Dear Parents/Guardians:

Welcome and thank you for applying to KCS. Please attach all required documents to the registration form and submit as one completed packet per student.

For information please contact: Josephine Naranjo, jmontoya@khapoeducation.org, (505) 614-4812 or Danielle Martinez, dmartinez@khapoeducation.org (505) 901-7898

All NEW students must complete all the forms in this packet and provide the following documents to the front office:

- Registration Form
- Signed Media Release Form
- Title VI ED 506 Indian Student Eligibility Certification Form
- Tewa Information Form
- Emergency Form Contact Form
- School Health Forms
- Home Language Survey
- Copy of Physical Exam
- Proof of Food Allergy (if applicable)
- Copy of Immunization Records
- Copy of Certificate of Indian Blood (CIB) or Tribal ID (We will need a parent or legal guardian's CIB or Tribal ID, if the child is not enrolled.)
- Copy of Birth Certificate
- Copy of Individualized Education Plan (if applicable)
- Copy of child's records from the school most recently attended if previously enrolled in a school.
- Copy of Guardianship/Custody Papers (if applicable)

**Please keep in mind NEW students are not officially registered until all documents are received and an official acceptance letter has been provided.**
New Student Application for SY 2024/2025

Note: KINDERGARTEN STUDENTS MUST BE 5 YEARS OLD BY SEPTEMBER 30, 2024

Student Information  All fields must be completed throughout the application

Student Name:_________________________________________________________ Entering Grade:________________________

Date of Birth:__________________________ Sex: (____) Male (____) Female

Degree of Indian Blood:______ Tribal Affiliation:_________________________________________

Student's Mailing Address:________________________________________________________________________

Student's Physical Address:________________________________________________________________________

Home Phone Number:__________________________ Cell Phone Number:________________________

Parent or Legal Guardian Information: (Single, Married, Divorced, Separated, Widowed)__________________________

Who does the child live with?__________________________ Relationship to Child:__________________________

If parents or legal guardians are separated or divorced, who has legal custody?__________________________

☐ I agree to provide KCS with a copy of any current legal documents sharing custody.

1. Parent/Legal Guardian Name:________________________________________ Sex: (____) Male (____) Female

Tribal Affiliation:________________________________ Degree of Indian Blood:__________________________

Relationship to student:________________________________________

Parent/Guardian Mailing Address:________________________________________________________________

Guardian Physical Address:________________________________________________________________________

Phone Number:__________________________ Work Phone Number:________________________

Personal email address:________________________________________________________________________

2. Parent/Legal Guardian Name:________________________________________ Sex: (____) Male (____) Female

Tribal Affiliation:________________________________ Degree of Indian Blood:__________________________

Relationship to student:________________________________________

Parent/Guardian Mailing Address:________________________________________________________________

Guardian Physical Address:________________________________________________________________________
Phone Number: ____________________________________  Work Phone Number: __________________________

Personal email address: ______________________________________________________________

Check all that apply: (Please note inhaler and EpiPen need to be provided to school, updated food allergy notes are required from physicians before food accommodations can be made by kitchen staff.)

Inhaler: ____ For: ________________________________________ EpiPen: ____ For: ________________________

Food Allergy: ______ Name Foods: ___________________________________________________________

Does your child have any other allergies? If so list: ______________________________________________

Does your child require Special Education services? Yes ( ) No ( ) If Yes, explain ______________________________________________________________________

Does your child have an Individualized Education Plan (IEP)? Yes ( ) No ( )

Does your child have a 504 Plan? Yes ( ) No ( )

Has your child been retained? Yes ( ) No ( ) If yes, provide school, year, and grade: __________________________

Has your child ever been suspended or expelled? Yes () No () If yes, provide school, year, and reason. ______________________________________________________________________

Does your child require counseling services from the School Counselor? Yes ( ) No ( ) If yes, please request for a counseling form.

Does your child receive counseling services from a different organization? Yes ( ) No ( ) If yes, please provide the following information:

Name of provider: ___________________________________ Counselor Name: ______________________________

Provider Address: ______________________________________________________________

Will your child meet with their counselor on or off campus? OFF ( ) ON ( ) If OFF, please provide scheduled counseling times: Day(s): __________________________ Time: __________________________

*Note: If the counselor comes on site to provide services a background check will need to be completed.

I understand an excuse from the counselor will be required for tardiness and absences from school regarding counseling. I also understand it is my responsibility to notify KCS Front Office of any changes regarding my child's counseling services. (Sign if applicable)

Parent/Legal Guardian Signature: __________________________________ Date: ______________________
**School(s) Previously Attended:** Please identify any previous school(s) your child has attended.

**School 1:**

School Name: ___________________________________________ School Phone Number: __________________

School Address: ________________________________________________________________

Grade(s) completed: ____________________ Reason for Leaving: _________________________

________________________________________________________________________________

**School 2:**

School Name: ___________________________________________ School Phone Number: __________________

School Address: ________________________________________________________________

Grade(s) completed: ____________________ Reason for Leaving: _________________________

________________________________________________________________________________

**School 3:**

School Name: ___________________________________________ School Phone Number: __________________

School Address: ________________________________________________________________

Grade(s) completed: ____________________ Reason for Leaving: _________________________

________________________________________________________________________________

I am legally responsible for my child and hereby apply for his/her admission to Kha’p’o Community School. I understand that additional information may be requested by the school before my child is enrolled.

Parent/Guardian printed name: ______________________________________________________

Signature: ___________________________________________ Date: ________________________

<table>
<thead>
<tr>
<th>School Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has been accepted as a new student for SY 2024/2025 for grade_______ on_______________. All required documents have been submitted.</td>
</tr>
</tbody>
</table>

| Administrator Printed Name/Title | Administrator Signature | Date |
Media Release Form
School Year 2024/2025

- I do hereby grant Kha'p'o Community School (KCS) the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of the school.

- I agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of KCS in which they are involved.

- I agree to allow my child's work and/or photograph to be published on the KCS Web Pages and/or publications or KCS' social media pages.

- I understand that by signing this release, I waive any and all present, or future compensation rights to the use of the above stated material(s).

Student's Name:__________________________________________  Grade:_______________

Parent/Guardian Signature:______________________________  Date:______________

Parent/Guardian Name (please print):_____________________________
Dear Parents & Guardians,

We are glad you have chosen Kha’p’o Community School to send your child to school. The Tewa Team is requesting your child's Tewa or Indigenous Name and additional information.

We want to ensure when your child is learning how to introduce themselves Tewa, and we have the correct information on file. We would appreciate it if you would complete the following form and return it with your child's registration packet.

Please complete all the blanks, if you do not know some of the information, leave it blank. -ku’dawoha

Student Name:___________________________________________________________ Grade:_________

Student Tribal Affiliation:_____________________________________________________________

Student’s date of birth:__________________________________________________________

Student’s Tewa or other Indigenous Name: _______________________________________________(English translation)
__________________________________________________________ (Tewa translation)

Father’s Name:_________________________________________ Tewa Name:__________________________

Father’s Tribal Affiliation:_____________________________________________________________

Mother’s Name:_________________________________________ Tewa Name:__________________________

Mother’s Tribal Affiliation:____________________________________________________________

Please Circle all that apply:
Clan:   Summer   Winter   or other respected party:______________________________________________

Clan:   Tree   Dirt   Corn   Badger   Red Coral   other:______________________________________________

Where does your child reside?_________________________________________________________________

Parent/Guardian Name (Please print):_________________________________________________________

Parent/Guardian Signature:_________________________________________ Date:________________________
STUDENT’S NAME: ____________________________________________________________

GRADE: _______  DOB: __________________________

Will Student Ride Bus: (CIRCLE) YES NO

IF Yes, PHYSICAL ADDRESS OF PICKUP: ________________________________________

PARENT(s) NAMES:  
1 ___________________________________________ Phone No. ________________________

EMAIL ADDRESS: ____________________________________________________________

2 ___________________________________________ Phone No. ________________________

EMAIL ADDRESS: ____________________________________________________________

LEGAL GUARDIAN(s) NAMES:
1 ___________________________________________ Phone No. ________________________

EMAIL ADDRESS: ____________________________________________________________

2 ___________________________________________ Phone No. ________________________

EMAIL ADDRESS: ____________________________________________________________

EMERGENCY CONTACTS (REQUIRED)
1 Name: ___________________________________________ Phone No. _____________________ Relationship: ________________________

2 Name: ___________________________________________ Phone No. _____________________ Relationship: ________________________

3 Name: ___________________________________________ Phone No. _____________________ Relationship: ________________________

WHO MAY CHECK OUT YOUR CHILD? *(PERSON(S) NOT ON CHECK OUT LIST WILL NOT BE ALLOWED TO CHECK OUT STUDENT - NO EXCEPTIONS)
1 ___________________________________________  2 ___________________________________________

3 ___________________________________________  4 ___________________________________________

**COURT ORDER IS REQUIRED FOR WHO IS NOT ALLOWED TO CHECK OUT YOUR CHILD (Legal documentation is required)

1 ___________________________________________  2 ___________________________________________

PARENT/GUARDIAN SIGNATURE: _________________________________________ DATE: _________________


Dear Parents/Guardians,

At Kha‘p’o Community School, students are fortunate to have a School Health Office that provides them care when they get sick, injured, or for any other health issue. To ensure that the students are provided the best care here at KCS, we do require the School Health Packet to be completed by the parent(s) or legal guardian(s).

Immunization requirements need to be met for your child to begin their first day of school. KCS requires students receive the following immunizations:

- **DTP/DTap/TD (tetanus, diphtheria, pertussis) vaccine**
  The new rule states that a booster dose of tetanus, diphtheria, pertussis (Tdap) is required for all students attending school. One dose is required on/after their 4th birthday. 4 doses sufficient if the last dose given on or after 4th birthday. This change was made to help reduce the incidence of whooping cough (pertussis) among children. In recent years, New Mexico, as well as the rest of the United States, has seen an increase in the number of whooping cough cases. By giving your children a booster of Tdap, they will receive protection against this deadly disease for the years to come. So, if it has been five years since your child received a tetanus-containing vaccine, he/she will need a dose of Tdap.

- **Varicella Vaccine**
  K-2nd grade, Proof of Immunity is receipt of vaccine, titer, or laboratory-confirmed diagnosis of prior disease. For all newly diagnosed Varicella cases, laboratory confirmation of disease is required. 2 doses of varicella vaccine required for all students K-10th, and recommended for all students grades 11th-12th.

- **Polio (OPV/IPV) Vaccine**
  3 doses are sufficient if the last dose was given on or after 4th birthday. Hepatitis B vaccine Two doses Adult Recombivax HB is also valid if administered at ages 11-15 years and if 2nd dose received no sooner than 16 weeks after 1st dose.

- **Hepatitis B Vaccine**
  Two doses Adult Recombivax HB is also valid if administered at ages 11-15 years and if the 2nd dose is received no sooner than 16 weeks after the 1st dose.

As you are completing the forms, please make sure you:

- Sign and date each form
- Check front and back of each form
- Submit copy of immunization (Required to be submitted at the beginning of each school year)
- Doctor's note must be submitted for ALL allergies: food, insects, medication, etc (Required to be submitted at the beginning of each school year)
- Note: Doctor's Dietary Documentation is required for Food Allergies for the Kitchen Staff to order special milk or food.
- If applicable, submit medical history (allergy, medication, restrictions, etc.) (Required to be submitted at the beginning of each school year)
Kha'p'o Community School-School Health Department

Child’s Name: ___________________________ DOB: __________ Grade: _______
Mailing Address: _______________________________________________________
Clinic Chart No.: ______________________________________________________
Doctor/Pediatrician: ___________________________ Phone No. __________________
Mailing Address: _______________________________________________________
Medical Insurance: ______________________________________________________
Who is the child living with?: ___________________________________________ Relationship: __________________
Name of other children attending KCS: ______________________________________
Is child’s immunization up to date? Yes No (Immunization Record is required to be submitted to KCS every school year)
Mother’s Name: ___________________________ Phone No. __________________
Work Phone No. ___________________________ Email Address: _________________
Father’s Name: ___________________________ Phone No. __________________
Work Phone No. ___________________________ Email Address: _________________

Legal Guardian’s Name: ___________________________________________ Phone No. __________________
Work Phone No. ___________________________ Email Address: _________________
Legal Guardian’s Name: ___________________________________________ Phone No. __________________
Work Phone No. ___________________________ Email Address: _________________

EMERGENCY CONTACTS
(If we cannot reach you)

Name: ___________________________ Phone No. __________________
Work No. ___________________________

Name: ___________________________ Phone No. __________________
Work No. ___________________________

Name: ___________________________ Phone No. __________________
Work No. ___________________________

In case of EMERGENCIES which require medical attention during school hours, I give permission for my child to be transported for the rendering of such Medical Services as deemed necessary in the opinion of School Health Personnel.

Parent/Guardian Name(Please Print) ____________________________________________
Signature: ___________________________________________ Date: __________________
# HEALTH CONDITIONS (Check any your child has had and put approx. date)

<table>
<thead>
<tr>
<th>Yes</th>
<th>Date</th>
<th>No</th>
<th>Condition</th>
<th>Yes</th>
<th>Date</th>
<th>No</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Anemia</td>
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<td>Asthma</td>
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<td>Kidney Disease</td>
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<td>Chicken Pox</td>
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<td>Mumps</td>
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<td>Ear Infection</td>
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<td>Seizures</td>
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<td></td>
<td>Tubes in Ears</td>
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<td>Tuberculosis</td>
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<td></td>
<td></td>
<td>Hearing Problems</td>
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<td></td>
<td>Vision Problems</td>
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<td></td>
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<td>Heart Condition</td>
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<td></td>
<td>Glasses</td>
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<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

## ALLERGIES: Is your child allergic to any of the following?

**Medication? Drugs:**
- Yes_____ No_____
  - Which One(s)?

**Bee/Wasp Stings:**
- Yes_____ No_____
- EpiPen Prescribed: Yes_____ No_____

**Lactose Intolerant:**
- Yes_____ No_____
  - If yes, medical documentation from the doctor must be provided each school year.

**Food/Plants:**
- Yes_____ No_____  
  - Which One(s)?

**Epipen Prescribed:**
- Yes_____ No_____
  - (Doctor’s note must be provided to KCS indicating specific type of food each school year)

## Medications:

**Is your child taking any medication?**
- Yes_____ No_____  
  - If yes, explain why:

**What medication does your child take?**

**Epipen Prescribed:**
- Yes_____ No_____  
  - If yes, an Epipen must be provided to the school by or before the 1st day of school. (No expired medication will be accepted)

**Inhaler:**
- Yes_____ No_____  
  - If yes, what type of inhaler:
  - Inhalers must be provided to the school by or before the 1st day of school. (No expired medication will be accepted)

**Date of last eye exam:**

**Does your child wear glasses?**
- Yes_____ No_____  
  - Date of eyeglass prescription:

**Is your child’s eye glass prescription current?**
- Yes_____ No_____  

---

All over the counter (OTC) and prescription medication sent to school must be in the same prescription/OTC container as put up by the pharmacist/store and must have the patient’s NAME, NAME OF MEDICATION, DOSAGE, AND DIRECTIONS on the label. A 2024/2025 parent authorization to receive OTC/RX medication at school must be completed and signed. Medication will be sent to the School Health Office.
I give permission for my child to receive **OVER THE-COUNTER** medicine I checked below for relief of discomfort due to minor accident(s) or illness. Please check all that apply for your child.

<table>
<thead>
<tr>
<th>Acetaminophen (Tylenol)</th>
<th>Sudafed</th>
<th>Hydrocortisone 1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen/Motrin</td>
<td>Head Lice Treatment</td>
<td>Bacitracin Ointment</td>
</tr>
<tr>
<td>Cold Medicine</td>
<td>Pepto-Bismol</td>
<td>Cough Medicine</td>
</tr>
<tr>
<td>Benadryl</td>
<td>First Aid Cream</td>
<td>Burn Gel/Spray</td>
</tr>
<tr>
<td>Calamine Lotion</td>
<td>Eye Drops</td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Name (Please Print): __________________________________________________________

Signature: _______________________________________________________________________________

Relationship to Student: __________________________________________ Date: ____________________
2024/2025 Parent Authorization to Receive Over The Counter/Prescription Medication at School

Child’s Name: ___________________________ DOB: ___________ Grade: ________

Name of Medication(s): ________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Doctor/NP/PA: __________________________________________________________________
Office/Clinic Name: ___________________________ Phone No. _______________________
What time should medicine be given? ____________________________________________
Any special instructions? ________________________________________________________

**Medicine needs to be in the original bottle with the over the counter or pharmacy label or original packaging. The school Health Office will document all medication administered. They will NOT give medicine that is expired, or out of its original bottle. They will not give medication without this consent.

Parent/Guardian Consent: I request the School Health Office to administer my child’s medication as described above. I release Kha’p'o Community School and its staff members from liability regarding administration of this medication.

Parent/Guardian Name (Please Print): _____________________________________________

Signature: _____________________________________________________________________

Relationship to Student: ___________________________ Date: ____________________
INSTRUCTIONS:
This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was not the child's first language may lead to additional resources or support to assist in your child's development in the English language for academic achievement.

PROCESS:
If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child’s score and the eligibility. If your child is identified as an English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS). If you have any questions, please contact:

Josephine Naranjo, Assistant Director of Instruction, jmontoya@khapoeducation.org or (505) 614-4812
Home Language Survey

Student's Name:_____________________________________________________
Parent/Guardian Name:_________________________________________________

**Student Languages:** Please check Yes or No

1. Was English the first language used by this student?
   _____ Yes: Go to Question 2
   _____ No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?
   _____ Yes: Go to Question 3
   _____ No: Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language other than English more than half of the time?
   _____ Yes: Administer ELP screener. Record other language(s). HLS is complete
   _____ No: Student is not eligible for ELP Screening. HLS is complete

---

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.
Language:__________________________________________________________

Parent/Guardian Signature:__________________________________ Date:______________

*Place HLS in the student's School Folder.*
Field Trip Form School Year 2024/2025

The Kha’p’o Community School requires written permission by the student’s parents or legal guardian in order for the student to leave school for any reason. The permission slip below must be completed and signed in order for your child to attend field trips during the school year.

- Parent(s)/legal guardian will be notified about field trips specifics as each trip is planned by your child’s classroom teacher and or designee.
- It is the parent/legal guardian’s responsibility to inform Kha’p’o Community School if there are any updates or changes to any information.
- **This signed form will cover all field trips made throughout the school year.**

Student’s Name:___________________________________________________ Grade:________

Doctor’s name and phone number:______________________________________________

Hospital preferred:___________________________________________________________________

Name of Insurance Company:________________________________________________________

Policy Number:____________________________________________

Parent/Guardian (Please Print):____________________________________ Date:____________

Parent/Guardian Signature:_______________________________________________________
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

If the individual with Tribal membership is not the child listed above, name the individual (parent) 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