



NORTHERN CHEYENNE TRIBAL SCHOOL

P.O. BOX 150, BUSBY, MT 59016 PHONE: (406) 592-3646 FAX: (406)592-3125/3645

STUDENT APPLICATION SCHOOL YEAR 2023 - 2024

DATE: _____

Student First and Last Name: _____ Grade: _____

All forms **must** be completed, Documents attached and returned to the school before a student will be considered for enrollment.

New students will be admitted during the first five school days of the first semester and the first five school days of the second semester. Except for these periods, new students will be admitted only under special circumstances and at the discretion of the Superintendent and Principal.

A checklist is provided to ensure that *YOU* have ATTACHED & INCLUDED each document.

- BIRTH CERTIFICATE (COPY) _____
- IMMUNIZATION RECORD _____
- CERTIFICATE OF INDIAN BLOOD _____
- CERTIFIED COURT DOCUMENTS _____
(Custody and or Guardianship Documents Notarized)

Thank you for your cooperation with the matter, if you have any questions please do not hesitate to call.

Northern Cheyenne Tribal School
P.O. Box 150, Busby, Mt. 59016 Phone: (406) 592-3646 Fax: (406) 592-3125/3645

Student Legal Name: _____ Grade: _____ Gender: Male or Female (circle one)

Other names used: _____ DOB: _____

Mailing Address (city, state, zip) _____

Phone Numbers: Home: _____ Work: _____ Message: _____

Emergency Contacts: _____

Northern Cheyenne Reservation District Area: _____

Who does the student reside with? Mother or Father (circle one) Other: _____

Physical Address: _____ 2nd drop off location: _____

Parent/Guardian(s) Information: (these are the people who are legally responsible for the student name above)

Parent's Information: _____

(Father) Last Name	First Name	(Mother) Last Name	First Name
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Tribal Affiliation: _____	Tribal Affiliation: _____
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Agency/City/State: _____	Agency/City/State: _____
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Place of Employment: _____	Place of Employment: _____
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Email Address: _____	Email Address: _____
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Phone No: _____	Phone No: _____
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Cell Phone: _____	Cell Phone: _____
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Legal Guardian's Information:

Last Name	First Name	Middle Initial	Relationship to student
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Tribal Affiliation: _____	Agency/City/State: _____
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Place of Employment: _____	Phone No: _____
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We will need a document notarized to have proof in the files of who is listed above as the legal guardian, if not the parent, has custody of the student if not documented through the courts.

Northern Cheyenne Tribal School

Student Residency Questionnaire

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

Presently, where is the student living? *Check one box*

Section A	Section B
<div style="border: 1px solid black; width: 40px; height: 30px; margin-bottom: 10px;"></div> <input type="checkbox"/> in a shelter doubled-up - Sharing the housing of other persons due to loss of housing, economic hardship, lack of houses, or a similar reason in a motel, hotel , (camping) trailer parks, or camping grounds due to lack of alternative adequate accommodations <input type="checkbox"/> in an unsheltered area/place <i>CONTINUE:</i> if you checked a box in Section A , complete #2 and the remainder of this form	<div style="border: 1px solid black; width: 40px; height: 30px; margin-bottom: 10px;"></div> <input type="checkbox"/> Choices in Section A do not apply <i>STOP:</i> If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School: _____

Name of Student _____ Male Female

Birth Date ____/____/____ Age: _____ Social Security# (if appropriate): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – School Administrator’s determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to the School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family’s situation:

_____ Date _____

CONSENT FOR STUDENT TO ATTEND SCHOOL

I willingly allow my student to attend Northern Cheyenne Tribal School and affirm that the above is true and correct to my knowledge.

Parent/Legal Guardian Signature: _____ Date: _____

I accept the above-named student for enrollment into our school district:

Administrator/Designee: _____ Date: _____

BIA/BIE OMB Number 1076-0122

Dear Parent(s)/Legal Guardian(s),

Welcome! We are happy that you have chosen to apply to our school. Following are some items that we need on file with your application:

- **COMPLETED APPLICATION** with parent or legal guardian signatures.
- **COPY** of your student's **BIRTH CERTIFICATE**. This document will prove age and relationship, in case the student is not enrolled with a U.S. Federally recognized Tribe. The State of Montana requires this to be on file before your student can attend a school.
- **COPY** of the applicants (student) **CERTIFICATE OF INDIAN BLOOD (CIB/CDIB)** or both sides of a **TRIBAL IDENTIFICATION CARD**. If the student is NOT enrolled with a U.S. Federally Recognized Tribe, then we need one or both of the enrolled parents to provide their Tribal affiliation documentation. If you cannot provide proof of your student’s tribal affiliation or descent, then this application must be taken to the NCTS School Board for approval of enrollment.
- **COPY** of your students **UPDATED IMMUNIZATION RECORD**. The State of Montana requires this to be on file before your student can attend school.
- **SIGN AND RETURN THE TITLE I PARENT CONTRACT.**

After we receive the completed application for your student; the following procedure will be followed:

- 1) The registrar will fax a request for preliminary records from the last school attended, as listed on the application. Please allow 2-3 days for this process and time for the school to respond to our request.
- 2) Upon receipt of all the documents requested you will be notified, a meeting will be arranged for you and your student to come to the school and meet the Principal, Dean of Students, and other designated staff.

If at any time during this process you have any questions or concerns, please contact the school and talk with the Principal, Dean of Students, Registrar, or Guidance Counselor for further assistance.

Thank you again for choosing our Northern Cheyenne Tribal School.

MEDICAL INFORMATION:

Has your student ever had problems with: (please circle all that apply) or No Problems

Ears	Eyes	Asthma	Speech	A.D.D.	A.D.H.D.
Head Injury	Epilepsy	Allergies	Seizures	TB	Convulsions
Diabetes	Migraines	Cancer	Vision – wear glasses		

Serious Accidents: _____

DOES YOUR STUDENT HAVE ANY SPECIAL MEDICAL CONDITIONS TO BE AWARE OF?

(please circle) YES NO

If YES, please explain:

Please list all medications:

PARENTAL PERMISSION SLIP: As the parent/guardian of _____

- () NCTS has my permission to transport my child to and from school and/or from all school functions.
- () I allow my child to participate in all extracurricular activities on or off the school grounds including, but not limited to athletic events or school functions.
- () I approve the use of photographs, digital images or video of my child for, among other things, public Relations, school activities, advertisements, website and fundraising.

Parent/Guardian Signature _____ **Date** _____

ANY OVERNIGHT OR OUT-OF-STATE FIELD TRIPS WILL REQUIRE A SEPARATE PERMISSION SLIP.

I will also allow my child to participate in the following: (please check all that you wish your child to participate in).

- | | |
|---|-----------------------------------|
| _____ Vision and Hearing Tests | _____ Special Education Program |
| _____ Athletic/Sports Activities | _____ Other: _____ |
| _____ Gifted and Talented Programs | _____ Emergency Medical Treatment |
| | (As deemed necessary) |
| _____ After-School Programs/White Buffalo | |

If you have a doctor or hospital preference, please indicate it here:

Parent/Legal Guardian Signature for the above items: _____

Date signed: _____ Home Phone No: _____ Cell No: _____

A copy of this will be on file for the field trips and/or staff as needed.

CUSTODIAL INFORMATION: (18 YEARS AND YOUNGER)

(If custody/guardianship has been decided by a court you MUST provide court documentation. Otherwise, we cannot deny the other parents request or enforce yours.) We will need a document notarized to have proof in the files that person who is listed below has custody of the student if not through the courts.

Who has primary physical custody of this student? Name: _____

Relationship to student: _____

Does this student reside with you by a court order? (Circle one) YES NO

Court order number/Jurisdiction: _____

Is this address different from the mailing & physical address described previously? YES NO

Non-custodial Parent: _____

Are there any restrictions in the court order denying the non-custodial parent the right to review or receive records or speak to teachers/staff regarding this student? (Circle one) YES NO

Do you wish to be contacted for any visit by the non-custodial parent? (Circle one) YES NO

Phone number where you can be reached: _____

Are there restrictions on visitations/communications by person(s) with this student? (Circle one)

YES NO Name of person(s): _____

Any additional comments: _____

BUS TRANSPORTATION:

Will your student ride the bus? (Circle one) YES NO Physical address: _____

Please draw a map to the physical location of your home:

THE BUS DRIVER MAY NOT CONTINUE PICK UP IF YOUR STUDENT DOESN'T RIDE FOR 3 CONSECUTIVE DAYS. IF THIS OCCURS YOU NEED TO CALL OUR SCHOOL.

STUDENT TRIBAL AFFILIATION INFORMATION:

Is the student an enrolled member of a U.S. Federally Recognized Tribe? (Circle one) YES NO

If YES, please indicate tribe here: _____

City & State where information is located: _____

EDUCATION INFORMATION:

Is your student currently enrolled with a school? (Circle one) YES NO

Please list the current school and last 3 schools your student has attended: (current or most recent first)

Name of School	Address, City, State	Phone No. / Fax No.

Currently or past school year, did your student miss more than 10 days of school? YES NO

Currently or past school year, did your student miss more than 20 days of school? YES NO

Currently or past school year, did your student miss more than 30 days of school? YES NO

Did your student receive any summer school credit(s) this summer? YES NO

If yes, Please give school name, city, state, where acquired: _____

Has your student ever received services in the following areas: (circle all that apply)

SPECIAL EDUCATION GIFTED AND TALENTED AFTER SCHOOL TUTORING

Has your student ever experienced difficulty in: (circle all that apply?)

Math Reading Written Language Behavior Attendance

Has your student ever been expelled from a school? (Circle one) YES NO

If yes, Where/What school and School Year? _____

HOME LANGUAGE:

Our school is interested in knowing what language(s) are spoken and heard at home by your student. This is needed in order for us to provide the best instruction possible for each student.

1. What language(s) has your student learned to speak? _____
2. What language(s) does your student use most often? _____
3. What language is regularly used when speaking to your student? _____

ETHNICITY:

Is your student Hispanic or Latino? YES NO

Is your student from one (1) or more of the following races? (Circle all that apply)

American Indian or Alaska Native Asian Black/African American
Native Hawaiian or Other Pacific Islander

CONFIDENTIAL RELEASE OF RECORDS

RELEASE FORM FOR SCHOOL RECORDS
YOU CAN LEAVE THIS FORM AT THE PREVIOUS SCHOOLS OFFICE

TO: _____
(Previous School - Not Northern Cheyenne)

DATE: _____

Records are being requested by (please mark appropriate box)

_____ SPED Director _____ Counselor _____ Principal _____ Dean Of Students _____ NASIS Department

Student Name: _____

Grade: _____

_____ Cumulative Records

_____ Special Education Records

_____ Transcript/Last Report card

_____ Behavior/Discipline Records

_____ State/NWEA/MAP Test Records

_____ Gifted and Talented Records

Please send the above information to:

NORTHERN CHEYENNE TRIBAL SCHOOL
ATTN: Registrar Office
P.O. Box 150
Busby, Montana 59016
Phone: 406-592-3646
Fax: 406-592-3125

Staff Name & Position _____

Date: _____

According to the Family Educational Rights and Privacy Act (FERPA), no parent signature is required for educational records sent to another educational agency. It states that school officials which the student may intend to enroll, may receive a student's records without consent for release.

BIE McKinney-Vento Enrollment/Referral Form

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C, of the No Child Left Behind (NCLB) Act. This documentation will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

- 1. Is your current address a temporary living arrangement? YES NO
- 2. Is your temporary address due to loss of housing or economic hardship? YES NO

If the answer is "YES", please continue this form. Otherwise, STOP HERE. Thank you.

STUDENT INFORMATION:

Student Name(s): _____

Parent Guardian Name: _____

School Site: Northern Cheyenne Tribal School Grade Level: _____

Parent/Guardian/Youth phone number: _____ Cell: _____

Is this contact number a (circle one) HOME WORK SHELTER/FAMILY or a FRIENDS residence phone?

RESIDENCY INFORMATION:

Are you a high school student who is currently living on your own? YES NO

Where does the student stay at night? Shelter Temporary Housing

Other: _____

Address/Directions:

Shelter Contact Person:

The family/youth has been residing within the school district boundaries and intends to stay _____ (initials)

If the present school is a boarding school, will the student be enrolled in a residential dorm? YES NO

AGREED UPON SERVICES:

Educational Services Description:

After School Services Description:

Transportation Services: Pick up location: _____

Drop off Location: _____

Health Services: Immunizations: _____

Dental: _____

Free Lunch: _____

Counseling: _____

The Parent/Guardian/Youth understand that the agreed upon services are supplemental to the regular day and will be re-evaluated to determine which need to be continued. In the event that the family/youth residency changes, it is their responsibility to notify the NCTS Home School Coordinator immediately.

Parent/Guardian/Youth	Date	School Liaison/Designation	Date
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U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you chose not to submit a form the school cannot count your child for funding a program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member as defined by the Indian tribe or band of an Indian Tribe or band, including those Indian Tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; Or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ DATE OF BIRTH: _____
(AS SHOWN ON SCHOOL ENROLLMENT RECORDS)

SCHOOL NAME: NORTHERN CHEYENNE TRIBAL SCHOOL GRADE: _____

NAME OF TRIBE, BAND OR GROUP:

TRIBE, BAND OR GROUP _____

_____ FEDERALLY RECOGNIZED; _____ STATE RECOGNIZED; _____ TERMINATED
(INCLUDING ALASKA NATIVE)

_____ ORGANIZED INDIAN GROUP MEETING # OF THE DEFINITION ABOVE

NAME OF INDIVIDUAL WITH TRIBAL MEMBERSHIP:

INDIVIDUAL NAMED IS (CHECK ONE) _____ CHILD _____ CHILD'S PARENT _____ CHILD'S GRANDPARENTS

PROOF OF MEMBERSHIP OR ENROLLMENT NUMBER (IF READILY AVAILABLE) _____ OR _____

OTHER (EXPLAIN) _____

NAME AND ADDRESS OF ORGANIZATION MAINTAINING MEMBERSHIP DATA FOR THE TRIBE, BAND OR GROUP:

I VERIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE:

PARENT'S SIGNATURE: _____ DATE: _____

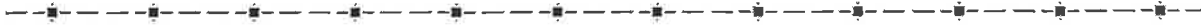
MAILING ADDRESS: _____ TELEPHONE: _____

NOTICE: Public Reporting Burden Notice on following page

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 3E200, Washington, D.C. 20202-6335.

Northern Cheyenne Services Unit
Lame Deer Dental Clinic



Dear Parent / Guardian:

The Northern Cheyenne Service Unit is offering a School Sealant Program to Native American students to prevent tooth decay. Participants will have sealants, preventive fluoride treatment(s) and interim restorative care if needed. These services will be provided at the school by an Indian Health Service dentist or dental hygienist. When your child is seen the school will send you a report on the status of your child's oral health.

This project is very important to the oral health of your child. Participation is entirely voluntary and without cost to you. We encourage you to allow your child / children to participate in this valuable health project. This preventive program, however, should not take place of proper home care and visits to your dental professional. If you have any questions regarding this project, please contact Marti Caywood at 477-4464.

Please complete and **return this form to the school** to ensure your child is seen.

_____ I **want** my child to participate in the school sealant program.

_____ I **don't** want my child to participate in the school sealant program.

Name of child: _____ Date of birth: _____

Age: _____ Gender: _____ Grade: _____ Teacher: _____

Signature (Parent / Guardian): _____ Date: _____

**NORTHERN CHEYENNE TRIBAL SCHOOL
HEALTH HISTORY FORM AND PARENTAL CONSENT
HEALTH HISTORY**

Please place an "X" on the appropriate line if your child has, or has had, any of the following conditions:

- | | |
|--|--|
| <input type="checkbox"/> Asthma
<input type="checkbox"/> Bee or Insect Sting Allergy
Mild <input type="checkbox"/> Severe <input type="checkbox"/>
<input type="checkbox"/> Kidney/Bladder Disease
<input type="checkbox"/> Arthritis
<input type="checkbox"/> Heart Murmur
<input type="checkbox"/> Heart Disease
<input type="checkbox"/> TB (tuberculosis)
<input type="checkbox"/> Blood Transfusion(s)
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Gallbladder Disease/Surgery
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Vision problems/Wears Glasses/Contacts
<input type="checkbox"/> Drug or Alcohol Problems | <input type="checkbox"/> Cancer
<input type="checkbox"/> Other Allergy: (list) _____

<input type="checkbox"/> Menstrual Problems (females)
<input type="checkbox"/> Ulcers
<input type="checkbox"/> Stomach/Bowel Disease
<input type="checkbox"/> Seizures/Epilepsy
<input type="checkbox"/> Bleeding problem that required treatment
<input type="checkbox"/> Migraine or severe headache
<input type="checkbox"/> Frequent colds/sore throats
<input type="checkbox"/> Bronchitis/Lung Problems
<input type="checkbox"/> Hearing Problems/Earaches
<input type="checkbox"/> Mental Health/Behavioral Issues
<input type="checkbox"/> Skin Condition: _____ |
|--|--|

Please describe any other health conditions, surgeries, etc., not listed above:

Please list all medications and supplements your child currently takes on a regular basis, including over-the-counter medications and supplements and emergency medication such as an inhaler, epi-pen, or migraine/headache medication:

Parent or Guardian Signature

Date

Consent of Parental/Legal Guardian

I/we hereby give informed consent for _____ to:
STUDENT

1. Receive first aid and/or medical/dental services in the event of an emergency, illness or injury.
2. Be transported to a clinic or hospital in the event of an emergency.
3. Take prescription medication properly ordered by a physician and labeled by a pharmacist while at school. (A note from a parent/guardian must also be signed and sent with all prescriptions).
4. Receive mental/emotional health services including evaluation and recommended treatment as necessary.
5. Be transported home or to another residence or place previously listed by parent/guardian in case of an illness for above listed services.

My signature below indicates that I have read and I understand the consent is being given by me. I have crossed out all items listed for which I do not give consent.

Signature of Parent or Guardian

Date

Information on Minimum Requirements for School Immunization

Vaccine	Total Number	Additional Dose Requirements
Polio	3 doses and	at least one dose after the fourth birthday
DTP/DT/DTaP/Td (<i>tetanus/diphtheria/ Pertussis</i>)	4 doses and	one dose must be given after the fourth birthday
Td Booster (<i>tetanus/diphtheria</i>)	1 dose	Prior to entering the 7 th grade a pupil must receive a dose of Td. This schedule applies To pupils who have completed the prior 4 Doses listed above.
MMR (<i>measles, mumps Rubella</i>)	Dose 1 on or after 1 st birthday	Dose 2 prior to kindergarten entry. <i>A pupil entering any grade from 7-12 who has not already received the 2nd dose at kindergarten age must receive the 2nd dose.</i>

Name of Student: _____ Grade: _____

Authorization of Release of Student

Only parent(s) / legal guardian(s) or other individuals identified on this Authorization for Release of Student form are authorized to remove a student from school during the school day.

A person whose name does not appear on this Authorization for Release of Student form shall not be permitted to check out the student unless contact is made with the parent(s) / legal guardian(s). If no contact can be made, no release shall be authorized. This applies to any individual regardless of the relationship to the student.

The off staff that is authorized to release a student shall have the authorized person sign the student out in the Student Checkout Roster.

This procedure is being put in place for the safety of our students. This authorization shall be placed in the student's file.

The following individual(s) are authorized to check out my son / daughter from school:

Name	Relationship to student	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN EMAIL FOR THE SCHOOL'S EMERGENCY ALERT SYSTEM OF EARLY RELEASE, SCHOOL CLOSURE, BUSES RUNNING LATE, NO SCHOOL:

EMAIL: _____

PARENT/GUARDIAN CELL PHONE NUMBER FOR EMERGENCY TEXT ALERTS OF SCHOOL CLOSURE, BUSES RUNNING LATE, EARLY RELEASE:

PHONE # _____

**BIE HOME LANGUAGE SURVEY
2022-2023 SCHOOL YEAR
NORTHERN CHEYENNE TRIBAL 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.

- 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 parent/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.