



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

STUDENT REGISTRATION PACKET

For School Year: 20 - 20

Student ID: [ ]

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) Check box **ONLY** if allowed to excuse, pickup or discuss grades

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 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)? \_\_\_\_\_

**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

**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

1. Was your child born in the United States?  YES  NO

a. If yes, in which city and state? \_\_\_\_\_  
 b. If no, in what country? \_\_\_\_\_

2. Please list other schools your child has attended in the United States, if any.

a. School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grades \_\_\_\_\_  
 b. School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grades \_\_\_\_\_  
 c. School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grades \_\_\_\_\_

3. Home Language Survey:

3.1 What language did your child learn when he/she first began to talk? \_\_\_\_\_  
 3.2 What language does your child most frequently speak at home? \_\_\_\_\_  
 3.3 What language is spoken by you and your family most of the time at home? \_\_\_\_\_  
 3.4 Is there a tribal or heritage language spoken by you or your family within the past few generations?  Yes  No  
 If yes, what language or languages? \_\_\_\_\_  
 3.5 **IF AVAILABLE**, in what language would you prefer to receive information? \_\_\_\_\_

\_\_\_\_\_  
 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 A 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



## **Indigenous 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 children's biological grandparents are enrolled members, or a lineal descendant of a federally recognized tribe your child is eligible for Title VI Program benefits through the Great Falls Public School District. Those benefits include:

### **Early Learning Family Center**

Youth Development Specialist (YDS)  
Indigenous Culture Club

### **Elementary Student Activities**

Youth Development Specialist (YDS) (accessible at all elementary schools)  
After School Academic Support  
Indigenous Culture Club (@ each elementary)  
Powwow Style Dance Practice (for elementary @ Longfellow and Whitter)

### **Middle School Student Activities-North and East**

Youth Development Specialist (YDS) accessible at both NMS and EMS  
After School Academic Support  
Indigenous Culture Club  
Drum, Archery and Flute  
College Visits

### **High School Student Achievement Activities**

Academic Achievement Coaches at all three high schools  
After School and Saturday School Academic Support  
After School Drum Group (for high school @GFHS and CMR)  
Honors and AP Outreach  
Guidance to graduate with a meaningful diploma and a plan  
College Application and FAFSA Assistance  
College Visits/Scholarship Application Support  
After School interTribalstrong (Indigenous Youth Leadership)  
Indigenous Culture Club

Help your child to take advantage of these opportunities:

- ✓ **506 Form** of Title VI 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.

**GFPS Department of Indigenous Education**

Indigenous 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 Indigenous 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 **Are Not** of American Indian descent (if checked, this form is complete).

Mark this box with an "X" if you or your child, either of your parents **Are** of American Indian descent, please read the information below, and complete the "506 Form-Title VI 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 Indigenous Education Department will attempt to obtain this number for you.

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

Sincerely,  
GFPS-Department of Indigenous Education



**Tribal Certification Release of Information**

**Indigenous Education Department**

268-6669 Secretary | 268-6003 Director | 268-6644 FAX  
Great Falls Public School District | 2400 Central Avenue | Great Falls MT 59401

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

<b>Name (individual with tribal enrollment number):</b> _____	
<b>Date of Birth:</b> __/__/__ <b>Enrolled</b> ___ <b>Child</b> ___ <b>Child's Parent</b> ___ <b>Child's Grandparent</b> ___	
<b>Reservation Location or Agency</b> _____	
City	State
<b>Place of Birth:</b> _____	
City	State

**Mother's Maiden Name:** \_\_\_\_\_

**Mother's Tribe:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_

**Grandmother's Maiden Name:** \_\_\_\_\_

**Grandmother's Tribe:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_

**Father's Maiden Name:** \_\_\_\_\_

**Father's Tribe:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_

**Grandfather's Maiden Name:** \_\_\_\_\_

**Grandfather's Tribe:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_

I HEREBY GRANT PERMISSION TO RELEASE TRIBAL CERTIFICATION TO:

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

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

**PRINT NAME:** \_\_\_\_\_

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**TO BE COMPLETED BY ENROLLMENT OFFICER:**

I certify that \_\_\_\_\_ is \_\_\_ Enrolled \_\_\_ 1<sup>st</sup> Descendant \_\_\_ 2<sup>nd</sup> Descendant  
of the \_\_\_\_\_ Tribe.

**Enrollment Number:** \_\_\_\_\_ **Blood Degree:** \_\_\_\_/\_\_\_\_  
\_\_\_ Eligible for BIA Services \_\_\_ Ineligible for BIA Services

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Certifying Official Signature** \_\_\_\_\_

**ED506Form**  
**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