



Bayfield High School

Enrollment Packet

Student Name: _____

Parent/Guardian Name: _____

****Please print clearly on all Forms and ensure accuracy.**

The following must be complete before we can accept your enrollment packet:

___ Complete Enrollment Packet

___ Proof of Residency (must be from the following)

- Proof of home purchase
- Utility Bill
- Lease or rental agreement

___ Birth Certificate

___ Proof of Guardianship if applicable

___ Immunization Records

___ IEP or 504 Documentation if applicable

___ Transcript request forms (from all schools attended where High School credits were earned)

*Weighted grades will not be accepted from transferring schools unless the equivalent course is offered at BHS for weighted grade

****Bayfield High School will not accept incomplete enrollment packets. Students will not be registered for courses without a complete and accurate packet.**

BHS Staff accepting enrollment packet _____ Date _____



Verified Proof of Residency Letter

School: _____	Date: _____
Student Name: _____	Grade: _____
Parent/Guardian: _____	Phone: _____

The following information is provided as proof of residency of a student as required under C.R.S. § 22-1-102. I verify that I am the owner / lessor of the following property:

Address	City	State	Zip Code
---------	------	-------	----------

Attached is a copy of my proof of ownership or occupancy of this residence: (please check one)

- Warranty Deed
- County Tax or Assessment Notice
- Lease Agreement
- Purchase Agreement
- Utility Bill

I also verify that the following individuals will be residing at my residence described above from

___/___/___ to ___/___/___:

Name of Parent/Guardian of Student

Name of Student

Name of Student

Name of Student

The above information is true and correct to the best of my knowledge.

Name of Homeowner/Lessor

Signature of Homeowner/Lessor

Date

STATE OF COLORADO)
) ss:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____, by _____. Witness my hand and official seal.

My commission expires: _____.

[SEAL]

Notary Public

RECORDS RELEASE FORM

AUTHORIZATION TO RELEASE STUDENT INFORMATION AS PER H.R. 69, PUBLIC LAW 92-380, SEC. 433 OF THE UNITED STATES CODE "PROTECTION OF THE RIGHTS AND PRIVACY OF PARENTS AND STUDENTS."

Please mail records to: Student Records
Bayfield High School
Address: 800 County Road 501
Bayfield, CO 81122
Phone: (970) 884-9521
Fax: (970) 884-4226

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Registrar or Counselor:

You are hereby authorized to release from your records the following data concerning the student listed below:

- 1) Official Transcript
- 2) Withdrawal Grades
- 3) Standardized Test Data
- 4) Immunizations/Medical Data
- 5) Special Education IEP Records
- 6) Birth Certificate
- 7) Discipline/ Behavior/Threat/Suicide Assessment Documents if applicable

Name and address of school from which student's records are requested:

_____ Previous School Name	_____ Student Name	
_____ Street Address	_____ Current Student Grade	
_____ Post Office Box	_____ Parent/Guardian Signature	
_____ City	_____ State	_____ Zip
_____ Phone Number	_____ 1 st Notice Sent	
_____ Fax Number	_____ 2 nd Notice Sent	

BAYFIELD SCHOOL DISTRICT 10 JT-R
CONFIDENTIAL INFORMATION FOR CUMULATIVE RECORDS

Failure to provide accurate and complete information may result in delayed or terminated enrollment. Exception: If you are currently in the process of purchasing or renting a home in our district, a 30 day grace period may be provided to attain proof of residency. This form is to be filled out by parent or guardian only. Please fill in all information on this form. All information will be kept strictly confidential. Student may start school 24 hours after paperwork is returned.

Today's Date _____ Date Student will start school _____ Enrollment Grade _____

Has your student ever attended Bayfield School District? Yes No If so, what was most recent year? _____

What is the most recent date your student enrolled in a Colorado school? _____

Last Name _____ First Name _____ Middle Name _____

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Student's Cell Phone _____

Parent Email Address _____ Birth Date _____

Male Female

Ethnicity: Do you consider your student to be of Hispanic or Latino origin? Yes No

Race: Which of the following groups describe your student's race? You may select more than one.

- White- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American- A person having origins in any of the black racial groups of Africa.
- Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native- A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian/Other Pac Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Father's Name _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____ Cell Phone _____

Student lives with: Father Mother Stepfather Stepmother Guardian Other

Guardian's Name _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____ Cell Phone _____

Step Father's Name _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____ Cell Phone _____

Step Mother's Name _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____ Cell Phone _____

Emergency Contact Name #1 _____
Relationship _____ Phone _____ Cell Phone _____

Emergency Contact Name #2 _____
Relationship _____ Phone _____ Cell Phone _____

Is there a second mailing address you would like correspondence sent to? (This would be report cards, newsletters, etc. that a parent would like to receive who does not live with this student.)

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

Is your student currently receiving support services? School Counselor Gifted Education Services
 PL504 Education Title I Reading
 Speech

Has your student received special education services in the past? Yes No

If your student was in Special Education last year, what was the primary disability? _____

Within the last calendar year, has your student been expelled for any reason? Yes No

Is your student in the process of being investigated for a possible expulsion? Yes No

First date your student enrolled in any school in the U.S. ____/____/____
Month Day year

What school/district did your student attend in March of last year? _____
School District
2 years ago? _____
School District
3 years ago? _____
School District

Please list siblings and their birthdates:

First	Middle	Last	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there anyone that your student **MAY NOT** be released to? If this is a custody issue and there are restraining orders, we **must** have a copy of the restraining order. _____

Parent/Guardian Signature _____

Bayfield School District
24 Clover Drive Bayfield, Colorado 81122
970-884-2496
Home Language Survey

Parent(s) or Guardian(s):

Please answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for you child and will not be used for any other purposes. Thank you for your cooperation.

Student Name:	Date:
Date of Birth:	Grade:
Parent Name:	Parent Phone Number:

1. Does the student spea k a language other than English? (Do not include languages learned in foreign language classes.)	Yes	No
2. Does the student understand a language other than English? (Do not include languages learned in foreign language classes.)	Yes	No
3. Does anyone in the student's home speak a language other than English? (Including parents, guardians, babysitter, siblings or grandparents)	Yes	No

Stop here and sign below if the answer to questions 1 through 3 above are "no". If any of the answers to questions 1 through 3 above are "yes", sign below and complete the following questions.

Date _____ Signature of Parent or Guardian: _____

Student Place of Birth:	Student entry date in U.S. School:
What language did your child first learn to speak?	What language does your child use most often at home?
What language do you most often use to speak to your child?	What is the first language of each parent?

Has the student been in a bilingual or an ESL/ELL program?	Yes	No
Did the student exit the program? Exit date:	Yes	No

Bayfield Schools Annual Student Health Information

Student: _____ Grade: _____ School Year _____ Doctor Name: _____

Parent/Guardian Name: _____ Best Daytime phone #: _____

	Explanation of medical concern	
	YES	NO
Physician diagnosed Vision Problems		
Physician diagnosed Hearing Problems		
Physician diagnosed Speech Problems		
Physician diagnosed Dietary Restrictions		
Physician diagnosed restrictions on Physical Activity		
Physician diagnosed Seizures		
Physician RX - Epi-Pen		
Physician diagnosed Severe Allergies		
Physician diagnosed Diabetic		
Physician diagnosed Asthma ***see other - side		
Other Medical Concerns we need to be aware of		

1. Has your child been seriously ill or hospitalized during the last year? Yes No

If yes, please explain and include the diagnosis, physician, and hospital: _____

2. Does your child require any health services during the school day? Yes No

If yes, what type of services are needed? _____

3. Is your child taking any medication on a regular basis? Yes No

If yes, please name the medication and the reason _____

4. Does this medication need to be administered during the school day? Yes No

If YES: ALL MEDICATION MUST BE CHECKED INTO THE HEALTH OFFICE & yearly paperwork will need to be signed

I give permission that the pertinent health information regarding the above named student be given to the appropriate school personnel at the discretion of the district nurse and health aide.

Signature of parent/guardian: _____ Date: _____

»PLEASE FILL OUT IF YOUR CHILD HAS Physician Diagnosed **ASTHMA**«

Does your child have Physician diagnosed asthma? Yes No

If yes, please complete the following:

*When was the child's last asthma attack? _____

*How often does your child have an acute episode? _____

*Does your student do breathing exercises that are helpful in managing their asthma?

*Does exercise induce episodes of asthma? Yes No

If yes, please explain: _____

*Do certain weather conditions affect your child's asthma? Yes No

If yes, which type of conditions and what actions do you normally take? _____

*Does your student understand their asthma and how to help manage it? Yes No

*How do you want the school to treat an asthma episode? _____

*Should the asthma medication be kept and used at school? Yes No

IF YES: ALL MEDICATION MUST BE CHECKED INTO THE HEALTH OFFICE & yearly paperwork will need to be signed

*If your child is not responding to the medication, what action do you advise the school

health office to take? _____

Is there anything (medically) that you would like the District Nurse and/or Health Aides to know about your student for the school year?



COLORADO
Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

January 2016

Dear Parents of Students in Colorado Child Cares and Preschools (School Year 2016-17),

Immunizations are an important part of our children's and the community's health. Colorado law requires children attending a licensed child care or preschool to be immunized against certain vaccine-preventable diseases. The purpose of this letter is to remind parents about the need for back-to-school immunizations and to provide immunization information. The chart on page 2 shows which vaccines are required for child care and preschool attendance, along with recommended vaccines which provide more protection against vaccine-preventable disease. There are no changes to the vaccines required from the previous school year. It is helpful to share this letter with your child's healthcare provider or your local public health agency (LPHA) where your child receives immunizations.

Colorado follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices schedule. This schedule is approved by the American Academy of Pediatrics, the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists. This is the immunization schedule which will best protect your child from vaccine-preventable diseases and is the national standard for health care providers who vaccinate your children.

Starting July 1, 2016, parents/guardians seeking non-medical (religious or personal belief) exemptions for pre-kindergarten children attending child care or preschool must submit non-medical exemption forms at each age when required vaccines are due: 2 months, 4 months, 6 months, 12 months and 18 months of age. Medical exemptions only need to be submitted once and require the signature of your child's doctor or advanced practice nurse. To submit a non-medical or medical exemption, go to www.colorado.gov/vaccineexemption and follow the instructions. Children with an exemption may be kept out of child care or preschool during a disease outbreak.

Parents may have questions or want more information about children's immunizations and vaccine safety. Resources for parents about the safety and importance of vaccines are available at: www.immunizeforgood.com and www.colorado.gov/cdphe/immunization-education.

Colorado law requires child cares and preschools to provide school-level immunization and exemption information to the Colorado Department of Public Health and Environment (CDPHE) by December 1, 2016. Immunization and exemption rates for most child cares and preschools will be posted on the CDPHE website as soon as they are verified. Many parents, especially those with children who can't be vaccinated due to a medical issue, may want to know which schools are best protected against vaccine preventable disease.

Please discuss your child's vaccination needs with your child's healthcare provider or LPHA and bring your child's updated immunization records to school each time your child receives an immunization. To find your LPHA or learn about free or low cost vaccines, call the Family Health Line at 1-303-692-2229 or 1-800-688-7777. For questions about school immunization requirements, please contact your school.

Sincerely,

Jamie D'Amico, RN, MSN, CNS
CDPHE Immunization Branch - Schools and Community Coordinator
303-692-2957 | jamie.damico@state.co.us
www.coloradoimmunizations.com



MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION
Kindergarten through Grade 12, 2014-15 Required for School Attendance.

VACCINE	Number of Doses	Grades K-12 (5-18 Years of Age)
		Vaccines administered <i>5</i> 4 days before the minimum age are <i>well</i>
Pertussis <i>DTaP only licensed through 6 yrs of age.</i>	5 to 6	5 DTaP (if dose 4 was administered on or after the 4 th birthday, the requirement is met). The final dose of DTaP must be administered no sooner than 4 years of age. Tdap req. 6 th through 12 th grades.
Tetanus/Diphtheria <i>DT only licensed through 6 yrs of age</i>	3 to 5	5 DT (if dose 4 was administered on or after the 4 th birthday, the requirement is met). If child is 7 yrs of age or older, must have 3 appropriately spaced tetanus/diphtheria containing vaccines (DTaP, DT, Td, Tdap) - 4 wks between dose 1 & 2 and 6 mos between dose 2 & 3
Polio (IPV)	3 to 4	4 IPV (if dose 3 was administered on or after the 4 th birthday, requirement met). Final dose must be given no sooner than 4 th birthday.
Measles/Mumps/Rubella (MMR) Proposed for this school year - 1 dose of Rubella meets requirement	2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses required for K thru 12 th grades.
Varicella (Chickenpox) Documentation of disease from a health care provider (physician, RN or PA) is required.	1 or 2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses are required for children entering K through 7 th grade. 1 dose is required for 8 th through 12 th grades.
Hepatitis B <i>Students who have not received 3 doses of Hep B vaccine prior to 7/1/2009 must follow the minimum intervals recommended by the Advisory Committee on Immunization Practices (ACIP)</i>	3	The second dose must be administered at least 4 weeks after the first dose. The third dose must be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered no sooner than 24 weeks (6 mos) of age. The 2-dose series is acceptable for ages 11-15 years. 2 doses can only be accepted using the approved vaccine for the 2-dose series with proper documentation (name of the vaccine, dosage, dates, and interval).

RECOMMENDED VACCINES FOR THE BEST PROTECTION AGAINST VACCINE-PREVENTABLE DISEASE

VACCINE	Number of Doses	Grades K-12 (5-18 Years of Age) <i>Vaccines administered \leq 4 days before the minimum age are valid</i>
Influenza (Flu)	1 to 2	2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter Recommended for children 6 months of age and older.
Meningococcal Meningitis (MCV)	1 to 2	Adolescents 11-18 years of age
Human Papillomavirus (HPV)	3	Adolescents 11-18 years of age
Hepatitis A (Hep A)	2	All children 1 year and older

For REQUIRED vaccines: A laboratory test showing immunity is acceptable

You must provide one of the following to your child's school in order to comply with the law:

1. A completed Certificate of Immunization certifying that the student has received minimum immunizations.
2. If a student's Certificate of Immunization is not up to date, the parent/guardian or emancipated student has 14 days after direct notification to provide documentation that the next required immunization was administered and submit a written plan for completion of any additional required immunizations. If the plan is not completed, the student shall be expelled or suspended from school for non-compliance. Exception to this rule is a shortage of vaccine.
3. Statement of Exemption to Immunization - Colorado Department of Public Health and Environment Certificate of Immunization:
 - a) a medical exemption signed by licensed physician stating that the student's physical condition is such that immunizations would endanger life or health or is otherwise medically contraindicated; or
 - b) a religious exemption signed by the parent, guardian, or emancipated student that the student adheres to a religious belief opposed to immunizations; or
 - c) a personal exemption signed by the parent, guardian, or emancipated student that the student adheres to a personal belief opposed to immunizations.

Immunization requirements will be strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902.



Call about free or low cost vaccines at Family Health Line at 303-692-2229 or 1-800-688-777.



Title I-Part C Migrant Education Program Survey

Colorado Southwest Region

Migrant Education Program

- Ensure that migratory children who move among the States are not penalized in any manner by disparities among the States in curriculum, graduation requirements, and State academic content and student academic achievement standards.
- Ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic content and student academic achievement standards that all children are expected to meet.

NCLB, Title I-C "Sec. 1301

For more information: http://www.cde.state.co.us/index_english.htm, <http://www.slvbooces.org> or
call the National Migrant Education Hotline
1-800-234-8848

Attention: Please answer the following questions and return this form to your child's school as soon as possible.

- Please only **one** survey per family.
- Completing this survey does not assume or guarantee enrollment into the Migrant Education Program.
- This survey is confidential. *Thank you for your participation.*

1. How long have you lived in your current school district address? _____
What school district, city or town did you move from? _____

2. Has either parent/guardian looked for employment or worked in agriculture in the past 6-12 months? Yes No
→* If your answer was "Yes", Please mark the job/jobs with an "X" down below.

- | | |
|---|---|
| <input type="checkbox"/> Vegetables/ fruits/ seeds | <input type="checkbox"/> Farm/Ranch (Including Dairy and Sod) |
| <input type="checkbox"/> Meat Packing Plant/Slaughter House | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Greenhouse / Nursery | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Forestry | |

3. Parent's/Guardian's Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone number () - _____ Message #: () - _____ Best time to call: _____

4. Please list all children in your home from birth to 22 years old:

First and last Name	Date of Birth	School

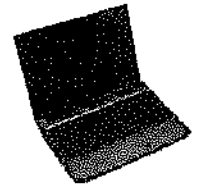
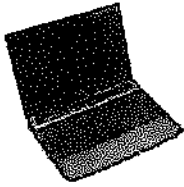
For MEP office use only

Date received by MEP : _____

Date received by recruiter : _____

Notes: _____

*Attention: Please mail to, Migrant Education Program/Southwest Region
2261 Enterprise Drive
Alamosa, CO 81101
719-587-5418 Fax 719-589-5007
Esmeralda Martinez, Migrant Education Program Director*



ACCEPTABLE USE AGREEMENT

Bayfield School District - Electronic Information Resources

Introduction:

Electronic information resources are available to qualifying students in the Bayfield School District. These resources include access to the internet and other network files or accounts. Our goal in providing electronic services to students is to promote educational excellence by facilitating research, resource sharing, innovation, and communication in compliance with district policies JS and JICJ.

Student Acceptable Use:

Each student accessing electronic district resources must sign and abide by this acceptable use agreement. This agreement includes the use of personal devices to access electronic district resources. Acceptable use means that as a student in Bayfield School District, you will promise to use the computer and all district technology with respect. You will promise to abide by the school and district rules as outlined here and as will be taught to you by the teachers and computer specialists in your own classroom or school. You must understand that the use of these electronic teaching and learning tools are designed to support your education. If rules are broken, a student may lose his/her privilege in using the computer and the internet. Other penalties such as suspension or expulsion may be imposed. Please pay special attention to the following:

Be Polite and Show Respect:

When using the computer to write, send or to receive messages or information, always use kind and proper language and abide by the rules of friendliness. Treat others and equipment with respect. You may be alone in your use of the computer, but, what you write or receive, using electronic machines, may be viewed by others with or without your knowledge. You must not vandalize or abuse the equipment. Show respect for property, others and self. The computer and electronic resources belong to the school district.

Be Honest and Obey the Rules:

Do not do things on the computer that are against the rules, the law, or may be looked upon as dishonest. Use the computer and the internet for appropriate educational purposes only.

Keep Personal Things Private:

Students should not tell or show others any personal or family information over the internet, such as: home address, phone numbers, passwords, personal photos when used with names, or Social Security numbers. Do not tell or show any personal information about anyone else, either. Do not log on or use another person's account. Keep personal and electronic information private.

Prohibited Uses

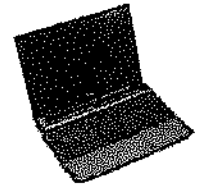
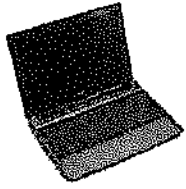
No student shall access, create, transmit, retransmit or forward material or information that:

1. is not related to district educational objectives except as provided in other district policies.
2. promotes violence or advocates destruction of property including, but not limited to, access to information concerning the manufacturing or purchasing of destructive devices or weapons.

3. contains pornographic, obscene or other sexually oriented materials, either as images or writings.
4. harasses, threatens, demeans, or promotes violence or hatred against another person or group of persons.
5. plagiarizes the work of another.
6. uses inappropriate or profane language or depictions likely to offend or intimidate others in the school community.
7. is knowingly false or could be construed as intending to purposely damage another person's reputation.
8. violates any federal or state law, including but not limited to copyrighted material and material protected by trade secret that contains personal information about themselves or others, including information protected by confidentiality laws.
9. impersonates another or transmits through an anonymous remailer.
10. shares student or district staff home addresses, phone numbers, or other private information except as allowed in district policy.

The following activities are also prohibited:

1. Using another individual's internet or electronic communications account.
2. Unauthorized attempts to log in to any network as a system administrator.
3. Any malicious attempt to harm or destroy Bayfield School District data, data of another user, or other Bayfield School District computing facility.
4. Downloading, installing, storing or using malicious software, viruses, 'cracking,' and keystroke monitoring software and/or hardware.
5. Attempting to evade, disable, or 'crack' password or other security provisions of the systems on the network.
6. Interfering with or disrupting another information technology user's work as well as the proper function of information processing and network services or equipment.
7. Intercepting or altering network packets.
8. Using information systems or resources for personal use or gain.
9. Sharing or loaning accounts: all computer/security accounts are for the use of the single individual, the person for whom the account was approved. Sharing or loaning accounts is prohibited.
10. The individual assigned a computer/security account is accountable for any and all transactions entered under that computer/security account login.
11. Leaving an active system unattended, thereby allowing an unauthorized person to gain access to district resources through the user's login session.
12. Using a computer for unlawful purposes, such as the illegal copying or installation of software, or violation of copyright laws.
13. Exporting software, technical information, encryption software, or technology in violation of international or regional export control laws.
14. Altering technology equipment (hardware or software).
15. Accessing, viewing, or altering any official record or file of the school or district.



My Promise to Follow the Rules:

My parent or guardian has reviewed the Bayfield School District Acceptable Use Agreement with me. I understand the importance of being polite, respectful, honest, and the need to obey the rules for the use of the computer and the Internet. I also know I should not give out personal information about myself or my family over the Internet. I understand that the computer, the Internet and other electronic information resources are to be used for educational purposes. I also understand that if I break the rules, my use of these educational tools may be taken away from me and that other disciplinary or legal action may be taken. I promise to follow the rules.

Student Name (please print): _____

School: _____ Grade: _____ Teacher: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian:

As the parent or legal guardian, I have read and I have reviewed with my elementary school age child the Bayfield School District Acceptable Use Agreement. I understand that the use of these electronic information resources is for educational purposes. I recognize the District has initiated reasonable safeguards to filter and monitor inappropriate materials. I understand that while the District has also taken steps to restrict student access on the Internet to inappropriate information and sites, it is impossible to restrict access to all controversial materials. I further recognize that if my child does not abide by the rules of acceptable use, he/she may be disciplined. I will not hold the Bayfield School District responsible for materials my child may acquire on the Internet. I hereby give permission to the Bayfield School District to permit my child to have access to the Local and Wide Area Networks and the Internet.

Parent or Legal Guardian (please print): _____

Address: _____ City: _____ Zip: _____

Telephone: _____ E-Mail: _____

Signature: _____ Date: _____

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: 07/31/2019.

ANNUAL NOTIFICATION UNDER 34 CFR § 300.154(d)(2)(v)

The regulations implementing the Individuals With Disabilities Education Act (IDEA), afford parents of eligible students certain rights with respect to a school district's ability to access private insurance or public benefits, such as Medicaid, to help pay for certain services that are provided at school. These rights are as follows:

1. YOU HAVE THE RIGHT TO RECEIVE NOTICE IN AN UNDERSTANDABLE LANGUAGE. The school district must give you an annual written notice of your rights, which must be written in language understandable to the general public; and also provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

2. YOUR CHILD'S CONFIDENTIAL INFORMATION CANNOT BE DISCLOSED WITHOUT YOUR CONSENT. Parental consent must be obtained under the Family Educational Rights and Privacy Act (FERPA) regulations at 34 CFR part 99 and the IDEA regulations at §300.622 before the school district discloses, for claiming purposes, your child's personally identifiable information to the agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid);

3. YOUR CHILD HAS A RIGHT TO SPECIAL EDUCATION AND RELATED SERVICES AT NO COST TO YOU. This means that, with regard to services required to provide a Free Appropriate Public Education ("FAPE") to an eligible child under IDEA, the school district

- May not require parents to sign up for or enroll in public benefits or insurance programs in order for their child to receive FAPE;
- May not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided pursuant to this part, but may pay the cost that the parents otherwise would be required to pay;
- May not use a child's benefits under a public benefits or insurance program if that use would:
 - Decrease available lifetime coverage or any other insured benefit;
 - Result in the family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time the child is in school;
 - Increase premiums or lead to the discontinuation of benefits or insurance; or
 - Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

4. YOU MAY WITHDRAW CONSENT AT ANY TIME. Once you've given consent for disclosure of confidential information about your child to the agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid), you have a legal right under the FERPA regulations to withdraw that consent whenever you wish.

5. IF YOU REFUSE CONSENT, OR WITHDRAW CONSENT, THE SCHOOL DISTRICT STILL HAS TO PROVIDE REQUIRED SERVICES AT NO COST TO YOU. If you refuse to provide consent for the disclosure of personally identifiable information to the agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid), or, if you give consent but then later withdraw consent, that does not relieve the school district of its responsibility to ensure that all required services are provided at no cost to the parents.

Consent To Release Information
Bayfield School District
—MEDICAID REIMBURSEMENT—

Student Name:	Student ID:
Date of Birth:	School Name:

Request:
 The District seeks your consent to disclose information concerning your child when applying to Medicaid for reimbursement of covered health-related assessment and/or IEP service costs. This information would include basic personally-identifying data, as well as documentation of your child's disability or reasons for suspecting a disability, and determination of assessments and /or services needed. Under the Family Education Rights and Privacy Act (FERPA), such information can be disclosed only with parental consent. By giving consent, you will help the District provide additional health related services to all students.

- Rights:**
- The District will not require you to enroll in Medicaid in order for your child to receive special education services.
 - The District will not require you to incur out-of-pocket expenses incurred in filing a claim for services. The District may pay the cost that you would otherwise be required to pay.
 - The District will not use Medicaid if that use would: (1) Decrease the available lifetime coverage or any other insured benefit; (2) Result in any cost to your family; (3) Increase premiums or lead to the discontinuation of benefits or insurance; or (4) Risk any loss of your child's eligibility for home and community-based waivers, based on aggregate health-related expenditures.
 - You are not required to provide your consent, and your refusal to do so will not prevent your child from receiving special education services at the expense of the District. You are entitled to notice of your rights annually. A copy of the annual Notice of Rights is attached.

Withdrawal of Consent:

- The granting of consent is voluntary and may be withdrawn at any time. However, if you revoke your consent, such revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked.)

AUTHORIZATION

I acknowledge receipt of a Notice of Rights concerning Medicaid Reimbursement, and I have read and understand those rights prior to signing this Consent form. I hereby authorize the District to share necessary information from the above-named child's education records to apply for Medicaid reimbursement for any health-related assessments/evaluations for which I have given consent. I understand and agree that the District may access the above-named child's public benefits or insurance to pay for any health-related services provided pursuant to Part 300 of Title 34 of the Code of Federal Regulation and listed in any IEP that I have signed, or for which I have otherwise given express written permission. I understand that this consent will remain in effect permanently, unless I revoke my consent in writing.

Yes No I authorize the District to share necessary information to apply for Medicaid reimbursement.

 Parent/Guardian Signatures

 Date mm/dd/yyyy

Please send completed form to School Medicaid Dept