student currently living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings?

4. \_\_\_\_\_ Is this student a migratory child who qualifies as homeless because they are living in circumstances described above?

5. \_\_\_\_\_ Is this student an unaccompanied youth who qualify as homeless because they are living in circumstances described above? The term "Unaccompanied youth" includes a youth not in the physical custody of a parent or guardian, This would include runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families; and school-age unwed mothers living in homes for unwed mothers because they have no other housing available.

\_\_\_\_\_ **None of the above applies to this students situation.**

Eligibility under the McKinny-Venro Act is determined on a case by case basis. Relative permanence of the living arrangements will be taken into consideration. Incarcerated children and youth are not considered homeless.

Please Explain Situation:

**Signature of Parent / Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

OR

**Signature of Person Referring Student for consideration of the Ventro Kinny Act:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

If any of the above situations apply to this student, a copy of this form needs to be given to Joyce Beckel, LSSW, Local Liaison / McKinney- Vento Act. (218-634-2510 ext # 1554)

The School District will make a determination of eligibility and offer support as needed.



## Student Digital Equity Survey

### Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

### Student Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Primary Address: \_\_\_\_\_  
\_\_\_\_\_

### Digital Device Access

**1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?**

**No** (skip to question 2)

**Yes** (continue to 1a)

**a. If yes, what type of electronic device does the student usually use to complete homework?**

(select ONLY one)

- Desktop or Laptop
- Tablet
- Chromebook
- Smart phone
- Other

**b. Is the electronic device (from 1a) provided by the school?**

- Yes
- No

**c. Is the electronic device shared with anyone else in the home?**

- Yes
- No

**Internet Access**

**2. Can the student access the Internet on their electronic device at home?**

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 2a)

**a. If yes, what kind of Internet service do you have at home?**

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure.

**b. Can the student stream a video on their electronic device without pauses?**

- Yes – with **no** pauses or buffering
- Yes – with **some** pauses or buffering
- No – streaming doesn't work