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.
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

Tribal Affiliation: ___________________________ Tribal Affiliation: ___________________________

Agency/City/State: ___________________________ Agency/City/State: ___________________________

Place of Employment: ___________________________ Place of Employment: ___________________________

Email Address: ___________________________ Email Address: ___________________________

Phone No: ___________________________ Phone No: ___________________________

Cell Phone: ___________________________ Cell Phone: ___________________________

Legal Guardian’s Information:

Last Name  First Name  Middle Initial  Relationship to student

Tribal Affiliation: ___________________________ Agency/City/State: ___________________________

Place of Employment: ___________________________ Phone No: ___________________________

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

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ in a shelter</td>
<td>☐ Choices in Section A do not apply</td>
</tr>
<tr>
<td>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</td>
<td>STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel</td>
</tr>
<tr>
<td>☐ in an unsheltered area/place</td>
<td></td>
</tr>
</tbody>
</table>

CONTINUE: if you checked a box in Section A, complete #2 and the remainder of this form

2. The student lives with:
   - ☐ 1 parent
   - ☐ 2 parents
   - ☐ 1 parent & another adult
   - ☐ a relative, friend(s) or other adult(s)
   - ☐ alone with no adults
   - ☐ 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: __________

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
☐ Athletic/Sports Activities
☐ Gifted and Talented Programs
☐ After-School Programs/White Buffalo
☐ Special Education Program
☐ Other: __________________________
☐ Emergency Medical Treatment (As deemed necessary)

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.
(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)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Address, City, State</th>
<th>Phone No. / Fax No.</th>
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</tbody>
</table>

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

BIA/BIE OMB Number 1076-0122
*CONFIDENTIAL RELEASE OF RECORDS*

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

TO: ____________________________________________ DATE: ______________________

(Previous School - Not Northern Cheyenne)

__________________________________________

__________________________________________

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

OMB Number 1810-0021 Expiration Date: 4/30/2023
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

(AS SHOWN ON SCHOOL ENROLLMENT RECORDS)

DATE OF BIRTH:

SCHOOL NAME: NORTHERN CHEYENNE TRIBAL SCHOOL

GRADE:

NAME OF TRIBE, BAND OR GROUP:

TRIBE, BAND OR GROUP

FEDERALEY 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.
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: ___________
Please place an “X” on the appropriate line if your child has, or has had, any of the following conditions:

_____ Asthma

_____ Bee or Insect Sting Allergy

Mild _____ Severe _____

_____ Kidney/Bladder Disease

_____ Arthritis

_____ Heart Murmur

_____ Heart Disease

_____ TB (tuberculosis)

_____ Blood Transfusion(s)

_____ Diabetes

_____ Gallbladder Disease/Surgery

_____ Hepatitis

_____ Vision problems/Wears Glasses/Contacts

_____ Drug or Alcohol Problems

_____ Cancer

_____ Other Allergy: (list) __________________________

________________________

_____ Menstrual Problems (females)

_____ Ulcers

_____ Stomach/Bowel Disease

_____ Seizures/Epilepsy

_____ Bleeding problem that required treatment

_____ Migraine or severe headache

_____ Frequent colds/sore throats

_____ Bronchitis/Lung Problems

_____ Hearing Problems/Earaches

_____ Mental Health/Behavioral Issues

_____ 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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Phone Number</th>
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<tbody>
<tr>
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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 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.

BIE Sample Form HLS, Revised July 2021