

2026-2027 Nespelem School District #14

August 2026						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August (4 Days)	
18-19	Staff Orientation & Professional Development
19	Welcome Back BBQ
24	School Board Meeting
25	Student's First Day

February 2027						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

February (15 Days)	
15	No School - President's Day
19	Professional Development
22	School Board Meeting

September 2026						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

September (17 Days)	
1	Kindergarten's First Day
7	No School - Labor Day
21	School Board Meeting

March 2027						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

March (18 Days)	
4	No School - Snow Day
22	School Board Meeting
29-31	Parent/Teacher Conferences

October 2026						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

October (16 Days)	
12	No School - Indigenous Peoples Day
16	Professional Development
26	School Board Meeting
28	End of 1st Quarter

April 2027						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

April (13 Days)	
1	Parent/Teacher Conferences
5-8	No School - Spring Break
5	End of 3rd Quarter
26	School Board Meeting

November 2026						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

November (14 Days)	
2-5	Parent/Teacher Conferences
11	No School - Veteran's Day
23	School Board Meeting
25-26	No School - Thanksgiving Break

May 2027						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

May (15 Days)	
13	No School - Snow Day
24	School Board Meeting
31	No School - Memorial Day

December 2026						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

December (11 Days)	
14	School Board Meeting
17	Early Release - Christmas Program
21-31	No School - Christmas Break

June 2027						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

June (6 Days)	
3	8th Grade Promotion
4	High School Graduation
9	Last Day of School
9	End of 4th Quarter
21	School Board Meeting

January 2027						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January (15 Days)	
18	No School - Martin Luther King Jr. Day
20	End of 2nd Quarter
25	School Board Meeting

	First & Last Days of School
	School Board Meeting / First Day of School
	No School
	End of Quarter
	Parent/Teacher Conferences
	School Board Meeting
	Staff Orientation & Professional Development
	8th Grade Promotion
	Christmas Program
	High School Graduation

**Nespelem School District
P.O Box 291
Nespelem WA, 99155**



To: Former School Name: _____
Phone #: _____

I authorize the release of the Academic records indicated below for:
Student Birth Date Grade

Cumulative Folder Report:

1. Pupil Progress Report
2. Standardized Achievement & Aptitude Tests
3. Health & Immunization Records
4. Athletic Physical Forms
5. Insurance Information
6. Permanent Record Card Information
7. Discipline File
8. Attendance Information
9. Certificate of Indian Blood/Tribal I.D.
10. Birth Certificate

Special Service Reports:

1. Special Instruction Reports
2. Psychological Reports
3. Medical Records
4. Vision Reports
5. Hearing Reports
6. Section 504 Plans
7. Special Ed IEP
8. Summary Assessment

I acknowledge notification of this transfer of record as required by the Family Education Rights and Privacy Act of 1974 and Understand that I have an opportunity for a hearing to challenge the contents of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

This information indicated above should be sent directly to the district address.

PARENT SIGNATURE

SCHOOL OFFICIAL

CURRENT ADDRESS

DATE

CITY STATE ZIP

Nespelem School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) are designated to handle questions and complaints of alleged discrimination: Civil Rights and Title IX Coordinator: Business Manager, 509-634-4541 and 504 Coordinator: Superintendent/Principal, Mrs. Dean, 509-634-4541 ext 155, edean@nsdeagles.org. Address: PO Box 291, 229 School House Loop Rd Nespelem, WA 99155

Registration Information
2026-2027

First _____ Middle _____ Legal Last Name _____
Birth Date _____ Birth Place _____ State _____
Grade Level _____ Gender M-F _____ email address _____

Student lives with: Both Parents, Mother/Stepfather, Father/Stepmother and Mother only,
Father only, Grandparents, Guardian, Foster, Other _____

First name of Parent/Guardian 1 _____

Last name of Parent/Guardian 1 _____ Work # _____

First name of Parent/Guardian 2 _____

Last name of Parent/Guardian 2 _____ Work # _____

Students Mailing Address _____ City _____ Zip _____

Student Resident Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Household 2 First Name _____ Last Name _____

Household 2 Mailing Address _____ City _____ Zip _____

Household 2 Resident Address _____ City _____ Zip _____

Household 2 Phone # _____ Cell # _____

School History

Last School Attended _____ Grade _____

Has your child ever been retained? Yes/No; Grade _____ Year _____

Has your child ever been screened or processed for Special Education Placement but never
enrolled in a class? Yes/No

Has your child ever been in a Special Education Class?

• Math Yes/No Grade _____ School District _____

• Reading Yes/No Grade _____ School District _____

• Speech Yes/No Grade _____ School District _____

Emergency Information

Daycare _____ Phone # _____

Emergency Contact Person _____ Phone # _____

Alternative Person _____ Phone # _____

Alternative Person _____ Phone # _____

Alternative Person _____ Phone # _____

Alternative Person _____ Phone # _____

Parent/Guardian Signature _____ Date _____

District ID # _____ SSID# _____

Name of Student: _____

RACE -ETHNICITY DATA COLLECTION 2026-2027

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mestizo
<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	Native
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	So. Georgian
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	Sandwich Islands
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Spaniard
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Venezuelan
Hispanic (Write In)		<input type="checkbox"/>	

Asian			
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Lao
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Malaysian
<input type="checkbox"/>	Bhutanese	<input type="checkbox"/>	Mien
<input type="checkbox"/>	Burmese/Myanmar	<input type="checkbox"/>	Mongolian
<input type="checkbox"/>	Cambodian/Khmer	<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Cham	<input type="checkbox"/>	Okinawan
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Singaporean
<input type="checkbox"/>	Indonesian	<input type="checkbox"/>	Sri Lankan
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Taiwanese
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Thai
<input type="checkbox"/>	Asian (Write In)	<input type="checkbox"/>	Tibetan
<input type="checkbox"/>		<input type="checkbox"/>	Vietnamese

Black/ African-American Continued			
South African			
<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
<input type="checkbox"/>	Namibian		
South African (Write In)		Black (Write In)	
<input type="checkbox"/>		<input type="checkbox"/>	
Latin American			
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Guatemalan
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Guyanese
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	So. Georgian/So. Sandwich Islands
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
Latin American (Write In)		Uruguayan	
<input type="checkbox"/>		<input type="checkbox"/>	Venezuelan

American Indian/Alaskan Native	
Washington State Tribes	
<input type="checkbox"/>	Chinook Tribe
<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation
<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation
<input type="checkbox"/>	Confederated Tribes of the Colville Reservation
<input type="checkbox"/>	Cowlitz Indian Tribe
<input type="checkbox"/>	Duwamish Tribe
<input type="checkbox"/>	Hoh Indian Tribe
<input type="checkbox"/>	Jamestown S'Klallam Tribe
<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation
<input type="checkbox"/>	Kikiallus Indian Nation
<input type="checkbox"/>	Lower Elwha Tribal Community
<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation
<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation
<input type="checkbox"/>	Marietta Band of Nooksack Tribe
<input type="checkbox"/>	Muckleshoot Indian Tribe
<input type="checkbox"/>	Nisqually Indian Tribe
<input type="checkbox"/>	Nooksack Indian Tribe of Washington
<input type="checkbox"/>	Port Gamble S'Klallam Tribe
<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation
<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation
<input type="checkbox"/>	Quinault Indian Nation
<input type="checkbox"/>	Samish Indian Nation
<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington
<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
<input type="checkbox"/>	Skokomish Indian Tribe
<input type="checkbox"/>	Snohomish Tribe
<input type="checkbox"/>	Snoqualmie Indian Tribe
<input type="checkbox"/>	Snoqualmoo Tribe
<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation
<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation
<input type="checkbox"/>	Steilacoom Tribe
<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington
<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation
<input type="checkbox"/>	Swinomish Indian Tribal Community
<input type="checkbox"/>	Tulalip Tribes of Washington
Alaskan Native (Write In)	
American Indian (Write In)	

Black/ African-American			
<input type="checkbox"/>	African American	<input type="checkbox"/>	African Canadian
Caribbean			
<input type="checkbox"/>	Anguillian	<input type="checkbox"/>	Dominican (Dominican Republic)
<input type="checkbox"/>	Antiguan	<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/>	Bahamian	<input type="checkbox"/>	Grenadian
<input type="checkbox"/>	Barbadian	<input type="checkbox"/>	Guadeloupean
<input type="checkbox"/>	Barthélemyois/Barthélemyois (Saint)	<input type="checkbox"/>	Haitian
<input type="checkbox"/>	British Virgin Islander (Cayman Island)	<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Caymanian	<input type="checkbox"/>	Martiniquais/Martiniquaise
<input type="checkbox"/>	Cuba Dominican	<input type="checkbox"/>	Montserratian
Caribbean (Write In)		Puerto Rican	
<input type="checkbox"/>		<input type="checkbox"/>	
Central African			
<input type="checkbox"/>	Angolan	<input type="checkbox"/>	Congolese (Dem. RC of the Congo)
<input type="checkbox"/>	Cameroonian	<input type="checkbox"/>	Equatorial Guinean
<input type="checkbox"/>	Central African (Gen. African RC)	<input type="checkbox"/>	Gabonese
<input type="checkbox"/>	Chadian	<input type="checkbox"/>	São Toméan
<input type="checkbox"/>	Congolese (RC of the Congo)	<input type="checkbox"/>	Principe
Central African (Write In)		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
East African			
<input type="checkbox"/>	Burundian	<input type="checkbox"/>	Reunionese
<input type="checkbox"/>	Comoran	<input type="checkbox"/>	Rwandan
<input type="checkbox"/>	Djiboutian	<input type="checkbox"/>	Seychellois
<input type="checkbox"/>	Eritrean	<input type="checkbox"/>	Seychelloise
<input type="checkbox"/>	Ethiopian	<input type="checkbox"/>	Somali
<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	South Sudanese
<input type="checkbox"/>	Malagasy (Madagascar)	<input type="checkbox"/>	Sudanese
<input type="checkbox"/>	Malawian	<input type="checkbox"/>	Ugandan
<input type="checkbox"/>	Mauritian (Mauritius)	<input type="checkbox"/>	Tanzanian (United RC of Tanzania)
<input type="checkbox"/>	Mahoran (Mayotte)	<input type="checkbox"/>	Zambian
<input type="checkbox"/>	Mozambican	<input type="checkbox"/>	Zimbabwean
East African (Write In)		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
West African			
<input type="checkbox"/>	Beninese	<input type="checkbox"/>	Liberian
<input type="checkbox"/>	Bissau-Guinean	<input type="checkbox"/>	Malian
<input type="checkbox"/>	Burkinabé (Burkina Faso)	<input type="checkbox"/>	Mauritanian
<input type="checkbox"/>	Cabo Verdean	<input type="checkbox"/>	Nigerien (Niger)
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)	<input type="checkbox"/>	Nigerian (Nigeria)
<input type="checkbox"/>	Gambian	<input type="checkbox"/>	Saint Helenian
<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Senegalese
<input type="checkbox"/>	West African (Write In)	<input type="checkbox"/>	Sierra Leonean
<input type="checkbox"/>		<input type="checkbox"/>	Togoese

Native Hawaiian/Other Pacific Islander			
Pacific Islander			
<input type="checkbox"/>	Carolinian	<input type="checkbox"/>	Palauan
<input type="checkbox"/>	Chamorro	<input type="checkbox"/>	Papuan
<input type="checkbox"/>	Chuukese	<input type="checkbox"/>	Pohpeian
<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	i-Kiribati/Gilbertese	<input type="checkbox"/>	Solomon Islander
<input type="checkbox"/>	Kosraean	<input type="checkbox"/>	Tahitian
<input type="checkbox"/>	Maori	<input type="checkbox"/>	Tokelauan
<input type="checkbox"/>	Marshallese	<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Tuvaluan
<input type="checkbox"/>	Ni-Vanuatu	<input type="checkbox"/>	Yapese
Native Hawaiian (Write In)		Other Pac. Islander (Write In)	
<input type="checkbox"/>		<input type="checkbox"/>	

White			
White			
<input type="checkbox"/>			
Eastern European			
<input type="checkbox"/>	Bosnian	<input type="checkbox"/>	Romanian
<input type="checkbox"/>	Herzegovinian	<input type="checkbox"/>	Russian
<input type="checkbox"/>	Polish	<input type="checkbox"/>	Ukrainian
Middle Eastern and North African			
<input type="checkbox"/>	Algerian	<input type="checkbox"/>	Israeli
<input type="checkbox"/>	Amazigh or Berber	<input type="checkbox"/>	Jordanian
<input type="checkbox"/>	Arab or Arabic	<input type="checkbox"/>	Kurdish Kuwaiti
<input type="checkbox"/>	Assyrian	<input type="checkbox"/>	Lebanese
<input type="checkbox"/>	Bahraini	<input type="checkbox"/>	Libyan
<input type="checkbox"/>	Bedouin	<input type="checkbox"/>	Moroccan
<input type="checkbox"/>	Chaldean	<input type="checkbox"/>	Omani
<input type="checkbox"/>	Copt	<input type="checkbox"/>	Palestinian
<input type="checkbox"/>	Druze	<input type="checkbox"/>	Qatari
<input type="checkbox"/>	Egyptian	<input type="checkbox"/>	Saudi Arabian
<input type="checkbox"/>	Emirati	<input type="checkbox"/>	Syrian
<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Tunisian
<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Yemeni
Middle Eastern (Write In)		North African (Write In)	
<input type="checkbox"/>		<input type="checkbox"/>	

NESPELEM SCHOOL DISTRICT No. 14

ADMINISTRATION

Effie Dean, Superintendent/Principal
Brittany Moreno, Administrative Assistant
Linda Descoteaux, Administrative Assistant
David Cirk, Director Facilities/Transportation:

PO Box 291
229 Schoolhouse Loop Rd
Nespelem, WA 99155
(509) 634-4541

BOARD OF DIRECTORS

P. Jolene Marchand, Chair (3rd)
Nancy Armstrong-Montes, Vice
Anna Vargas, Director (1st)
Annette Moses, Director (2nd)
Jarae Cate, Director (4th)

Authorization to Pick Up Nespelem School Students 2026-2027

My Child _____ has my permission to be picked up by:

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

Is there a current court order? Yes/No (Please provide a copy for the School ASAP.)

The following people **are not allowed** to pick up my child:

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

If there is a change in circumstances, or a different person will pick up my child I will notify the office.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

NESPELEM SCHOOL DISTRICT No. 14 is committed to providing equal opportunities for all persons without regard to age, sex, sexual orientation including gender expression, disability or use of a trained service animal, veteran or military status, race, creed, religion or ethnic background in its educational programs, activities, policies and employment practices.

NESPELEM SCHOOL DISTRICT No. 14

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Effie Dean, Superintendent/Principal
Virginia Lezard, Administrative Assistant
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Jarae Cate, Director (4th)

PERMISSION FOR RELEASE OR OBTAIN INFORMATION

I, hereby, provide the Nespelem School District consent to obtain and/or share medical/educational/media information with the following agencies in regards to **my child** _____ **DOB:** _____.
In granting such permission, I understand that such information will remain confidential and will be used for the benefit of my child. **This consent is valid through the child's enrollment with The Nespelem School District.**

Please **check (v)** that which applies.

- _____ Private Physician/Clinic: (_____)
- _____ Private Dentist/Clinic: (_____)
- _____ Smile & Vision Mobile (Fall & Spring)
- _____ Kindergarten Transition. School name(s): (Headstart?)
- _____ Indian Health Services County Agency (specify: _____)
- _____ Home Visiting Program (CCT K12 Program, CCT Education Committee)
- _____ Early Learning center/IFSP: (_____)
- _____ School Related Media, photos or video for the purpose advertising, public release, news release, etc.
- _____ Tribal Health [CHN, CHR, WIC, Nutritionist/Dietician, Diabetes Program]
- _____ TANF (Individual Development Plan, Grades, Food Service Application)
- _____ Tribal Enrollment (Certificate of Enrollment & Birth Certificate)
- _____ Behavioral Health/Alcohol Program
- _____ CPS/CFS/Family Preservation
- _____ Energy Assistance (LIHEAP, other Food Service Application)
- _____ District & Extra Curricular
- _____ Area Child Care Facilities
- _____ Child Profile/State Immunization data system
- _____ Proof of Employment (Impact Aid Grant)
- _____ Boys & Girls Club
- _____ OTHER: _____

I, hereby, release the Nespelem School District and its staff from any legal liability for providing above information. While the child is enrolled with the program, I fully understand that I have the right to review records maintained on my family and to dispute or correct any information I feel is incorrect.

Parent Signature

Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

NESPELEM SCHOOL DISTRICT No. 14 is committed to providing equal opportunities for all persons without regard to age, sex, sexual orientation including gender expression, disability or use of a trained service animal, veteran or military status, race, creed, religion or ethnic background in its educational programs, activities, policies and employment practices.

Nespelem School District No. 14

School Year 2026-27 Family Income Survey

Return this form to:

OR

Apply Online:

Complete one income survey per household

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List all students living with you that are attending school.

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

Step 2: Are any of the listed students: In Foster Care Experiencing Homelessness Receiving Migrant Education Services

Step 3: Do any household members participate in: Basic Food TANF Food Distribution on Indian Reservation (FDPIR)

Step 4: Household Income: List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Income Type				Public Assistance/ Child Support/ Alimony	Income Type				Pensions/ Retirement/ Social Security (SSI)	Income Type				Any Other Income Not Already Listed	Income Type			
		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly					
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 5: Contact Information & Signature

I promise that the information on this income survey is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State, & Zip Code

Daytime Phone

Date

Nespelem School District No. 14

NESPELEM SCHOOL DISTRICT No. 14 is committed to providing equal opportunities for all persons without regard to age, sex, sexual orientation including gender expression, disability or use of a trained service animal, veteran or military status, race, creed, religion or ethnic background in its educational programs, activities, policies and employment practices.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____

Family Income Survey qualifies for household at or below the income eligibility guidelines listed below: Yes No

Date Notice Sent

Signature of Approving Official

Date

**Income Eligibility Guidelines
Effective from July 1, 2023, through June 30, 2024**

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183

Impact Aid Survey Form

The survey date is _____.

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act) and may be provided to the U.S. Department of Education if the school district's application for payment is audited. This form must be signed and dated for the school district to receive funds based on this information. All boxes must be filled in with complete information, if applicable.

STUDENT INFORMATION

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Home Address on the Survey Date (No P.O. Boxes)		City		State	Zip Code
If the student lives on federal property, enter the name of the property.		Name of Federal Property			

OTHER CHILDREN ENROLLED IN THE SCHOOL DISTRICT WITH THE SAME HOME ADDRESS AND PARENT/GUARDIAN

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	

PARENT/GUARDIAN EMPLOYMENT INFORMATION: EMPLOYED ON FEDERAL PROPERTY

Enter information in this section regarding the parent/guardian with whom the student resides if either person was employed on federal property or reported to work on federal property <i>on the survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record.					
Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Name of Federal Property					
Address of Federal Property		City		State	Zip Code

PARENT/GUARDIAN EMPLOYMENT INFORMATION: ACTIVE DUTY UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was <i>on active duty</i> in the Uniformed Services <i>on the survey date</i> . This does not include members of the National Guard activated for State service under Title 32.			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

By signing and dating this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

Signature of Parent/Guardian _____ Date _____

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' -
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes -
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>

NESPELEM SCHOOL DISTRICT No. 14

ADMINISTRATION

Effie Dean, Superintendent/Principal
Brittany Moreno, Administrative Assistant
Linda Descoteaux, Administrative Assistant
David Cirk, Director Facilities/Transportation:

PO Box 291
229 Schoolhouse Loop Rd
Nespelem, WA 99155
(509) 634-4541

BOARD OF DIRECTORS

P. Jolene Marchand, Chair (3rd)
Nancy Armstrong-Montes, Vice
Anna Vargas, Director (1st)
Annette Moses, Director (2nd)
Jarae Cate, Director (4th)

Dear Parent or Guardian,

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016–17 school year. (<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>)

Reasons for collection of the data include:

- (1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [\[2015 c 210 § 1.\]](#)

For the purposes of this data collection, "students from military families" includes:

- (a) Students with a parent or guardian who is a member of the active duty United States armed forces; and
- (b) Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard." Collection and updating of this data must use the United States department of education 2007 race and ethnicity reporting guidelines, including the subracial and sub-ethnic categories within those guidelines, with modifications.

If you have any questions, please contact Nespelem School at nsdeagles.org or 509-634-4541.

Student Name	SSID	Parent/Guardian Military Status	Grade
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* _____ Not Affiliated, Active Duty, Reserves, Washington National Guard, Both Parents/Guardians are Affiliated, No Response/Refused to State

Return by September 15, 2026

NESPELEM SCHOOL DISTRICT No. 14 is committed to providing equal opportunities for all persons without regard to age, sex, sexual orientation including gender expression, disability or use of a trained service animal, veteran or military status, race, creed, religion or ethnic background in its educational programs, activities, policies and employment practices.

NESPELEM SCHOOL DISTRICT

Student Health Information 2026-2027

Student Name: _____ Date of Birth _____
Grade _____ Age _____ Male/Female _____

Life Threatening Medical Conditions (Check all that apply):

If your child has a life threatening medical condition, state law requires a medication/treatment order from a Health Care Provider, and a school nurse Health Care Plan before your child can attend school. Does your child have any of the following conditions? Please explain:

- Y/N Severe allergic reaction to tree nuts, peanuts Other food product: _____
- Y/N Severe allergic reaction to bee sting, other insects: _____
- Y/N Other severe allergies affecting school. Specify: _____
- Y/N Severe asthma, regularly takes medication for asthmatic condition or hospitalized within last 5 years: _____
- Y/N Seizure disorder: _____
- Y/N Diabetes: _____
- Y/N Heart condition: _____

Does your child have any of the following conditions that would affect his/her classroom performance or P.E. activities?

- Y/N Allergies Specify: _____
- Y/N Asthma, takes medication only when needed: _____
- Y/N History of Seizure disorder: _____ Type & date of last seizure: _____
- Y/N History of heart condition: _____
- Y/N Digestive, bowel or bladder problems: _____
- Y/N Growth problems: _____
- Y/N Skeletal limitations: _____
- Y/N Cancer/Leukemia: _____
- Y/N Neuromuscular problems: _____
- Y/N Other developmental disability: _____
- Y/N Attention Deficit Disorder: _____
- Y/N Behavioral/Emotional concerns: _____
- Y/N Tourette's Syndrome: _____
- Y/N Migraine headaches: _____
- Y/N P.E. considerations: _____
- Y/N Vision deficit: _____
- Y/N Hearing loss: _____
- Y/N Routine medication: _____

Medication: State law requires written permission from a Health Care Provider & parent before any medication (prescription or over-the-counter) can be carried by a student at school. A form is available from the school nurse or office. This information is confidential. It will be shared with staff on a need-to-know basis. I understand 911 may be called to assist in a medical emergency during school hours. I understand that is my responsibility to notify the school office in writing if there is a change in my child's health.

Preferred Doctor: _____ Phone #: _____
Preferred Hospital: _____ Phone #: _____
Parent/Guardian Signature: _____ Date: _____

Confidential, please return this form to the permanent record file.

PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

District _____	School _____	Fax _____	Phone _____
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Student _____ Birthdate _____ Grade _____

PARENT/GUARDIAN SECTION * SECCION DE PADRE/GUARDIAN

I request that the school nurse, or designated staff member, administer the medication prescribed below, in accordance with the healthcare provider instructions and give permission for the medication and care plan information to be shared with school staff on a "need to know" basis. *Yo pido que la enferma o personal designado, le administre el medicamento recetado de acuerdo con las instrucciones del medico y entiendo que cualquier información de este formulario será comunicada al personal escolar que necesite estar informado.*

Yes No
 Si No

Parent/Guardian Signature <i>Firma de Padre/Guardian</i>	Date <i>Fecha</i>	Home phone / Emergency phone <i>Teléfono de Casa / Teléfono de Emergencia</i>
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HEALTH CARE PROVIDER SECTION

Diagnosis for which medication is to be given during school hours: _____

Signs or symptoms for which medication should be administered _____

Name of medication (1 per form): _____ Dosage: _____ Method of administration: _____ Time of day to be given: _____

If given *prn*, specify length of time between doses: _____

Other directions for use:

Possible side effects: _____ Emergency action: _____ 911

Duration of Order (must choose one)

- Medication is ordered for duration of current school year (which may include summer school)
- Medication to be given from ____ / ____ / ____ to ____ / ____ / ____.

HCP Signature _____ Date _____

HCP Printed Name _____ Phone _____

SMILEMOBILE PATIENT REGISTRATION/REGISTRO DE PACIENTES

PLEASE PRINT / USAR LETRA DE MOLDE

Nombre del/a paciente

Patient Name _____
Last/APELLIDO **First/PRIMER NOMBRE** **Middle/SEGUNDO NOMBRE**

Birthdate/FECHA DE NACIMIENTO _____ **Gender/GENERO** _____

Padre de fam./Tutor legal

Parent/Guardian Name _____
Last/APELLIDO **First/PRIMER NOMBRE** **Middle/SEGUNDO NOMBRE**

Address/DIRECCIÓN DE CORREO _____

City/Ciudad _____ **Zip Code/ C.P.** _____

Phone/Teléfono (_____) _____ *No. de mensajes*
message phone (_____) _____

Are you this child's legal guardian? ¿Es Ud. el tutor legal del menor? Yes/Sí _____ No _____

If not, who is? ¿Si no, quién es? _____ *Parentesco con el/a menor*

Name/Nombre _____ Relationship to child _____

AUTHORIZATION AND CONSENT

I authorize and consent for my child to be seen by the SmileMobile dentist for an examination and recommended treatment for my child, this may include the use of local anesthetic agents, x-rays, Silver Diamine/topical fluoride, sealants and routine dental materials of the Arcora Foundation - SmileMobile Program.

AUTORIZACION Y CONSENTIMIENTO

Autorizo y doy mi consentimiento para que mi hijo sea visto por el dentista de SmileMobile para un examen y el tratamiento recomendado para mi hijo, esto puede incluir el uso de agentes anestésicos locales, radiografías, Silver Diamine / fluoruro tópico, selladores y materiales dentales de rutina de la Fundación Arcora - Programa SmileMobile.

Signed/Firmado/a _____ Date/Fecha _____

I Consent for Photographs for Program Promotion Yes/Sí _____ No _____

Doy mi consentimiento para fotografías para la promoción

Witness _____ (over /véase al dorso)

Health and Dental History/Antecedentes Dentales y de Salud del Menor

Does this child now have, or has this child ever had any of the following?

¿Padece ahora o en el pasado ha padecido el/a menor alguna de las siguientes condiciones?

Heart Disease or Defect, Heart Surgery, Valve Problem, or Murmur <i>Enfermedad o defecto cardiaco, cirugía cardíaca, problema de la válvula o soplo en el corazón</i>	Yes/Sí No	Asthma/Asma	Yes/Sí No
Rheumatic Fever <i>Fiebre reumática</i>	Yes/Sí No	Seizures/ataques	Yes/Sí No
Diabetes	Yes/Sí No	Autism/Autismo	Yes/Sí No
HIV/Aids/VIH SIDA	Yes/Sí No	Learning Disability <i>problemas de aprendizaje</i>	Yes/Sí No
Cerebral Palsy <i>Parálisis cerebral</i>	Yes/Sí No	Delayed Development <i>Retraso de desarrollo</i>	Yes/Sí No
Attention Deficit <i>Síndrome de hiperactividad</i>	Yes/Sí No		
Bleeding Disorder <i>Desorden sangrante</i>	Yes/Sí No		

List any other conditions this child has _____
Anote alguna otra condición que padece el/la menor

List any allergies this child has _____
Anote cualquier alergia que el/la menor padece

What medicines is this child taking? _____
¿Cuáles medicinas toma el/la menor?

When was this child's last dental visit? _____
¿Cuándo fue revisado el/la menor por un dentista por ultima vez?

Is there anything else we need to know about this child? _____
¿Hay algo mas que debemos saber del/la menor?

HEALTH HISTORY REVIEWED BY DENTAL PROVIDER _____ DATE _____

HEALTH HISTORY REVIEWED BY DENTAL PROVIDER _____ DATE _____

Privacy Act (HIPAA) / Acta de Privacidad

The SmileMobile is committed to protecting the privacy of your child's health information. The SmileMobile is required by federal and state law to maintain the privacy of your protected health information (PHI) unless we are allowed or required by law. We protect your PHI by treating all your personal information that we collect as confidential.

El SmileMobile se compromete a proteger la privacidad de la información médica de su hijo. Al SmileMobile se le requiere por ley federal y estatal conservar la privacidad de su información médica protegida (PHI por sus siglas en ingles) a menos que sea permitido o exigido por ley revelarla. Mantenemos confidencial la información que recopilamos sobre su salud para mayor protección de su información médica protegida.

I hereby acknowledge that I am in receipt of the Arcora Foundation-SmileMobile HIPAA regulation. Por este medio reconozco que he recibido las regulaciones sobre la HIPAA de la Fundación Arcora SmileMobile

Signed/Firmado _____ Date/Fecha _____

NESPELEM ELEMENTARY SCHOOL FIELD TRIP PERMISSION FORM
Informed Consent Form-District Curricular/Co-curricular/Interscholastic Activities

Throughout the **2026-2027** your child will be invited to participate in several field trips. Many of these trips are educational in nature and expand our students experience beyond the classroom and are very valuable to the total learning process.

I am asking that parents sign this form giving their child permission to attend the year's field trips. You will receive timely information regarding each trip so that if you decide that you do not want your child to attend that you can call the principal's office and have them excluded. We will then provide an alternative experience at school or you may keep your child at home that day as an excused absence.

(Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in these activities. With this knowledge I expressly release and hold harmless the school district its employees, agents, or volunteers from any liability associated with any field trips and realize these activities provide a learning experiences for the students and allow them an opportunity to apply their classroom learning.)

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed. Name of Preferred Doctor _____ Phone# _____

(I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent/guardian.)

Name of Insurance Carrier _____ Policy No. _____

Home Phone # _____ Work # _____ Emergency # _____

Being fully aware of the risks, I give permission for my **child** _____ to attend field trips throughout the **2026-2027** school year and I will be given advanced information about each trip.

Parent Signature _____ Date _____

Sincerely,
Effie Dean, Superintendent
Nespelem Elementary School

Nespelem School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) are designated to handle questions and complaints of alleged discrimination: Civil Rights and Title IX Coordinator: Business Manager, , [509-634-4541 ext 102](tel:509-634-4541), and 504 Coordinator: Counselor Desirae Beareagle, 509-634-4541 ,ext. 110 edean@nsdeagles.org. Address: PO Box 291, 229 School House Loop Road Nespelem, WA 99155

Student Name:
Parent's Name:

Grade:
Address:

Home Phone:

Nespelem School Dist. #14 Student Network/ Internet User Agreement and Parent Permission Form.
To use networked resources, all students must sign and return this form, and those under age 18 must obtain parental permission.

The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work, or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud

Violations may result in a loss of access as well as other discipline or legal action.

Student User Agreement:

As a user of the Nespelem Public Schools computer network, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions. *[Initial appropriate items]*

_____ agree to use the internet responsibly

_____ agree to use the Nespelem School network responsibly

_____ agree to use responsibly email, Google Apps, Edmodo, blogs, and other school apps

_____ grant permission to use school approved applications, such as Google Apps, email Edmodo, blogging platforms Kidblogs, Blogger, Edublogs, etc.], VoiceThread, Voki, BitStrips, GoAnimate, Animoto, etc. For a more complete list see <http://www.nsdeagles.org/home/public-docs/coppa>

_____ grant permission to have my materials published to the internet [audio, video, print, photos]

_____ grant permission to have my unidentified photo published to the internet.

Student Signature _____ Date _____

Parent/ Guardian Permission:

All students are provided with access to district computer resources. In addition to accessing our district computer network, as the parent or legal guardian, I grant permission for the above named student to:

[Initial appropriate items]

_____ access the internet

_____ access teacher approved online social sites

_____ grant permission to use school approved applications, such as Google Apps, email Edmodo, blogging platforms Kidblogs, Blogger, Edublogs, etc.], VoiceThread, Voki, BitStrips, GoAnimate, Animoto, etc. For a more complete list see <http://www.nsdeagles.org/home/public-docs/coppa>

_____ have his/her materials Published to the internet [audio, video, print, photos]

_____ have his/her unidentified photo published to the internet.

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use -- setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

Parent Signature _____ Date _____

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 _____

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