

GRADE FOR 19/20 SCHOOL YEAR			
LAST NAME		FIRST NAME	MIDDLE NAME
DOES YOUR STUDENT USE A NAME OTHER THAN HIS/HER LEGAL NAME? YES <input type="checkbox"/> NO <input type="checkbox"/>		NICKNAME:	OTHER LAST NAME:
GENDER		FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
DATE OF BIRTH		MONTH:	DAY: YEAR:
Student's personal email address:		Student's Personal Cell Phone	
RACE/ETHNICITY		MARK ALL THAT APPLY:	
		AS: ASIAN/PACIFIC ISLANDER	<input type="checkbox"/>
		BL: BLACK (NOT HISPANIC)	<input type="checkbox"/>
		HI: HISPANIC	<input type="checkbox"/>
		IN: AMERICAN INDIAN OR ALASKAN NATIVE	<input type="checkbox"/>
		WH: WHITE (NOT HISPANIC)	<input type="checkbox"/>
DOES YOUR STUDENT HAVE ANY DEGREE OF AMERICAN IDNIAN ANCESTRY OR HAVE A CIDB CARD?		YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, COMPLETE TITLE 7 FORM AT THE END OF THIS ENROLLMENT
DO YOU USE A LANGUAGE OTHER THAN ENGLISH IN YOUR HOME? THIS INCLUDES NATIVE AMERICAN INDIAN LANGUAGES		YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER LANGUAGE: Home Language Survey - If you answered yes, please complete the Language Survey at the end of this enrollment
BIRTH COUNTRY		UNITED STATES <input type="checkbox"/>	OTHER <input type="checkbox"/> NAME OF COUNTRY:
DATE ENTERED US		(IF NOT BORN IN US)	
BIRTH CITY			
BIRTH STATE			
BIRTH CERTIFICATE		ON FILE <input type="checkbox"/>	ATTACHED <input type="checkbox"/> VERIFIED <input type="checkbox"/>
CURRENT IMMUNIZATION RECORD		YES <input type="checkbox"/>	NO <input type="checkbox"/> UP TO DATE <input type="checkbox"/>
DID THIS STUDENT ATTEND BANNER LAST YEAR:		YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME/LOCATION OF PREVIOUS SCHOOL
		PHONE NUMBER	FAX NUMBER
RECORDS REQUEST FORM COMPLETED		YES <input type="checkbox"/>	NO <input type="checkbox"/> RECEIVED <input type="checkbox"/>
HOW DOES YOUR STUDENT USUALLY GET TO/FROM SCHOOL		WALK <input type="checkbox"/>	CAR <input type="checkbox"/> DAYCARE <input type="checkbox"/> BUS <input type="checkbox"/> #1 #2 #3
DOES YOUR STUDENT LIVE MORE THAN A MILE AND A HALF (1.5 MILES) FROM THE SCHOOL?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
DOES THE STUDENT ATTEND DAYCARE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	DAYCARE NAME & TELEPHONE NUMBER
OTHER CHILDREN IN THE FAMILY:			
NAME		DOB	GRADE
NAME		DOB	GRADE
NAME		DOB	GRADE
HOME ADDRESS			
CITY, STATE, ZIP			
HOME PHONE NUMBER (LAND LINE ONLY)			
DOES THE STUDENT RESIDE IN THE BANNER SCHOOL DISTRICT?		YES <input type="checkbox"/> NO <input type="checkbox"/>	RESIDENT DISTRICT:
PROOFS OF RESIDENCY PROVIDED		YES <input type="checkbox"/> NO <input type="checkbox"/>	
RESIDENCY OR NON-RESIDENCY AFFIDAVIT COMPLETED		YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NOT A RESIDENT, TRANSFER APPLICATION		YES <input type="checkbox"/> NO <input type="checkbox"/>	
MY STUDENT RECEIVES THE FOLLOWING SERVICES:			
CRITICAL THINKING SKILLS		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
SPEECH		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
OT/PT		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
SPECIAL EDUCATION		PLEASE PROVIDE IEP	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

TITLE I READING/MATH		YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
IS THERE A COURT ORDER REGARDING THE STUDENT OR IS THE CUSTODY OF THIS CHILD DECREED BY THE COURTS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	COPY ON FILE YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, WHO HAS PRIMARY CUSTODY?	NAME & RELATIONSHIP:			
FATHER OR MALE ADULT'S NAME AT STUDENT'S ADDRESS				
RELATIONSHIP				
EMPLOYER				
WORK NUMBER				
CELL NUMBER				
EMAIL ADDRESS				
MOTHER OR FEMALE ADULT'S NAME AT STUDENT'S ADDRESS				
RELATIONSHIP				
EMPLOYER				
WORK NUMBER				
CELL NUMBER				
EMAIL ADDRESS				
NON CUSTODIAL OR OTHER PARENT NAME:				
RELATIONSHIP				
EMPLOYER				
WORK NUMBER				
CELL NUMBER				
HOME NUMBER				
MAILING ADDRESS				
CITY, STATE, ZIP				
EMAIL ADDRESS				
PERSON'S OTHER THAN PARENT AUTHORIZED TO PICK UP STUDENT:				
NAME OF PERSON:				
RELATIONSHIP TO STUDENT				
WORK NUMBER				
CELL NUMBER				
NAME OF PERSON:				
RELATIONSHIP TO STUDENT				
WORK NUMBER				
CELL NUMBER				
NAME OF PERSON:				
RELATIONSHIP TO STUDENT				
WORK NUMBER				
CELL NUMBER				
I AM THE LEGAL PARENT/GUARDIAN OF THIS STUDENT:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
APPLICATION COMPLETED BY: (PLEASE PRINT)				
SIGNATURE				
DATE SUBMITTED:				
FORMS CHECKED BY				
IS EITHER PARENT/GUARDIAN IN THE MILITARY OR A CIVILIAN WORKING OR LIVING ON GOVERNMENT PROPERTY SUCH AS THOSE LISTED BELOW:				YES <input type="checkbox"/> NO <input type="checkbox"/>
<small>ELIGIBLE GOVERNMENT PROPERTIES: FEDERAL CORRECTIONAL INSTITUTION - FCI, LUCKY STAR CASINO, RIVERSIDE INDIAN SCHOOL, FAA - MIKE MONRONEY, FEDERAL TRANSFER CENTER, FEDERAL HIGHWAY ADMINISTRATION, US GEOLOGICAL SURVEY, UNIFORMED SERVICES (NATIONAL GUARD, ARMY, AIR FORCE, MARINES, NAVY, RESERVES, ETC.), CONCHO INDIAN AGENCY, INDIAN HEALTH SERVICES, FARMING INDIAN LAND, USDA - FORT RENO - BEEF CATTLE RESEARCH STATION, TINKER AIR FORCE BASE, VA MEDICAL CENTER, US POSTAL SERVICE - OKC OFFICE ONLY (NOT EL RENO)</small>				

**Banner Public Schools
Student Enrollment Questionnaire**

Student Name: _____		Today's Date: _____	
Date of Birth: _____		Grade: _____	
Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.			
Section A			
<input type="checkbox"/> Rent/own my own home or apartment			
STOP: If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.			
Section B			
<input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing			
<input type="checkbox"/> In an emergency or transitional shelter			
<input type="checkbox"/> In a vehicle, park, campground, or on the streets			
<input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity			
<input type="checkbox"/> In a hotel or motel			
<input type="checkbox"/> With an adult that is not a parent or legal guardian			
<input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver			
<input type="checkbox"/> Wherever I can find a place to stay at night			
<input type="checkbox"/> Other Please Explain: _____			
If you checked a box in section B, in the space below please list all children currently living with you who attend Banner Public Schools.			
First and Last Name of Student		Male or Female	Date of Birth
Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Relationship to the Student: _____		Signature: _____	
Street Address _____		City _____ State _____ Zip _____	
Number: _____			Phone _____
2019-2020			

2019-2020 HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS			
STUDENT INFORMATION			
Name of Student: _____		Grade: _____	
Date of Birth: _____		Last Name _____	
School: _____		First Name _____	
Student ID # _____		Middle Name _____	
Gender: Male _____ Female _____		MM/DD/YYYY	
Is the student of Hispanic or Latino culture or origin? Yes _____ No _____ Select one or more of the following races:			
<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian			
<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian/White			
1. What is the dominant language most often spoken by the student? _____			
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____			
3. What language was first learned by the student? _____			
4. Does the parent/guardian need interpretation services? Yes _____ No _____ If so, what language? _____			
5. Does the parent/guardian need translated materials? Yes _____ No _____ If so, what language? _____			
6. What was the date the student first enrolled in a school in the United States? _____			
MM/YYYY		Parent / Guardian Signature _____	
Date (MM/DD/YYYY)			
SCHOOL USE ONLY			
<input type="checkbox"/> Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.			
<input type="checkbox"/> Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report if he or she meets one of the following (any selection below REQUIRES appropriate documentation):			
<input type="checkbox"/> 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).			
<input type="checkbox"/> 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).			
<input type="checkbox"/> 3. Scored at or below the 35 th percentile (or equivalent) composite reading score from <u>spring</u> of the previous school year on a state approved norm-referenced test (NRT).			
DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN			
Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		
Date(s) of ELA OSTP	Score(s) on ELA OSTP		
Below Basic	Basic		Proficient
Below Basic	Basic		Advanced
Below Basic	Basic		Advanced
Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)	Question 1: Reference WAVE code 1036 Question 2: Reference WAVE code 1037 Question 3: Reference WAVE code 1038

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

**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)
- 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.