



All kids are engaged in learning today...for life tomorrow

STUDENT REGISTRATION PACKET

Student ID:
Parent Portal Password:

Today's date: \_\_\_\_\_

Student's Complete Legal Name \_\_\_\_\_
Last First Middle

Gender: Male Female Age \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The physical address above is the student's: permanent temporary address. (circle one)

Second Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_
[ ] Home [ ] Cell Phone [ ] Okay to receive text

Has the student ever attended Great Falls Public Schools in the past? YES \_\_\_ NO \_\_\_ If so, which school? \_\_\_\_\_

Last School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Last Date Attended School Above \_\_\_\_\_

Guardian Information: (Please complete for all parents and caregivers)

Parent/ Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ [ ] Okay to receive text

Email Address \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ [ ] Okay to receive text

Email Address \_\_\_\_\_

Student primarily lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Grandparents \_\_\_
(Please check all that apply) Other \_\_\_ (Please specify whom) \_\_\_\_\_

Who is the student's legal guardian? \_\_\_\_\_

Guardianship Paperwork provided: Yes \_\_\_ No \_\_\_ Not Applicable \_\_\_ (If no, please provide to school registrar as soon as possible)

Emergency Contact (Not including parents and must live within city limits)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

List all other children living in the household.

| Name |       |    | Age | Birth Date |     |     | School | Grade |
|------|-------|----|-----|------------|-----|-----|--------|-------|
| Last | First | MI |     | Mo.        | Day | Yr. |        |       |
|      |       |    |     |            |     |     |        |       |
|      |       |    |     |            |     |     |        |       |
|      |       |    |     |            |     |     |        |       |
|      |       |    |     |            |     |     |        |       |

Has the student participated in any of these special services or preschool programs? (Check all that apply)

Special Education  Speech and Language Services  504 Plan  Reading Assistance  Math Assistance   
 ESL Services  Gifted and Talented  HeadStart  GFPS Preschool  Other Preschool

Does student have any special concerns we should be aware of (health/other)? \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_

**Race / Ethnicity**

Identify the ethnicity and race of the student by answering **BOTH** questions.

Part 1)

Is the individual Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Part 2)

What is the individual's race? (Choose at least one race below)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Note: Failure to answer both questions will result in use of prior racial/ethnic data or an observer identifying for you.

**Student Military Connected Information:**

'Military Connected' student means a student enrolled in a school district who is a dependent of an active duty member of:

**Please select one:**

- The United States Military (Army, Navy, Air force, Marines, or Coast Guard)
- Active Duty National Guard
- Active Duty Reserve Force of the US Military
- Transitioning out of Active Duty to National Guard or Reserve

What is the student's primary language? \_\_\_\_\_ Secondary language? \_\_\_\_\_

- What language is spoken most frequently by the student at home? \_\_\_\_\_

If the primary or secondary language is not English, please answer the following questions:

- What is the student's country of origin? \_\_\_\_\_
- What language do you most frequently speak to your son/daughter?
  - Mother \_\_\_\_\_
  - Father \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use ONLY**

|          |              |                   |
|----------|--------------|-------------------|
| Grade    | Room         | Counselor/Advisor |
| Locker # | Locker Combo |                   |





# INDIAN EDUCATION DEPARTMENT

Great Falls Public Schools  
406-268-6669 Office

2400 Central Avenue  
406-268-6644 FAX

Great Falls, MT 59401  
406-268-6003 Director

Dear Parent or Guardian,

If you, your child or any of your child's biological grandparents are enrolled members of a federally recognized tribe or the Little Shell Tribe of Montana, your child is eligible for Title VII Program benefits through the school district. Those benefits include:

## **Elementary Student Activities**

After School Academic Support  
Indian Club  
Pow Wow Dancing Practice  
Cultural Activities such as beading, regalia construction, traditional games, tipi setup  
Drum Group  
Title VII Elementary Awards

## **Middle School Student Activities**

Honors and AP Outreach  
After School Academic Support  
Indian Club  
Cultural Activities such as beading, regalia construction, traditional games, tipi setup  
Drum Group  
Title VII Secondary Awards  
College Visits

## **High School Student Achievement Activities**

After School Academic Support  
Indian Club  
Drum Group  
Honors and AP Outreach  
Transitional/Vertical Advising  
College Application and FAFSA Assistance  
College Visits  
Scholarship Application Support  
Saturday School  
After School Academic Support

In order for your child to take advantage of these opportunities, you must complete the **506 form** of Title VII Eligibility Certification included in this letter completely. If you do not have a tribal enrollment number readily available, please complete the **Release of Information form** that is enclosed and the enrollment number will be obtained for you, directly from the tribe and a copy will be mailed to you for your records as well.

Please return both forms back to the Indian Education Department at the following address:

**Indian Education Department  
Great Falls Public Schools  
2400 Central Avenue  
Great Falls, MT 59401**

Indian Education Department  
Paris Gibson Education Center  
2400 Central Avenue  
Great Falls, MT 59401  
406-268-6669 Office  
406-268-6003 Director

It is required by the Great Falls Public School District that all parents fully read, complete and check the appropriate box below. This form will be sent to the Indian Education Department. Thank you

To the parents of: \_\_\_\_\_  
(Child's Name)

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mark this box with an "X" if you or your child, either of your parents/grandparents **Are Not** of American Indian decent (if checked, this form is complete).

Mark this box with an "X" if you or your child, either of your parents/grandparents **Are** of American Indian decent, please read the information below, and complete the "506 Form – Title VII Student Eligibility Certification" included in this packet. If you do not have a tribal enrollment number readily available, please complete the release of information form that is printed on the back of this letter and the enrollment number will be obtained for you directly from the tribe.

Your children are **Not Required** to be an enrolled tribal member but a parent or grandparent must be enrolled as a member of a tribe in the United States to qualify for Title VII Indian Education program services. Our Indian Education program in the Great Falls Public School District is here to assist **All** eligible students of American Indian decent with academic, social and cultural support,

Sincerely,  
*Corri Smith*  
Corri Smith  
Director, Indian Education  
Great Falls Public School District



# INDIAN EDUCATION DEPARTMENT

Great Falls Public School District  
406-268-6669 Office  
406-268-6003 Director

2400 Central Avenue  
406-268-6669 NA Library

Great Falls, MT 59401  
406-268-6644 FAX

## Tribal Certification Release of Information (rev. 10-26-2012)

Please Print

Enrolled Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name of Tribe: \_\_\_\_\_ Enrolled: \_\_\_ Descendant: \_\_\_

Reservation Location or Agency: \_\_\_\_\_

City

State

Place of Birth: \_\_\_\_\_

City

State

Mother's Maiden Name: \_\_\_\_\_

Mother's Tribe: \_\_\_\_\_ Mother's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Grandmother's Name: \_\_\_\_\_

Grandmother's Tribe: \_\_\_\_\_ Grandmother's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Father's Name: \_\_\_\_\_

Father's Tribe: \_\_\_\_\_ Father's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Grandfather's Name: \_\_\_\_\_

Grandfather's Tribe: \_\_\_\_\_ Grandfather's Date of Birth: \_\_\_/\_\_\_/\_\_\_

**I HEREBY GRANT PERMISSION TO RELEASE TRIBAL CERTIFICATION TO:**

**GREAT FALLS PUBLIC SCHOOL DISTRICT**

**INDIAN EDUCATION DEPARTMENT**

**2400 CENTRAL AVENUE**

**GREAT FALLS, MT 59401**

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

.....  
TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICER:

I certify that \_\_\_\_\_ is \_\_\_ Enrolled \_\_\_ 1<sup>st</sup> Descendant \_\_\_ 2<sup>nd</sup> Descendant  
of the \_\_\_\_\_ Tribe.

Enrollment Number: \_\_\_\_\_  
Eligible for BIA services: \_\_\_

Blood Degree: \_\_\_/\_\_\_  
Ineligible for BIA Services: \_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

Certifying Official Signature: \_\_\_\_\_

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

\_\_\_\_\_ Federally Recognized, State Organized Indian Group  
\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Meeting #5 of the  
\_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's  
Grandparent

Proof of membership, as defined by tribe, band, or group is:

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

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side



## 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 3E200, Washington, D.C. 20202-6335.