



Rolette Public School District 29
Pre-Kindergarten & Kindergarten Registration Form

2024-2025

Section 1: Student Information

Student's Legal Name: _____

(Last)

(First)

(Middle)

(Preferred)

Date of Birth: _____ **Gender:** Male ☐ Female ☐ **Has this student ever been expelled?** ☐ Yes ☐ No

Ethnic Category: Is this child Hispanic/Latino? ☐ Yes ☐ No

Please choose the child's race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian
☐ Caucasian/White ☐ Native Hawaiian/Other Pacific Islander

Section 2: Medical/Emergency Information

In the case of a medical emergency and I cannot be reached, I give my child's doctor or any attending physician permission to administer medical treatment. ☐ Yes ☐ No **Physician's Name:** _____ **Phone No.:** _____

Health Information (Check ALL that apply)

☐ **No known health problems** ☐ Contacts/Glasses ☐ Hearing Aids ☐ Ear Tubes ☐ Frequent Ear Infections ☐ Wheelchair
☐ Life Threatening allergies (list) _____ ☐ Allergies (list) _____

Student requires Epi-pen at school? ☐ Yes ☐ No

Student requires rescue inhaler at school? ☐ Yes ☐ No

Student needs to take medication at school? ☐ Yes ☐ No

Student has a medical condition school should be aware of: ☐ Yes ☐ No **If Yes, please list:** _____

Section 3: Special Programs

Does this student have a current Individual Education Plan (IEP) through Special Education? ☐ Yes ☐ No

Does this student have a 504 Accommodation Plan (for such things as diabetes management, ADHS, etc.)? ☐ Yes ☐ No

Home Language (please indicate) ☐ English ☐ Other: _____

Section 4: Guardian Contact Information

Legal Mother (biological/adoptive ONLY)

OR Legal Guardian #1

Last Name First Name

Home Address: _____

Employer: (name of business) _____

List all phone numbers; check ones to call during school hours

☐ Work: () _____ - _____

☐ Cell: () _____ - _____

☐ Home: () _____ - _____

Email: (print) _____

School Alert Messages: (Please circle) Call Text E-mail

Legal Father (biological/adoptive ONLY)

OR Legal Guardian #2

Last Name First Name

Home Address: _____

Employer: (name of business) _____

List all phone numbers; check ones to call during school hours

☐ Work: () _____ - _____

☐ Cell: () _____ - _____

☐ Home: () _____ - _____

Email: (print) _____

School Alert Messages: (Please circle) Call Text E-mail

Primary address where child(ren) live/reside:

Physical

Address: _____
Street Apt# City State ZipIs the above residence on Federal Land such as an Indian Reservation, Tribal Lands, or Public Housing? ☐ Yes ☐ NoIs this a single-parent household? ☐ Yes ☐ NoStudent(s) currently live with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Other: _____Does anyone living in the household work on federal property/lands or in the military? ☐ Yes ☐ No

If yes, Name of Employee: _____ Employer: _____

Employer's Physical Address: _____
Street City State Zip

If in the Military, Branch: _____ Rank: _____

Address where school information should be mailed: (if different than physical address)

Mailing

Address: _____
Street Apt# City State Zip**Other Child(ren) ages birth to 21 living in home (not parent/guardian)**

Name	Date of Birth	Relationship to You	Name of School (if enrolled)

***Required Documents for Pre-Kindergarten & Kindergarten:**

1. Birth Certificate
2. Certificate of Immunization (see attached requirements)
3. Tribal Enrollment Certificate (if applicable)
4. Title VII Student Eligibility Certification/Ed Form 506 (if applicable)

Section 5: Additional Emergency Contacts

Contact #1 (Last, First Name)

Phone to contract during school hours

() ☐ Home ☐ Cell ☐ Work

Relationship to Student: _____

Contact #2 (Last, First Name)

Phone to contract during school hours

() ☐ Home ☐ Cell ☐ Work

Relationship to Student: _____

I hereby certify that all information provided on this form is true and complete to the best of my knowledge.

Signature of Parent or Legal Guardian _____ Date _____

Home Language Survey

Student Name: _____

Student's Grade: _____

Student's School: _____

Today's Date: _____

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. The district may be eligible for additional funding for English learners and/or immigrant children and youth. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) did your child learn when he/she first began to talk?

What language(s) does your child speak/use?

What language does your child use most often at home?

What language do you use most often to speak to your child?

Has your child ever been in an English Learner or Bilingual Program?

Yes No Unsure

Circle the grades your child has attended in the United States.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Circle the grades your child has attended outside of the U.S.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12

If outside of the United States, in which country did your child attend school?

What language(s) did your child learn in school?

If possible, in what language should the school communicate with your family?

Immigrant Student:

1. Would your child be considered an immigrant student?

Yes No

An immigrant student was born outside of the U.S. and has attended school in the U.S. for three (3) years or less. If yes, please list:

Country of origin _____ (For refugee students, this is the country you originally fled, not the country you lived in most recently.)

U.S. entry date (mm/dd/yyyy) ____/____/____

Heritage language _____

Native American or Alaska Native student:

2. Would your child be considered a Native American or an Alaska Native student?

Yes No

Native American and Alaska Native students are mentioned specifically in the EL definition and may qualify for EL services.

Do you believe a tribal language has significantly influenced your child's education in English? **Yes No**

If yes, what is the tribal language? _____

Migrant Student:

3. Would your child be considered a migrant student?

Yes No

A migrant student has moved in the past 36 months with or to join a parent/guardian who is a migratory agricultural worker.

If yes, what is the date you moved to this area? (mm/dd/yyyy) ____/____/____

Refugee Student: (This information is not a state requirement but may be collected at the discretion of the district.)

4. Would your child be considered a newly arrived refugee student?

Yes No

Schools in North Dakota apply for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

I declare, under penalty of perjury under North Dakota law, that the information provided here is true and correct.

Print Name of Parent/Guardian

Student (for unaccompanied homeless youth)

Signature of Parent/Guardian

Student (for unaccompanied homeless youth)

Date: _____

ED 506 Form
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

Fully Accredited
ROLETTE PUBLIC SCHOOLS
Rolette Public School District No. 29

901 Third Ave NE • PO Box 97 • Rolette, ND 58366

701) 246-3595 • Fax: (701) 246-3452

PARENT/GUARDIAN RELEASE FOR INFORMATION
Johnson O'Malley Program Eligibility

Parent/Guardian: Please complete as much information as you can.

Child's Full Name: _____ Date of Birth _____

Is child Enrolled? **Y** or **N** Enrollment Number _____ Degree of Blood _____

Nation (Tribe) _____

BIA Agency Address _____ State _____

School Attending _____ State _____

Mother's Name (include maiden) _____ Date of Birth _____

Is Mother Enrolled? **Y** or **N** Enrollment Number _____ Degree of Blood _____

Nation (Tribe) _____

BIA Agency Address _____ State _____

Father's (Biological) Name _____ Date of Birth _____

Is Father Enrolled? **Y** or **N** Enrollment Number _____ Degree of Blood _____

Nation (Tribe) _____

BIA Agency Address _____ State _____

I hereby authorize the Clerk of Enrollment/Director to release the named child's blood/enrollment numbers and or my degree of blood/enrollment numbers if the named child is not enrolled.

Release of Information, Authorization, Mother/Guardian

Release of information, Authorization, Father/Guardian

Date: _____ Mailing Address: _____

TRIBAL ENROLLMENT CLERK:

Please certify the degree of Indian Blood for the student named; **if not enrolled, please certify the parent(s) named to determine eligibility of the named student.** This request will be used to determine eligibility for the Johnson O'Malley program. I hereby certify that I have checked the records available and do certify that the degree of Indian Blood of the individual(s) as listed on this report is correct.

Enrollment Clerk/Director

Date

Equal Opportunity Employer and Equal Opportunity Educational Institution

2022-2023 School Immunization Requirements

Vaccine Type	Number of Required Doses		
	Kindergarten-6	Grades 7-10	Grade 11-12
DTaP/DTP/DT/Tdap/Td*	5	5	5
Hepatitis B	3	3	3
IPV/OPV**	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2	2	2
Meningococcal†	0	1	2
Tdap‡	0	1	1

- * One dose of DTaP (pediatric diphtheria, tetanus, and acellular pertussis) vaccine must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap (adolescent/adult tetanus, diphtheria, and acellular pertussis)/Td are required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children aged seven or older not previously vaccinated.
- † For polio vaccination, in an all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age four, a fifth dose should be administered on or after age four. Only three doses of IPV are required if the third dose is given on or after the fourth birthday. Children born before August 2005 only need four doses separated by at least four weeks. These children do not need a dose after the age of four.
- ** Any doses of OPV administered after April 1, 2016, should not be counted as valid, because it was bivalent or monovalent vaccine, rather than trivalent. The child should be revaccinated with IPV vaccine, accordingly.
- †† One dose of meningococcal conjugate vaccine (MCV4) must have been given on or after the tenth birthday. The second dose of MCV4 must be given on or after the sixteenth birthday. If the first dose of MCV4 is given after the sixteenth birthday, then only one dose of MCV4 is required for eleventh and twelfth grade.
- ‡ One dose of Tdap must have been given on or after the eleventh birthday.

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Personal Belief or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by a physician stating that the child has a reliable history of disease. History of disease exemptions may only be claimed for hepatitis B, varicella, measles, mumps, or rubella.

Exclusion

All children must be up-to-date according to the school immunization requirements or have claimed an exemption by **October 1st** of each school year or they must be excluded from school. Children enrolling in school after October 1st have 30 days to be up-to-date or claim an exemption or they must be excluded from school.



CERTIFICATE OF IMMUNIZATION
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 16038 (Revised 01-2018)

Division of Disease Control
2635 East Main Ave., PO Box 5520
Bismarck, ND 58506-5520
800.472.2180 or 701.328.3386

Child's Name (Last, First, Middle Initial):			Date of Birth:				
Parent's Name:			Telephone Number:				
Vaccine Type		Exemption Type*	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B						
Rotavirus	Rotavirus						
Hib	<i>Haemophilus influenzae</i> type B						
PCV	Pneumococcal conjugate						
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis						
IPV/OPV	Polio						
MMR	Measles-Mumps-Rubella						
Varicella	Chickenpox						
Hepatitis A	Hepatitis A						
Td/Tdap	Tetanus-Diphtheria (and Pertussis)						
MCV4	Meningococcal ACYW-135						
HPV	Human Papillomavirus						
Men B	Meningococcal B						
Other							

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

Physician, Nurse, Local/State Health:	Title:	Date:
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If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:

Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) and to submit a signed Certificate of Immunization.

Parent/Guardian Signature:	Date:
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Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

<input type="checkbox"/> Medical (Med) Exemption: (Indicate vaccine above, requires physician signature) The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.	
<input type="checkbox"/> History of Disease (HD) Exemption: (Indicate vaccine above, requires physician signature) To the best of my knowledge, the above named person has had prior infection as indicated by prior diagnosis or laboratory confirmation.	
Physician Signature:	Date:

Religious (Rel), Philosophical/Moral (PBE) Exemption: (Indicate vaccine above, requires parental signature)	
Parent/Guardian Signature:	Date:

* Medical = Med, History of Disease = HD, Religious = Rel, Philosophical/Moral = PBE