



EDUCATING THROUGH AN INDIGENOUS LENS

3216 E 29th Street, Minneapolis, MN 55406

Phone: 612.729.9266 Fax: 612.729.9412

Email: info@bdote.org www.bdotelearningcenter.org

2021-2022 STUDENT APPLICATION FOR ADMISSION

STUDENT INFORMATION (Please Print)

First Name _____ Middle _____ Last Name _____

Street Address _____ APT# _____

City _____ State _____ Zip _____

AGE AS OF 9/1/20 _____ DOB _____ GRADE LEVEL (Circle One) K I 2 3 4 5 6 7 8

Immersion Language Program Preference (Circle One)

DAKOTA LANGUAGE

OJIBWE LANGUAGE

PARENT/GUARDIAN INFORMATION

#1 Parent/Guardian

First Name _____ Middle _____ Last Name _____

Street Address _____ APT# _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to Student _____ Email _____

#2 Parent/Guardian

First Name _____ Middle _____ Last Name _____

Street Address _____ APT# _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to Student _____ Email _____

SIBLING/FAMILY INFORMATION

(Only list siblings and/or foster children that are also applying for admission)

Name (Last, First, M.I.) _____ Relationship _____ Grade _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

Date Stamp & Initial & Time Received

- Bdote Learning Center is a tuition-free publically supported Minnesota Charter School. Students must live in Minnesota to enroll. Kindergarten students must be 5 years of age by September 1, 2021 or by November 1, 2021 if early entranced is approved to enroll and first grade students must be 6 years of age by September 1, 2021 or have previously completed Kindergarten.
- Minnesota Statute 124.D.10 subdivision 9 - Students who submit timely applications will be enrolled unless numbers exceed capacities for the selected program or grade level, in which case selection will be made by the lottery process. Enrollment preference shall be given to siblings of an enrolled student and foster children of parents of an enrolled student, and may give preference to children of school staff.
- A separate application shall be submitted for each child for whom admission is sought (i.e. not one application for the family). In a lottery situation, each student receives an individual number/lot in the lottery.
- Complete & review the application, then RETURN to Bdote Learning Center, 3216 E 29th Street, Minneapolis, MN 55406.
- All applications must be RECEIVED by 4:00 pm on March 31, 2021 to be included in the ANNUAL LOTTERY.



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REQUEST FOR STUDENT RECORDS 2021-2022

The following student has enrolled at Bdote Learning Center, District 4226:

Student Information:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Grade Level: _____ Enrollment Date: _____

Previous School Information:

School Name: _____

School Address: _____

City, State & zip: _____

School Phone: _____ School Fax: _____

Parent/Guardian Signature: _____ Date: _____

Previous School – Please forward the following information:

- ✓ Official School Records (name, address, birth day and/or copy of birth certificate, sex, grade level, attendance records, class rank, standardized test results, etc.)
- ✓ Special Education Records – including IEP/504 Plan or other assessments (Please fax ASAP)
- ✓ Standard Test Results/MN Basic Standards Test Results
- ✓ MARSS number or state ID number
- ✓ Legal documents
- ✓ Pre-School Screening Records
- ✓ Discipline Records including suspensions and expulsion paperwork
- ✓ Health Records – including immunizations and Sports Physical
- ✓ ELL/ESL Records

Student records should be faxed to:
(612) 729-9412

Or emailed to:
info@bdote.org

For Office Use Only

- Official Records IEP/SPED MARSS Legal
- Standard test results ESL/ELL Pre-K Screening
- Discipline Records Health Records

Date received: _____ Initials: _____



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STUDENT INFORMATION

2021-2022

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.



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EMERGENCY INFORMATION

2021-2022

STUDENT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Grade: (Sept. 1, 2018) _____
(Month/Day/Year)

WHO IS LEGALLY RESPONSIBLE FOR THIS CHILD?

Parent/Guardian 1 - Name: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Parent/Guardian 2 - Name: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

In case your child becomes ill or hurt and neither parent can be contacted, please provide the school with the name/names of who should be contacted and their relationship to you.

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____ Relationship to Student: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____ Relationship to Student: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Does your child have any known allergies or health conditions? Yes No

If yes, please explain: _____

Physician's and/or Clinic's name: _____

Address: _____ Phone #: _____

Please indicate the hospital in which you would like your child to be taken to in case of an emergency.

If I cannot be reached during a medical emergency I hereby authorize the school to obtain emergency medical treatment for my child.

Parent/Guardian Signature: _____ Date: _____



STUDENT HEALTH INFORMATION
2021-2022

LAST NAME:

Reviewed by/date

Student Name: Birth Date: Male Female Grade:

Parent/Guardian: Phone- Home: Work: Cell:

Dear Parent/Guardian, Your child's health may affect his or her learning. Health information is important in planning for your child's needs at school. Your input and involvement are important. Please complete this form and return it to school as soon as possible.

HEALTH CONCERNS: Please mark an "X" and explain if your child has any of the following:

- Yes No
Attention Deficit Hyper-activity Disorder/Attention Deficit Disorder (ADHD/ADD)
Allergies* (to what?)
Has the allergy been diagnosed by a doctor?
Medication for allergy:
*Complete allergy action plan if appropriate
Food Intolerance? Describe:
Asthma or other breathing problems: *Complete asthma action plan if appropriate
Has asthma been diagnosed by a Health Care Provider?
Currently has an inhaler?
Ever hospitalized for asthma? If so, when was last hospitalization?
Other breathing problem (describe):
Diabetes: Type 1* Type 2 *Must complete diabetes emergency plan.
Managed by: Diet/Activity Oral meds Insulin injections Insulin Pump
Heart Conditions:
Seizures: Date & type of last seizure:
*if yes must complete seizure action plan.
Has your child ever had a concussion or head injury?
Social/emotional/behavioral/mental health concerns:
Is there a current concern that your child has been a target of / instigator of bullying?
Recent surgeries or hospitalizations:
Activity restrictions:
Receives Special Education /IEP/504 Services
Other health concerns:

EMERGENCIES: Does your child have a known health problem that could result in an emergency? Yes* No

* Must complete emergency action plan

Please describe:

MEDICATIONS:

First, list ALL medications that your child takes:

Now, list ALL medications that your child needs DURING THE SCHOOL DAY. An authorization with parent and health care provider consent is required each school year for all the following listed prescription AND over-the-counter medications. A new consent is needed each school year.

Please complete and sign back of form

Vision:

- Glasses/contacts prescribed
- Wears glasses/contacts all of the time
- Wears glasses in classroom only
- No vision problem
- Request assistance obtaining glasses

Hearing:

- Frequent ear infections (more than 3 per year in past year)
- Has ear tube(s)
- Hearing loss right ear left ear
- Hearing aid(s) right ear left ear
- No hearing problem

HEALTH INSURANCE: (Circle)

My child has health insurance: Yes No

I request assistance with health insurance: Yes No

HEALTH CARE PROVIDERS:

Does your child have a doctor or clinic where they usually go for health care? Yes No
If yes, please complete the following:

Primary Health Provider Location and Phone

Dental Provider Location and Phone

Other Location and Phone

Hospital preference _____

I attest to the information provided and give permission for its release for confidential use in meeting my child's health and educational needs in school. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, and/or allergies.

Parent/Guardian signature: _____ Daytime phone: _____

Print Parent/Guardian name: _____ Date: _____

Parent/Guardian e-mail contact: _____

Comments: _____

The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested information—there will be no consequences—it may result in an incomplete health and safety plan for your child. The information you provide will one be shared with those whose jobs require access to this information to ensure your child's safety and school success. (MS section 13.04, Subdivision2)



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**PARENT PERMISSION FOR CHILD PICKUP
2021-2022**

STUDENT INFORMATION:

First Name: _____ **MI:** _____ **Last Name:** _____

Please list the name and phone number of each individual permitted to pick up your child.
A picture ID will be required for child pick up when it is not the child's primary caregiver, mother or father.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

5. _____ Phone _____

6. _____ Phone _____

A change of information form will be available to parents at the sign in and out area. Please let us know if a child's drop off or pick up arrangements change. Thank you.

Parent/Guardian Signature: _____ **Date:** _____



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GENERAL PERMISSION SLIP

2021-2022

Parent/Guardian – This form contains two permission forms. Please sign and date **each** of the areas below. A brief description of each of the permissions is included.

STUDENT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

- During the school year, your child may be photographed, filmed, and/or interviewed for school publications. By signing below, you are giving permission for your child to be included in the various publications.

Parent/Guardian Signature: _____ Date: _____

- Children in the Bdote Learning Center will participate in “Field Trip” opportunities throughout the year. Field Trip experiences will be organized by the school staff and supervised. These excursions allow the children to build upon our work in place-based/project-based learning and will include involvement in the community. Field Trip opportunities are an outgrowth of learning activities pertaining to the curriculum and are considered essential to the program at the school. By signing below, you are giving permission for your child to participate in supervised Field Trip experiences and other activities as designated and/or approved by the staff of Bdote Learning Center Charter School that will occur outside of the school building.

A notice and explanation of each field trip will be sent home prior to the activity. The parent will have an opportunity to refuse a field trip at any time.

Parent/Guardian Signature: _____ Date: _____



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HOME LANGUAGE QUESTIONNAIRE 2021-2022

Child's First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ / _____ / _____ Grade (Sept 1, 2015): _____
Month Day Year

Country of Birth: _____

Grades attended in a **Minnesota** school: *(check all that apply)*

____ K ____ 1 ____ 2 ____ 3 ____ N/A

Grades attended in a school in the **United States**: *(check all that apply)*

____ K ____ 1 ____ 2 ____ 3

The following is to be completed by a parent or guardian:

CHILD IDENTIFICATION INFORMATION

Dear Parents and Guardians:

In order to help your child succeed in every way possible, the school needs to determine which language your child uses the most. Please respond to the questions below by checking the appropriate box.

Which language did your child learn first?

____ English
____ Other (specify) _____

Which language is spoken the most in the home?

____ English
____ Other (specify) _____

Which language is your child most comfortable speaking?

____ English
____ Other (specify) _____

Parent/Guardian Signature: _____ Date: _____



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**BUS TRANSPORTATION APPLICATION
2021-2022**

Child's Name: _____ Date: _____

Parent/Guardian Name(s): _____

Home Address: Street _____ Apt _____

City _____ Zip _____

Phone -Home: _____ Work: _____ Cell: _____

TRANSPORTATION REQUEST

Transportation TO SCHOOL Yes No

Transportation FROM SCHOOL Yes No

Pick up location HOME CHILDCARE* OTHER* (* Please list complete address)

Street _____ Apt _____

City _____ Zip _____

Drop off location HOME CHILDCARE* OTHER* (* Please list complete address)

Street _____ Apt _____

City _____ Zip _____

OR

NO BUS TRANSPORTATION REQUIRED

We will provide our own transportation to & from Bdote Learning Center Charter School.

Parent/Guardian Signature: _____ Date: _____

This application will be reviewed by the administration and the bus company. They will then determine pick-up and drop-off locations that best fit routing and scheduling for all Bdote Learning Center Charter School children.

Bdote Learning Center Charter School may cancel a child's privilege to ride the bus at any time due to safety/discipline issues.

If a child does not ride the bus for ten (10) consecutive days the stop may be cancelled.



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Bdote Parent/Guardian Commitment Form

I/We understand that the Dakota and Ojibwe languages are critically endangered. I/we also understand that our Indigenous language is vital to our identities as Indigenous Peoples. As the parent/guardian of _____ I/we are making a commitment to support our student(s) language acquisition at Bdote Learning Center. I/we will do my/our best to support our student(s) learning in the following ways:

- Ensure my student(s) attends school regularly and is on-time, ready to learn, each day they are in attendance.
- Ensure my student(s) completes all homework to the best of their ability, with my/our assistance when needed.
- To uphold the school's standards of conduct, I/we will cooperate with the school and work with teachers and staff as needed, and when requested.
- Spend at least 10 minutes per day in language learning activities in the home with my student(s).
- Find opportunities outside the home to engage with language learning for my student, and myself/our family, via local language tables, events, programs, etc.
- Participate with my student at Bdote Learning Center family nights and events.
- Make every effort to attend parent/teacher conferences and keep open lines of communication with my students teacher(s) and other staff at Bdote Learning Center.
- Encourage my student(s) language learning with positive affirmations and caring guidance.

Students Name(s):

Parent/Guardian Signature(s):

Bdote Learning Center Student Residency Questionnaire

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Person completing form:
 Parent or guardian Unaccompanied youth (a youth that does not live with a parent or guardian)
 Youth Other: _____

Name: _____
 Email: _____ Phone: _____

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? Yes No
2. Is the student's living arrangement due to loss of housing or financial hardship? Yes No

If the answer to any of the above is YES, please complete the following:
 Where is the student identified above currently living? (Please check one)
 In a motel or hotel due to loss of housing or financial hardship
 In an emergency shelter, transitional housing facility, or abandoned in a hospital
 Sharing another family's house or apartment
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building
 In a bus or train station
 Moving from place to place (couch surfing)
 In a public or private place not meant to be used as a regular place for people to sleep
 Other: _____

Last school the student attended:
 School: _____ District: _____
 City: _____ State: _____

Name of Parent, Guardian or education decision maker:
 Name _____ Signature: _____
 Name _____ Signature: _____
 Address: _____
 City: _____ Signature: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____
 OR
 Student (if an unaccompanied youth that is homeless):
 Name _____ Signature: _____
 Address: _____
 Email: _____ Phone: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY			
Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.