MANDAREE SCHOOL

REGISTRATION

SCHOOL YEAR: 2026-2027

One Registration Form Per Student

MANDAREE WARRIORS

STUDENT INFORMATION

Student's Name as listed on the Birth Certificate or Legal name change document.

First & Middle Name: _____

Last Name: _____

Birthdate: _____

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ White ☐ Native American ☐ Black ☐ Asian ☐ Other *(Select all that apply)*

TRIBAL ENROLLMENT INFORMATION

Agency/Tribe: _____

TRANSFER STUDENT INFORMATION

Name & Address of previous school attended:

_____

_____

Grade: _____ Reason for leaving: _____

Does the student have learning accommodations? ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION

Mother: _____

Father: _____

Legal Guardian: _____

Legal guardianship documents required at this time.

Legal Stepparent of not legally married then list that person under Emergency Contacts.

CONTACT INFORMATION

Mailing Address: _____

Home Phone: _____

Cell AND/OR Work # for:

Mother: _____

Father: _____

Legal Guardian: _____

Email Address for any of the above: _____

** If in an emergency the school is unable to contact you or emergency contacts, Life Enforcement & Social Services will be contacted for students safety.*

TRANSPORTATION INFORMATION

Physical Address: _____

Name of County: _____

Emergency Drop Off: _____

Bus Route: _____ Ridge _____ East _____ South _____

See Student Handbook regarding bus riding rules

EMERGENCY CONTACT INFORMATION

Names of person(s) authorized to pick up student(s), must be 18 yrs.

#1 Contact Name: _____

Home/Work/Cell: _____

#2 Contact Name: _____

Home/Work/Cell: _____

NDPI – McKinney-Vento Act Verification

Is this student? ☐ Migrant ☐ Refugee ☐ Foster ☐ Homeless

☐ Temporary Housing Where is student currently living?

_____

PARENT/GUARDIAN VERIFICATION

I verify that I am the legal guardian/parent of this student and the information I have given is true and accurate.

Signature: _____ Date: _____

MEDICAL INFORMATION

Doctor/Clinic Name: _____

Phone Number: _____

Critical Medical Information or Allergies the school should know:

_____

_____

The school will no longer dispense Over the Counter medications per Dept. of Public Instruction laws. Prescription drugs must have name, dose & Dr.'s name & kept at the front office.

PARENT/GUARDIAN INFORMATION (Continued)

Names of Additional Adults Authorized to Pick Up Student(s):

#3 Name: _____ Relationship: _____ Phone: _____

#4 Name: _____ Relationship: _____ Phone: _____

TRADITION • PRIDE • EXCELLENCE

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:**

MANDAREE SCHOOL

MANDAREE WARRIORS

Student Housing Questionnaire

FIRST NAME	LAST NAME	STUDENT ID	DATE OF BIRTH	SCHOOL	GRADE

Check Yes or NO for statements 1 – 5 below:	YES	NO
1. My family lives in an emergency or transitional shelter or FEMA (federal Emergency Management Agency) housing.		
2. My family is sharing the housing of others due to loss of housing, economic hardship, or a similar reason; we are doubling up.		
3. My family is living in a care, temporary RV park, or campground due to lack of alternative accommodations; a public space, abandoned building; substandard housing, bus or train station, public or private space not designed for human beings; or a similar setting.		
4. My family lives in a hotel or motel.		
5. I am an unaccompanied youth (not in the physical custody of a parent or guardian).		

IF YOU ANSWERED "NO" TO ALL OF THE QUESTIONS ABOVE

STOP HERE.

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE
COMPLETE the FRONT AND BACK PAGES.

PARENT/GUARDIAN NAME (FIRST, LAST)	PARENT PHONE	EMERGENCY PHONE	EMAIL ADDRESS

Please list all children living with you from Pre-K through high school. If needed, use additional sheets.

FIRST NAME	LAST NAME	STUDENT ID	DATE OF BIRTH	SCHOOL	GRADE

Signature of parent/guardian or unaccompanied youth **Date** _____

Updated 10/10/2025

MANDAREE SCHOOL

MANDAREE WARRIORS

Student Housing Questionnaire (Page 2)

Parent/Guardian Name (first, last)

I would like referral assistance with the following (check all that are applicable):

Medical	Dental	Counseling	Homeless Agency	School Transportation	School Supplies	Other/explain

ADMINISTRATIVE USE ONLY
NOTES:

Updated 10/10/2025

MANDAREE SCHOOL

MANDAREE WARRIORS

FERPA RELEASE AUTHORIZATION

I AM AWARE THAT:

1. The District releases information to the local media.
2. The District maintains social media internet sites (Facebook and school websites).
3. The District video records courses for student/teacher use.
4. The District also uses live online applications for instruction.

I HEREBY GIVE MY PERMISSION:

1. To publish my students' name and/or photo when announcements are made for awards and acknowledgements in the local paper.
2. For my student(s) to be included in course video recording only for student playback and teacher training.
3. To include my student's image/photo in social media sites.
4. To participate in live online course instruction.

STUDENTS' NAME(S) AND GRADE(S):

_____

_____

_____

cc: Student Cumulative File
Teacher File

SCHOOL YEAR:

_____

_____

PARENT/GUARDIAN NAME & 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

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 _____

CERTIFICATE OF IMMUNIZATION

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 16038 (Revised 02-2024)

Public Health Division, Immunization Unit
600 E Boulevard Ave, Dept 325
Bismarck, ND 58506-5520
800.472.2180 or 701.328.3386

Child's Name (Last, First, Middle Initial):	Date of Birth:
Parent's Name:	Telephone Number:

Vaccine Type		Exemption Type*	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B						
Rotavirus	Rotavirus						
Hib	*Haemophilus influenzae* type B						
PCV	Pneumococcal conjugate						
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis						
IPV/OPV	Polio						
MMR	Measles-Mumps-Rubella						
Varicella	Chickenpox						
Hepatitis A	Hepatitis A						
Td/Tdap	Tetanus-Diphtheria (and Pertussis)						
MenACWY	Meningococcal ACWY						
Other							
Other							
Other							

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

Physician, Nurse, Local/State Health:	Title:	Date:

If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:
Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:

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

Parent/Guardian Signature: Date:

Statement of Exemption to Immunization Law

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

☐ ***Medical (Med) Exemption:*** *(Indicate vaccine above, requires physician signature)* The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

☐ ***History of Disease (HD) Exemption:*** *(Indicate vaccine above, requires physician signature)* To the best of my knowledge, the above named person has had prior infection as indicated by prior diagnosis or laboratory confirmation.

Physician Signature:	Date:

Religious (Rel), Philosophical/Moral (PBE) Exemption: *(Indicate vaccine above, requires parental signature)*

Parent/Guardian Signature:	Date:

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

MANDAREE SCHOOL

MANDAREE WARRIORS

ACCEPTABLE USE OF TECHNOLOGY POLICY & AGREEMENT

Status: ☐ **Student** ☐ **Staff** ☐ **I am over 18 YO** ☐ **I am under 18 YO**

USER INFORMATION

User's Name (print clearly): _____ **Cell Phone:** _____

User's Address: _____

If student, Grade: _____

EVERY STUDENT OR STAFF, REGARDLESS OF AGE, MUST READ AND SIGN BELOW:

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy (attached for User). Should I commit any violation or in any way misuse my access to Mandaree School's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to the use of the school district's technology to include hardware and school email accounts. I further understand that my use of the technology and Internet are subject to network monitoring. I understand that access is being provided to students for educational purposes only and to staff for work related activity only.

User's Signature: _____ **Date:** _____

PARENT OR GUARDIAN SECTION (REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE)

Parent or Guardian: *(If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.)*

As the parent or legal guardian of the above student user, I have read, understand and agree that my child or ward shall comply with the terms of Mandaree School's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the internet.

Please INITIAL those for which your permission is granted:

_____ Basic Internet Access

_____ Publication on the Internet of my child's work

_____ Use of my child's name in school Internet Publications

_____ Use of my child's picture in school Publications

Parent or Legal Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____

This agreement is valid for the _____ school year only.

Updated 10/10/2025

MANDAREE SCHOOL

MANDAREE WARRIORS

SCHOOL COMMUNITY COMPACT

Working together to support student success.

TEACHER COMMITMENTS

As a teacher, I commit to:

READING / LITERACY

- Provide high-quality instruction that promotes reading fluency, vocabulary, and comprehension.
- Encourage a love of reading and provide access to a variety of texts.
- Communicate reading progress and strategies with students and families.

STUDY HABITS & SELF-DIRECTED LEARNING

- Teach and model effective study skills and organization.
- Encourage students to set goals and take ownership of their learning.
- Provide meaningful feedback to help students improve and grow.

RESPECT / RESPONSIBILITY

- Create a safe, respectful, and inclusive classroom.
- Model respect and expect responsible behavior.
- Help students understand the importance of honesty, accountability, and doing their best.

COMMUNITY

- Build positive relationships with students, families, and the community.
- Communicate regularly and respond in a timely manner.
- Work together to support the success of every student.

TEACHER SIGNATURE Signature: _____ Date: _____

STUDENT COMMITMENTS

As a student, I commit to:

READING / LITERACY

- ☐ Read every day and do my best to understand what I read.
- ☐ Ask questions and use strategies to improve my reading.
- ☐ Choose books and materials that challenge and inspire me.

STUDY HABITS & SELF-DIRECTED LEARNING

- ☐ Come to class prepared and ready to learn.
- ☐ Stay organized, manage my time, and complete my work.
- ☐ Ask for help when I need it and keep trying, even when things are hard.

STUDENT SIGNATURE Signature: _____ Date: _____

MANDAREE SCHOOL

MANDAREE WARRIORS

SCHOOL COMMUNITY COMPACT

Working together to support student success.

STUDENT COMMITMENTS (CONTINUED)

As a student, I commit to:

RESPECT / RESPONSIBILITY

- ☐ Treat others with kindness, respect, and fairness.
- ☐ Follow school rules and take responsibility for my actions.
- ☐ Be honest, trustworthy, and do my best in all I do.

COMMUNITY

- ☐ Be a positive role model in my school and community.
- ☐ Care for my school and the people around me.
- ☐ Get involved and contribute to making our school better.

STUDENT SIGNATURE

Signature: _____ Date: _____

PARENT / GUARDIAN COMMITMENTS

As a parent/guardian, I commit to:

READING / LITERACY

- Encourage my child to read every day.
- Provide a quiet place and time for reading.
- Communicate with my child's teacher about reading progress.

STUDY HABITS & SELF-DIRECTED LEARNING

- Encourage my child to be organized and complete assignments.
- Support homework and help my child set goals.
- Encourage my child to ask for help and stay motivated.

RESPECT / RESPONSIBILITY

- Model respect, honesty, and responsibility at home.
- Support school rules and expect my child to follow them.
- Communicate with the school about concerns.

COMMUNITY

- Stay informed about school activities and events.
- Communicate regularly with teachers and staff.
- Work together with the school to support my child's success.

PARENT / GUARDIAN SIGNATURE

Signature: _____ Date: _____

MANDAREE SCHOOL

MANDAREE WARRIORS

STUDENT DEVICE LOAN AGREEMENT

STUDENT INFORMATION

Student Name: _____ Grade: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Equipment Description: _____

Silver Tag Number: _____

1 TERM

The term of this Loan Agreement is for the duration of the academic school year, commencing on the date the Agreement is signed and ending on the last day of the school year.

2 LOSS OR DAMAGE

Borrower assumes the entire risk of loss, theft, destruction, or damage of or to any part of the equipment except from natural events, and no such loss shall release Borrower of his/her obligation under this agreement in the event of loss or damage. Borrower, with the prior written consent of the Mandaree Public School, shall (a) at his/her expense, repair the equipment; or (b) at Borrower's expense make payment to the total of fair replacement value of equipment.

3 WARRANTIES & MAINTENANCE / ACCEPTABLE USE

Mandaree Public School shall provide, maintain, and pay for warranties and maintenance contracts to cover malfunctions of hardware and/or software that are not the fault of the Borrower.

Borrower shall maintain the equipment in good repair, condition, and functional order and shall not use the equipment unlawfully or in violation of the Mandaree School Acceptable Technology Use Policy.

4 ASSIGNABILITY

Without Mandaree Public School's prior written consent, Borrower shall not assign, transfer, pledge, sublet, lend, or permit use of the equipment by any person other than the Borrower.

5 SURRENDER

Upon expiration of this agreement or upon demand by Mandaree Public School, Borrower shall return the equipment to the Technology Department in good repair, ordinary wear and tear excepted.

6 TITLE

The equipment shall remain the property of Mandaree Public School. The Borrower shall have no right, title, or ownership interest.

7 ARBITRATION

Any controversy or claim arising out of or relating to this Agreement or its breach shall be settled in accordance with the decision of the Mandaree District Superintendent and/or School Board.

8 AGREEMENT VERIFICATION

Borrower, by signature, agrees that the above-described property is for the purpose of conducting school-related business and/or curriculum and agrees that this Loan Agreement is not to be construed as a consumer/purchasing contract.

SIGNATURES

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Technology Representative Signature: _____ Date: _____

MANDAREE SCHOOL

2026-27 APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

This institution is an equal opportunity provider.

ONE APPLICATION PER HOUSEHOLD. **Complete all steps: Using a pen (not a pencil).**

STEP 1

List ALL children in your household.

List all children who attend school AND are not listed on any other application. Attach another sheet of paper if you need more space.

CHILDREN IN THE HOUSEHOLD

List all children in your household. Attach another sheet of paper if you need more space.

	CHILD'S FIRST NAME	MI	CHILD'S LAST NAME	SCHOOL	GRADE	AGE
1.						
2.						
3.						
4.						
5.						
6.						

STEP 2

Do any household members (including you) participate in:

- **SNAP**
- **FDPIR**
- **TANF**

If yes, write a case number and skip to Step 4.

PARTICIPATION IN ASSISTANCE PROGRAMS

Do any household members (including you) participate in SNAP, FDPIR, or TANF?

☐ **YES** ☐ **NO**

If yes, write a case number here and skip to Step 4.

Case Number: _____

STEP 3

Report income for ALL household members.

Skip this step if you answered "Yes" to Step 2.

TOTAL HOUSEHOLD GROSS INCOME

List the names of ALL household members, including yourself, and report total gross income before deductions. If you have no income, write 0.

HOUSEHOLD MEMBER NAME	GROSS INCOME	HOW OFTEN?	SOURCE OF INCOME (ex: Work, Alimony, Child Support, SSI, Pension, Other Income)
	$	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Every 2 Weeks	
	$	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Every 2 Weeks	
	$	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Every 2 Weeks	
	$	☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Every 2 Weeks	

Check if no income: ☐ **Total Household Members** (including yourself): _____

STEP 4

Contact information and adult signature.

Complete and sign the form.

CONTACT INFORMATION AND ADULT SIGNATURE

Printed Name of Adult Completing this Application: _____ Date: _____

Signature: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tradition • Pride • Excellence

MANDAREE SCHOOL DISTRICT #36

MANDREE WARRIORS

REQUEST FOR STUDENT RECORDS

1. STUDENT INFORMATION

Student Name: _____ Grade: _____

Date of Birth: _____ Gender: _____

Last School Attended: _____ Withdrawal Date: _____

Previous School City & State: _____

School Phone Number: _____ School Fax Number: _____

2. RECORDS REQUESTED

Please provide the following records:

- ☐ Official Transcript
- ☐ Student Cumulative File
- ☐ Attendance Records
- ☐ Academic Records
- ☐ Special Education Records (if applicable)
- ☐ Immunization Records
- ☐ Discipline Records
- ☐ Standardized Test Results
- ☐ Other _____

3. RECEIVING SCHOOL INFORMATION

Send Records To:

Mandaree School District #36

PO Box 488

Mandaree, ND 58757

Phone: 701-759-3311

Fax: 701-759-3112

4. AUTHORIZATION

I authorize the release of educational records for the student listed above to Mandaree School District #36.

Parent / Guardian

Printed Name: _____

Signature: _____

Date: _____

OR

Records Manager / School Official

Printed Name: _____

Signature: _____

Date: _____

5. FERPA NOTICE

Educational records may be requested and transferred in accordance with the Family Educational Rights and Privacy Act (FERPA) and applicable federal and state regulations.

6. OFFICE USE ONLY

REQUIREMENT	YES	NO
Request Sent	☐	☐
Records Received	☐	☐
Transcript Received	☐	☐
Cumulative File Received	☐	☐
Student Enrolled	☐	☐

Reviewed By: _____

Date: _____