



## EDUCATING THROUGH AN INDIGENOUS LENS

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### STUDENT INFORMATION

2019-2020

#### 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

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.*