



EDUCATING THROUGH AN INDIGENOUS LENS

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STUDENT INFORMATION

2020-2021

STUDENT FULL LEGAL NAME:

First Name: _____ Middle: _____ Last Name: _____

Birthdate: _____ Gender: _____ Grade: _____ Language: (circle one) Dakota Ojibwe
(Month/Day/Year)

Resident school district name #: _____

Name of last school attended: _____

MARSS Number: _____

If Kindergarten, has student completed pre-school screening? Yes No NA

Yes Is student receiving special education services (has an IEP)? Yes No

Does the student require special transportation per IEP? Yes No

What is your students primary language spoken at home? _____

Is your child Hispanic or Latino? Yes No

Primary Ethnicity/Race: (I) American Indian or Alaskan Native (A) Asian (B) Black or African American
 (W) White (P) Native Hawaiian or Pacific Islander

Is your child an enrolled tribal member? Yes No

Tribe he/she is enrolled in: _____

Parent/Guardian* with whom student lives:

First Name _____ Middle _____ Last Name _____

Street Address _____ APT# _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to Student _____ Email _____

Student lives with: Both Parents Mother Mother & Stepfather
 Grandparent Father Father & Stepmother
 Other Relative Guardian* Other

Does parent/guardian* have legal custody of the student? Yes No

**Legal Guardians must provide Guardianship forms.*