Selfridge School District #8
210 2nd Ave S/PO Box 45
Selfridge, ND 58568
P: 701-422-3353
F: 701-422-3348
www.selfridge.k12.nd.us

OFFICE USE ONLY
Start Date:
Transferred from:
Sent for records:
Received records:

REGISTRATION FORM

STUDENT INFORMATION

Student Legal Name
Last: First: MI:

Date of Birth: Age: Gender: M / F

Grade for the 2026-2027 School Year: Primary Phone Number: ( )

Student Lives With: ☐Both Parents ☐Parents Share Custody ☐Mother Only ☐Father Only
☐Other Guardian: _____

Ethnicity: Is this student Hispanic/Latino? ☐Yes ☐No

Student's Race (Check all that apply): ☐African American ☐American Indian ☐Asian
☐Caucasian ☐Pacific Islander

Language spoken at home:

Street Address:

Mailing Address (If different):

City, State, Zip:

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

Does this student have a 504 Accomodation Plan? ☐Yes ☐No

Has this student ever been expelled or suspended? ☐Yes ☐No

PARENT/GUARDIAN INFORMATION

Father	Mother	Other Guardian
Relationship: ☐Legal Parent ☐Foster Parent ☐Custodian ☐Guardian ☐Other	Relationship: ☐Legal Parent ☐Foster Parent ☐Custodian ☐Guardian ☐Other	Relationship:
Name:	Name:	Name:
Street Address:	Street Address:	Street Address:
Mailing Address (If different):	Mailing Address (If different):	Mailing Address (If different):
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone:	Phone:	Phone:
Email:	Email:	Email:

EMERGENCY INFORMATION (OTHER THAN ABOVE PARENT/GUARDIAN)

Emergency Contact #1:	Relationship to student:	Phone:
Emergency Contact #2:	Relationship to student:	Phone:
Emergency Contact #3:	Relationship to student:	Phone:

CONTINUED ON OTHER SIDE

MEDICAL INFORMATION

☐Life threatening allergies: _____

☐Non-life threatening allergies: _____

☐Medical condition(s) that the school should be aware of: _____

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

Student requires rescue inhaler at school: ☐Yes ☐No

Student needs to take daily medication(s) at school: ☐Yes ☐No

If yes, please list: _____

I authorize Selfridge School District #8 to dispense over the counter non-prescription medications as listed below:

Type (ibuprofen, acetaminophen, antacid, cough drops, etc.)	Dose

STUDENT RESIDENCY INFORMATION

Where is your child/family currently living?

The information below is confidential and assists the district in determining eligibility of services for students under the McKinney-Vento Act.

Please check the appropriate box:

☐Single family permanent residence (house, apartment, condo, trailer house, etc.)

☐Doubled Up (sharing housing with another family.individual due to economic hardship/loss of housing

☐Living in tempory residence while building, purchasing a home, or waiting for housing

☐Unsheltered (car/RV park/campground due to lack of alternative accomodations)

☐Motel/Hotel

☐Foster Home

☐In a shelter or transitional housing program

REQUIRED FORMS

Please check the boxes to ensure that your registration information is complete. All forms listed below are **required** to enroll.

New Students
☐This Registration Form
☐Birth Certificate
☐Certificate of Immunization
☐Tribal Enrollment Documentation (if applicable)
☐Custody/Guardianship Papers (if applicable)
☐Authorization for Release of Information (if applicable)
☐Home Language Survey
☐ED 506 Form (if applicable)
☐JOM Student Descendancy Verification Form
☐Releases & Handbook Review Form
☐Technology Acknowledgment Form

Returning Students
☐This Registration Form
☐Releases & Handbook Review Form
☐Technology Acknowledgment Form
*No other forms are required if previously completed **UNLESS** your information has changed.*

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby certify that all of the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____

Primary email for alerts & school information: _____

Signature: _____ Date: _____

Selfridge Public School District #8
PO Box 45 - 210 2nd Ave. S.
Selfridge ND 58568
(701)422-3353 FAX (701)422-3348
Email: juanita.kraft@k12.nd.us

Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____ (last school attended)
_____ (address)
_____ (city/state/zip)

NAME OF STUDENT: ENTERING GRADE

_____ _____
Last First Middle

Please send:

_____ **Academic (standardized test scores, most recent report card, transcript)**
_____ **Birth Certificate**
_____ **Health and immunization records**
_____ **Attendance**
_____ **Special Education Records (IEP, speech, 504, psychological, specific learning disabilities)**
_____ **Any other information on this student**

_____
(Parent/Guardian)
Address: _____

_____

It is not necessary for parents to sign a release when records are being passed from public school to public school. Note Federal Register, June 17, 1976, Part II H.E.W. Privacy Rights of Parents and Students, final rule on educational records. Vol.41, #118 – 24674, "99.31 prior consent for disclosure not required."

OMB Control No. 1810-0021 (Exp. 06/30/2026)

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 _____

JOM Student Descendancy Verification

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for Johnson O'Malley (JOM) funding. If you choose to submit a form, your child could be counted for funding under the program. State funded schools receive JOM funds based on the number of eligible students 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 JOM student count based on descendancy. This form should be kept on file with the grant applicant and will not need to be completed every year.

Student Information

Name of the Child_____ Date of Birth_____

Grade level (Fall of 2023) _____

Name of School _____

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: _____

Please identify the Tribe or Band that maintains updated and accurate membership data for the individual listed above

Name of Tribe/Band_____ 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 _____ Date _____

Signature of Parent/Guardian _____

Address_____ City _____ State_____ Zip Code_____

Phone Number _____ Email _____

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? _____

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 practicable, in what language or format 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:**