BUG O NAY GE SHIG SCHOOL
CHECK LIST FOR ENROLLMENT

- COMPLETE REGISTRATION PACKET
  (download pdf. fill out. and SAVE the pdf. print and sign.)
- COMPLETE SCHOOL LUNCH FORM
- COPY OF CERTIFIED BIRTH CERTIFICATE
- UPDATED IMMUNIZATION RECORDS
- PROOF OF TRIBAL ENROLLMENT
  (if available)
- RECORDS FROM PREVIOUS SCHOOL
  (B-School requests this information)
- EARLY CHILDHOOD SCREENING
  If available (new kindergarten students)

Students will be admitted upon admissions team review. All of the above information is **required.** Only completed registration packets will go before the admissions team. If you have any questions, please contact the Bug O Nay Ge Shig School at 218.665.3000. Miigwech!

BUG-O-NAY-GE-SHIG SCHOOL SY 2026-2027
REGISTRATION FORM Start: _____

Students Name: _____
LAST FIRST MIDDLE

Date of Birth: _____ Present Age: _____ (Circle one) Male ◉ Female ◯

Ethnicity (Circle one): Amer. Indian ◉ Asian ◯ Hispanic ◯ Black ◯ White ◯ Other: ◯ _____

Mailing Address: _____
Rural Route/P.O. Box City State Zip Code Apt/Fire #

Directions to Home: (Physical Address) _____

_____

Parent/Guardian's Name: _____ Relationship: _____

Home Phone# _____ Cell # _____ Work # _____

Email _____ What is the best way to contact you? _____

IN CASE OF EMERGENCY CALL: _____ Relationship: _____

Telephone # _____ Cell# _____ Work # _____

****

Has your child attended school here before? _____ What Grade? _____

What School did your child attend last? _____

Address of School _____ Phone # _____

Grade completed _____ Grade child is currently in: _____ School district child currently lives in: _____

My child received Special Education Services: LD: ☐ EBD: ☐ SPEECH: ☐ MMI: ☐ Other: _____

My child is Tribal Enrolled: ☐ Tribal Agency: _____ Blood Quantum: _____

Father's Name: _____ Mother's Maiden Name: _____

_____ _____
PARENT / GUARDIAN SIGNATURE **DATE**

TO WHOM IT MAY CONCERN:

I am requesting the records of _____ _____
Student Name Grade

_____ to the Bug-O-Nay-Ge-Shig School.
Date of Birth

Please send the records to: **or** **email to:**
Bug-O-Nay-Ge-Shig School newhite@bugschool.k12.mn.us
15353 Silver Eagle Drive NW
Bena, Minnesota 56626

or Fax Information to: 1-218-665-3024.
This child is not yet accepted into our school, acceptance is dependent upon approval of the Admissions Team after records are reviewed.

Please include the following items in the records:

1. Free School Meal Notice (if any)
2. Immunization Record
3. Special Education Records
4. MARSS Number
5. Grades (Please include past years)
6. Standardized Test Scores
7. Copy of Certified Birth Certificate
8. Attendance Records
9. Discipline

The undersigned hereby authorizes the release of his/her child's records

_____ _____
Parent/Guardian Signature / Date Signature of Student over 18 / Date

_____
Name and address of School your child attended before registering here

_____ _____
Signature and Title of Staff Person Requesting Date

OMB Control No. 1810-0021 (Exp. XX/XX/20XX)

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).

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 MN Zip Code 56601

Phone Number _____ Email _____ Date 4/9/26

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

HOME LANGUAGE SURVEY



BUG O NAY GE SHIG SCHOOL
15353 SILVER EAGLE DR NW
BENA, MN 56626

Student Information

Student's Name:_____ **Birthdate:** _____

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

1. **Which language did your child learn when they first began to talk?**
   - (●) only English
   - ( ) language(s) other than English - _____
2. **Which language does your child most frequently speak at home?**
   - (●) only English
   - ( ) language(s) other than English - _____
3. **Which language do you (the parents/guardians) use more often when speaking with your child?**
   - (●) only English
   - ( ) language(s) other than English - _____
4. **Which language is spoken more often by other adults in the home?**
   - (●) only English
   - ( ) language(s) other than English - _____
5. **Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?**

Additional Information (Optional)

Please sign and date this form in the spaces provided below, then return this form to your child's school. Thank you for your cooperation.

Signature of Parent or Guardian _____ **Date** _____

Federal Code: 25: CFR 32.3

"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement:
"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."

School Mission Statement:

Purpose: The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians, your cooperation is requested in complying with these requirements.

Criteria for Screening

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

***** Please Note: SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**

Revised February 2022

Leech Lake Education Division

JOHNSON O'MALLEY
STUDENT CERTIFICATION FORM

All information requested is voluntary. However, failure to fully complete the student and parent information sections may result in delays and/or make it impossible to process this certification request and student may be considered ineligible for JOM services. The information obtained as a result of this request will be used for educational purposes only.

School Name: Bug O Nay Ge Shig School

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Tribe/Agency: _____ Degree of Blood: _____

Enrollment #: _____ Social Security Number: _____

PARENT INFORMATION

Mother's Name: _____ Date of Birth: _____

Tribe/Agency: _____ Enrollment #: _____

Father's Name: _____ Date of Birth: _____

Tribe/Agency: _____ Enrollment #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Parent/Legal Guardian Requesting Information: (This form will be considered invalid if this section is not fully complete with signature.)

Print Name: _____ Relationship to Child: _____

Mailing Address: _____

Signature : _____

Mail Form to:	Fax Form to:	Drop Form off at:
LL Education Division 190 Sailstar Drive NW **Cass Lake, MN 56633**	**JOM Program Coordinator** **218-335-8339**	**LL Education Division/JOM Program Office located in the Cass Lake Facility Center on 16126 John Moose Drive NW Cass Lake, MN**

* * * OFFICE USE ONLY * * *

Based on the records and information available for this family, I certify that the above named student is:

☐ 1. An enrolled member of this Tribe/Agency: _____

Degree of blood: _____ Enrollment #: _____

☐ 2. Eligible for enrollment with: _____

☐ *Enrollment pending Tribal Action* ☐ *Not Applicable*

☐ 3. Not eligible for enrollment, but has the following degree(s) of Indian blood decedent of:

Tribe/Agency: _____ Degree of blood: _____

Tribe/Agency: _____ Degree of blood: _____

☐ 4. No information as listed on this form, and/or in current Tribal office records, reflect that this student has a combined total of one fourth (1/4) Indian blood degree as required for Johnson O'Malley eligibility.

Tribal Official Signature: _____

Tribal Official Name Printed: _____ Date: _____



DATE: **April 6, 2026**

TO: **Parents / Guardians**

FROM: **Alvin Nason, School Nurse**

RE: **Kindergarten and New Student Registration – Immunization Requirements**

All Kindergarten and new students enrolling for the 2026-2027 year will be required to have their immunization records on file at school. This is in compliance with the Minnesota Immunization Law Statute 123.80.

The Nurse will review all student records before school starts. If they do not have this record on file, they will remain at home until documentation can be provided.

Immunizations need to be up-to-date and complete. Any questions on requirements, please call Alvin Nason at (218) 665-3000 or 1-800-265-5576 ext. 2144.

Bug-O-Nay-Ge Shig School Minor Consent Form for Indian Health Services and the Tribal clinics

Student Name _____ **Birthdate** _____

Grade _____

I (WE) _____**parent(s)** ◯ **legal guardian** ◯ **other** ◯

Assume responsibility for the care of the child above, hereby give consent to the Bug-O-Nay-Ge-Shig School personnel to provide or arrange for the following health services for this child. This contract will remain in effect for one-year from date of signature or until cancelled by parent/guardian. A copy of this contract will be provided to Indian Health Services.

ALLERGIES: please list: _____

☐ **I give school / clinic staff permission to administer the following medications as appropriate:** _____
_____

☐ **Tylenol for headache, minor pain, or fever**

☐ **Cough syrup / drops for persistent cough**

☐ **Maalox for upset stomach**

☐ **Hydrocortisone cream / calamine lotion for rash**

☐ **I (we) give the school bus driver permission to transport any medication home if prescribed**

☐ **I (we) give permission to school staff to transport my child to and from health facilities for needed services.**

Bug-O-Nay-Ge-Shig School Minor Consent Form
For Indian Health Services and the Tribal clinics
(Page 2)

Please check the following services you want your child to receive:

- ☐ 1. **Physical examinations including laboratory tests, and screening for Tuberculosis**
- ☐ 2. **Routine medical care**
- ☐ 3. **Urgent care for accidents or illnesses (an ambulance will be called for true emergencies even if not checked every attempt will be made to contact you)**
- ☐ 4. **All necessary immunizations (a separate form will be sent if our records show a need for them)**
- ☐ 5. **Routine dental including exams, x-rays, cleaning & fluoride treatments, and dental sealants**
- ☐ 6. **Routine eye examinations including dilations and prescriptive eye wear when indicated**
- ☐ 7. **Chemical use assessments**
- ☐ 8. **Mental health referrals**
- ☐ 9. **Social services / case management**

Signed _____ **Date** _____

Home phone _____ **Work Phone** _____

Cell phone _____ **Emergency contact** _____

Please read carefully, fill out, sign, date and return this form as soon as possible. We cannot care for your child without a current consent (excluding emergencies) every attempt will be made to contact you at the time of service. Please update phone number if they change. It is very important to have current phone numbers in the event of an emergency. Thank you for your help.

BUG O NAY GE SHIG SCHOOL
FIELD TRIP PERMISSION SLIP
School Year 2026-2027

Boozhoo Parents/Guardians:

Throughout the school year, we will be taking our students on field trips. You will receive information about each field trip as they occur, but you will not be required to sign a permission slip each time. This form will be kept in your students file for the current school year only. Please sign below.

.....

___ ***Yes, my child,*** _____ ***, may travel to events off-campus throughout the school year.***
(Student Name)

___ ***No, my child,*** _____ ***, cannot attend off-campus events.***

_____ _____

(Parent/Guardian Signature) *(Date)*

Bug-O-Nay-Ge-Shig School

Multi-Media Release Form

Parent or Guardian: _____

Address: _____

Telephone: _____ Email: _____

Names of Children:

1. _____
2. _____
3. _____
4. _____
5. _____

The Bug-O-Nay-Ge-Shig often has the opportunity to take photographs, produce video, and use other forms for media production tools to record the activities of students and culture. The use of multi-media production of students, including photographs and videos, are at times published in the school newspaper, posted on the school website, and are recorded as vidoe files and compact discs for the purpose of promoting the school, native culture and various learning experiences.

The Bug-O-Nay-Ge-Shig School Administration would like to continue to use various photographs and video of the students, as well as any other forms of multi-media production tools without any liability or obligation to the student. When possible the student's name will be used to identify the individual in pictures and printed material.

I, _____(parent/guardian), hereby give the Bug-O-Nay-Ge-Shig school permission, and therefore allow that my children's pictures and written material, as well as my picture, to appear in any multi-media productions produced by the Bug-O-Nay-Ge-Shig School or any other visiting multi-media production groups that visit our school, such as newspapers and television stations without any liability or obligation to the student. Please sign this Multi-media acceptance form.

Signature: _____ Date: _____

Print Name: _____ Date: _____

INTERNET /COMPUTER USAGE CONSENT AND WAIVER
Students
(Please Sign and return to school)

By signing this Consent and Waiver form, I _____ **(print student name here)** agree to abide by the following rules, regulations, and restrictions. I have read, and I understand the material in this Acceptable Use Contract.

By signing this form, **I agree to the following terms**:

- The Bug-O-Nay-Ge-Shig School is currently running a web filter called surf control. Surf control categorizes websites based on content. The student filter is setup to Block all web sites, categorized and non categorized web sites. Then the filter allows access to specific categories like education, kid's sites, government, politics, news, finance & investment, job search, Health & Medicine.
  The following internet categories are prohibited and not allowed by the filter: Chat, Email, Drugs / Alcohol, Gambling, Games, Sexually explicit / Adult material, violence, cults, weapons, profanity, and sexually explicit or profane song lyrics.

- The technology committee must approve software that is brought into the Bug-O-Nay-Ge-Shig School. Therefore, I will not install software (including games and downloads from the internet) on any computer unless it has been approved.

- Students do not have access to print. Teachers will print all student work.

- Teachers must approve all CD's or DVD movies before they are played.

- **I am the only person that knows my password. I will not give out my password and I will log off of the computer when I am finished using it**.

- I will not use the Bug-O-Nay-Ge-Shig School Network to view, search for, or possess illegal, obscene, or otherwise prohibited materials. I will not use the Bug-O-Nay-Ge-Shig School Network to transmit threatening, obscene, illegal, or harassing materials or messages.

- It is assumed that information and resources accessible via the Bug-O-Nay-Ge-Shig School Network are private to the individuals and organizations that hold the rights to these resources and information, unless specifically stated otherwise by the owners or holders of these rights. Therefore, I will not use the Bug-O-Nay-Ge-Shig School Network to access information or resources unless the owners or holders of the rights to these resources or information have granted permission to do.

Failure to abide by these rules will result in the following:

1st offense - loss of internet privileges for 2 weeks. 2rd offense - permanent loss of internet privileges. Students that continue to misuse computer system will be subject to In School Suspension and will not be allowed to use any computer at the Bug-O-Nay-Ge-Shig School.
I have been advised that the Bug-O-Nay-Ge-Shig School does not have control of any information on the Internet. Some sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive. In addition, the Bug-O-Nay-Ge-Shig School makes no warranties with respect to Internet access, and it specifically assumes no responsibilities for: The content of any advice or information received from a source outside the District, or any charges incurred as a result of seeing or accepting such advice; and any costs, liability or damages caused by the way the user chooses to use his/her Internet access.

Student Name _____ Signature_____ Date _____

Parent / Guardian _____ Signature_____ Date _____

Bug O Nay Ge Shig School
Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? Check one box

Section A	Section B
☐ In a Shelter ☐ With more than one family in a house or apartment ☐ In a Motel, car or campsite ☐ With friends or family members (other than parent/guardian ***Continue:** if you checked a box in **Section A,** complete #2 and the remainder of this form*	☐ Choices in Section A do not apply ***Stop:** If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel*

2. The student lives with:

☐ 1 parent
☐ 2 parents
☐ 1 parent & another adult
☐ a relative, friend(s) or other adult(s)
☐ alone with no adults
☐ an adult that is not the parent or the legal guardian

School: Bug O Nay Ge Shig Grade: _____

Name of Student: _____ Male ◯ Female ◯

Date of Birth: ____/____/____ Age: _____

Name of Parent(s) / Legal Guardian(s) _____

Address: _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ **Date** _____

School Use Only – School Administrator's determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of School Contact Person who may know of the family's situation:

_____ Date Faxed _____

DEPARTMENT OF EDUCATION

Reset form

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: 1115 School: Bug O Nay Ge Shig

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions **(in bold)** for their children. If you choose not to answer the federal questions **(in bold)**, federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our *Frequently Asked Questions: Ethnic and Racial Designation Form.*

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.[1]

[You must select "yes" or "no" to this question.]

◯ Yes *[If yes, go to Question A.]* ◯ No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Colombian
- ☐ Ecuadorian
- ☐ Guatemalan
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Spaniard/Spanish/ Spanish-American
- ☐ Other Hispanic/Latino
- ☑ Unknown

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

◯ **Yes** *[If yes, go to Question 1a.]* ◯ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Anishinaabe/Ojibwe
- ☐ Cherokee
- ☐ Dakota/Lakota
- ☐ Other North American Indian Tribal Affiliation
- ☐ Unknown

Go to Question 2.

[1]Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

◯ **Yes** *[Go to Question 3.]* ◯ **No** *[Go to Question 3.]*

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons 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.[1]

◯ **Yes** *[If yes, go to Question 3a.]* ◯ **No** *[If no, go to Question 4.]*

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Asian Indian
- ☐ Burmese
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Karen
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Unknown

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.[1]

◯ **Yes** *[If yes, go to Question 4a.]* ◯ **No** *[If no, go to Question 5.]*

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ African-American
- ☐ Ethiopian-Oromo
- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian
- ☐ Somali
- ☐ Other black
- ☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.[1]

◯ **Yes** *[Go to Question 6.]* ◯ **No** *[Go to Question 6.]*

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.[1]

◯ **Yes** ◯ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save