



All kids are engaged in learning today...for life tomorrow

STUDENT REGISTRATION PACKET

Student ID:
Parent Portal Password:

Today's date: _____

Student's Complete Legal Name _____
Last First Middle

Gender: Male Female Age _____ Birth Date: _____ Grade: _____

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

The physical address above is the student's: permanent temporary address. (circle one)

Second Mailing Address _____ City _____ State _____ Zip Code _____

Primary Phone Number _____ Student's Cell Phone _____
[] Home [] Cell Phone [] Okay to receive text

Has the student ever attended Great Falls Public Schools in the past? YES ___ NO ___ If so, which school? _____

Last School Attended _____ City _____ State _____

Last Date Attended School Above _____

Guardian Information: (Please complete for all parents and caregivers)

Parent/ Guardian's Name _____

Address _____

Relationship _____

Place of Employment _____

Work Phone _____

Cell Phone _____ [] Okay to receive text

Email Address _____

Parent/ Guardian's Name _____

Address _____

Relationship _____

Place of Employment _____

Work Phone _____

Cell Phone _____ [] Okay to receive text

Email Address _____

Student primarily lives with: Both Parents ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Grandparents ___
(Please check all that apply) Other ___ (Please specify whom) _____

Who is the student's legal guardian? _____

Guardianship Paperwork provided: Yes ___ No ___ Not Applicable ___ (If no, please provide to school registrar as soon as possible)

Emergency Contact (Not including parents and must live within city limits)

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

List all other children living in the household.

Name			Age	Birth Date			School	Grade
Last	First	MI		Mo.	Day	Yr.		

Has the student participated in any of these special services or preschool programs? (Check all that apply)

Special Education Speech and Language Services 504 Plan Reading Assistance Math Assistance
 ESL Services Gifted and Talented HeadStart GFPS Preschool Other Preschool

Does student have any special concerns we should be aware of (health/other)? _____

Birthplace: City _____ State _____

Race / Ethnicity

Identify the ethnicity and race of the student by answering **BOTH** questions.

Part 1)

Is the individual Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Part 2)

What is the individual's race? (Choose at least one race below)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Note: Failure to answer both questions will result in use of prior racial/ethnic data or an observer identifying for you

Student Military Connected Information:

'Military Connected' student means a student enrolled in a school district who is a dependent of an active duty member of:

Please select one:

- The United States Military (Army, Navy, Air force, Marines, or Coast Guard)
- Active Duty National Guard
- Active Duty Reserve Force of the US Military
- Transitioning out of Active Duty to National Guard or Reserve

What is the student's primary language? _____ Secondary language? _____

- What language is spoken most frequently by the student at home? _____

If the primary or secondary language is not English, please answer the following questions:

- What is the student's country of origin? _____
- What language do you most frequently speak to your son/daughter?
 - Mother _____
 - Father _____

Parent/Guardian Signature _____

Date _____

For Office Use ONLY

Grade	Room	Counselor/Advisor
Locker #	Locker Combo	
Transcripts Requested Yes _____ No _____	Immunization Forms Provided Yes _____ No _____	Birth Certificate / Other Age Verification Provided Yes _____ No _____

Student Enrollment Health History & Medical Update

Name _____ Date of Birth _____
Last First Middle

PLEASE FILL IN ANY INFORMATION THAT IS APPLICABLE. PLEASE USE BACK IF NEEDED FOR ADDITIONAL INFO.

1. Asthma	Y	N	Medications _____	Symptoms _____
2. Allergies	Y	N	To What: _____	
			Medications _____	Symptoms _____
3. Diabetes	Y	N	Medications _____	Symptoms _____
4. Seizures	Y	N	Medications _____	Symptoms _____
5. Add/Adhd	_____		Medications _____	

6. Visual Problems _____ Wears Glasses /Contacts _____

7. Hearing Problems _____ Frequent Ear Infections _____ Hearing Aids _____

8. Heart Condition _____ Specify Restrictions _____

9. Congenital/Chronic Conditions _____

10. Had Chicken Pox? -- If Yes, Please Give Date _____

11. Serious Injuries (List) _____

12. Operations _____

13. Social/Emotional/Behavioral Concerns _____

14. Special Needs, Bathroom Privileges, Restrictions, Etc. _____

15. Other _____

16. Please list any medications your student takes both at home and at school. **MEDICATIONS GIVEN AT SCHOOL MUST BE ACCOMPANIED BY COMPLETED PHYSICIAN'S FORM AND CHECKED INTO THE OFFICE.**
(NOTE: If medications have changed it is parent's responsibility to notify the school of any such changes.)

17. Are Immunization Records Attached? ___ Yes ___ No (If no, must provide to school immediately)

Guardian's Signature

Relationship

Date



Indian Education Department - Great Falls Public Schools

2400 Central Avenue – Great Falls, MT 59401
Office 406-268-6669 -- Director 406-268-6003
FAX 406-268-6644

Dear Parent(s)/Guardian(s):

If you, your child or any of your child's biological grandparents are enrolled members or lineal descendant of a federally recognized tribe or the Little Shell Tribe of Montana, your child is eligible for Title VI Program benefits through the Great Falls Public School District. Those benefits include:

Early Learning Family Center

American Indian Support Staff
American Indian Club

Elementary Student Activities

American Indian Support Staff (accessible at all elementary schools)
After School Academic Support
After School Cultural Activities (elementary students accompanied by an adult at Paris-including sewing/beading)
American Indian Club (@ each elementary)
Traditional Dancing Practice (for elementary district-wide @ Longfellow and West-performance times vary)
Drum Group (for elementary district-wide @ Longfellow-performance times vary)
Title VI Elementary Awards

Middle School Student Activities-North and East

American Indian Support Staff (accessible at both middle schools)
After School Academic Support
After School Cultural Activities (@ Paris-including sewing/beading)
American Indian Club (@ each middle school)
Drum Group (for middle school district-wide @ East)
College Visits
Title VI Secondary Awards

High School Student Achievement Activities

American Indian Academic Achievement Coaches at all three high schools
American Indian Club and InterTRIBAL Strong (American Indian Youth Leadership)
American Indian Academic Immersion School-Paris
After School Montana Native Language Classes (@ CMR and GFHS high schools)
After School Beading Classes (for high school district-wide @ GFHS)
After School and Saturday School Academic Support
Drum Group (for high school district-wide @ GFHS)
Honors and AP Outreach
Guidance to graduate with a meaningful diploma and a plan
College Application and FAFSA Assistance
College Visits/Scholarship Application Support
Title VI Secondary Awards

Help your child to take advantage of these opportunities:

- ✓ **506 Form** of Title VII Eligibility Certification ENTIRE FORM must be filled out
- ✓ **Release of Information Form** if you do not have a **tribal enrollment number or letter of lineal decedency** readily available, please complete form and an attempt to obtain the enrollment number directly from the tribe will be made.

Marcy Cobell-Gilbert: Director, GFPS Department of Indian Education

Indian Education Department
Paris Gibson Education Center
2400 Central Avenue
Great Falls, MT 59401
406-268-6669 Office
406-268-6003 Director

It is required by the Great Falls Public School District that all parents fully read, complete and check the appropriate box below. This form will be sent to the Indian Education Department. Thank you

To the parents of: _____
(Child's Name)

Child's School: _____ Grade: _____

Mark this box with an "X" if you or your child, either of your parents/grandparents **Are Not** of American Indian decent (if checked, this form is complete).

Mark this box with an "X" if you or your child, either of your parents/grandparents **Are** of American Indian decent, please read the information below, and complete the "506 Form – Title VII Student Eligibility Certification" included in this packet. If you do not have a tribal enrollment number readily available, please complete the release of information form that is printed on the back of this letter and the enrollment number will be obtained for you directly from the tribe.

Your children are **Not Required** to be an enrolled tribal member but a parent or grandparent must be enrolled as a member of a tribe in the United States to qualify for Title VII Indian Education program services. Our Indian Education program in the Great Falls Public School District is here to assist **All** eligible students of American Indian decent with academic, social and cultural support,

Sincerely,
Marcy Gilbert
Marcy Gilbert
Director, Indian Education
Great Falls Public School District



INDIAN EDUCATION DEPARTMENT

Great Falls Public School District
406-268-6669 Office
406-268-6003 Director

2400 Central Avenue
406-268-6669 NA Library

Great Falls, MT 59401
406-268-6644 FAX

Tribal Certification Release of Information (rev. 10-26-2012)

Please Print

Enrolled Name: _____ Date of Birth: ___/___/___

Name of Tribe: _____ Enrolled: __ Descendant: __

Reservation Location or Agency: _____
City State

Place of Birth: _____
City State

Mother's Maiden Name: _____

Mother's Tribe: _____ Mother's Date of Birth: ___/___/___

Grandmother's Name: _____

Grandmother's Tribe: _____ Grandmother's Date of Birth: ___/___/___

Father's Name: _____

Father's Tribe: _____ Father's Date of Birth: ___/___/___

Grandfather's Name: _____

Grandfather's Tribe: _____ Grandfather's Date of Birth: ___/___/___

I HEREBY GRANT PERMISSION TO RELEASE TRIBAL CERTIFICATION TO:

**GREAT FALLS PUBLIC SCHOOL DISTRICT
INDIAN EDUCATION DEPARTMENT
2400 CENTRAL AVENUE
GREAT FALLS, MT 59401**

Signature: _____ Date: ___/___/___

.....
TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICER:

I certify that _____ is ___ Enrolled ___ 1st Descendant ___ 2nd Descendant
of the _____ Tribe.

Enrollment Number: _____ Blood Degree: ___/___
Eligible for BIA services: ___ Ineligible for BIA Services: ___

Agency Name: _____

Agency Address: _____

Certifying Official Signature: _____

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.