**2020-2021**

**ST. STEPHENS INDIAN SCHOOL**

**128 MISSION ROAD/P.O. BOX 345**

**ST. STEPHENS, WY 82524**

**ELEMENTARY/MIDDLE SCHOOL: 307.856.4147**

**HIGH SCHOOL: 307.857.9400**

**KINDERGARTEN:** Pre-screening will take place in July. More information will be provided later.

**RETURNING** **STUDENTS:** Registration packets are available **May 1, 2020.**

**NEW STUDENTS:** Registration packets are available **July 1, 2020.**

RETURNING STUDENTS NEED TO FILL OUT ONLY THE THREE **(3)** ATTACHED FORMS AT THIS TIME.

UPON SOCIAL DISTANCING BEING LIFTED, MORE DOCUMENTATION WILL BE **REQUIRED** PRIOR TO ADMISSION.

**St. Stephens Indian School, in accordance with Federal law, does not discriminate on the basis of race, color, national origin, sex, age, or disability.**

**2020-2021 school year starts AUGUST 10, 2020.**

**Enrollment will be determined after a completed application packet is received and the application is reviewed and approved by administration. Student will not start class until the application is reviewed and approved by the administration.**

**\*\*\* Staff members will not pick up students who miss the bus. \*\*\***

STUDENT ENROLLMENT APPLICATION

OMB Control No. 1076-0122

Expires: 05/31/2021

FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

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| Name of School: ST. STEPHENS INDIAN SCHOOL | |
| Type: **(DO NOT FILL OUT)**  Day School ( X )  Boarding School ( )  Peripheral Dormitory ( ) | Funding: **(DO NOT FILL OUT)**  Pub. Law 100-297 Grant ( )  Pub. Law 93-638 Contract ( X )  BIA Operated ( ) |
| 1. IDENTIFICATION | |
| Name of Student:  (Last) (First) (Middle) | |
| Physical Address:  City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code:Click or tap here to enter text.  Mailing Address:Click or tap here to enter text.  City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.  Miles from home to school:Click or tap here to enter text. | |
| Date of Birth: Click or tap here to enter text. Place of Birth:Click or tap here to enter text.    Sex: Male  Female  Verified by: Click or tap here to enter text. | |
| Tribal Affiliation:Click or tap here to enter text. Degree Indian: Click or tap here to enter text.  Enrollment Number:Click or tap here to enter text. Home Agency: Click or tap here to enter text.  Are there any languages other than English spoken in the home? Yes No | |
| 2. FAMILY INFORMATION  Father (if living with):  Address: Click or tap here to enter text.  Tribal Affiliation: Click or tap here to enter text.  Home Agency: Click or tap here to enter text.  Enrollment Number:Click or tap here to enter text.  Living: Dead:  Occupation (Optional):Click or tap here to enter text.  Employer: Click or tap here to enter text.  Home Phone: Click or tap here to enter text.  Work Phone: Click or tap here to enter text.  Emergency: Click or tap here to enter text.  Other (specify)Click or tap here to enter text. | Mother (if living with):  Address:Click or tap here to enter text.  Tribal Affiliation:Click or tap here to enter text.  Home Agency: Click or tap here to enter text.  Enrollment Number:Click or tap here to enter text.  Living: Dead:  Occupation (Optional):Click or tap here to enter text.  Employer:Click or tap here to enter text.  Home Phone:Click or tap here to enter text.  Work Phone:Click or tap here to enter text.  Emergency:Click or tap here to enter text.  Other (specify)Click or tap here to enter text. |

STUDENT ENROLLMENT APPLICATION (CONTINUED)

OMB Control No. 1076-0122

Expires: 05/31/2021

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| Legal Guardian (if not mother or father):  Address:Click or tap here to enter text.    Tribal Affiliation:Click or tap here to enter text.  Home Agency:Click or tap here to enter text.  Enrollment Number:Click or tap here to enter text.  Occupation (Optional):Click or tap here to enter text.  Employer:Click or tap here to enter text. | Other (group home, etc.) (if applicable):  Address:Click or tap here to enter text.    Telephone:Click or tap here to enter text.  Student Lives With:Click or tap here to enter text.  Telephone Home: Click or tap here to enter text.  Work:Click or tap here to enter text.  Emergency:Click or tap here to enter text.  Other (specify)Click or tap here to enter text. |
| 1. SCHOOL(S) PREVIOUSLY ATTENDED: | |
| School Name: Click or tap here to enter text. Dates Click or tap here to enter text. Grades Click or tap here to enter text.  Attended:Click or tap here to enter text. Completed: Click or tap here to enter text.  Address:Click or tap here to enter text. Reasons for Leaving: Click or tap here to enter text.  City / State:Click or tap here to enter text. | |
| School Name: Click or tap here to enter text. Dates Click or tap here to enter text. Grades Click or tap here to enter text.  Attended: Click or tap here to enter text. Completed: Click or tap here to enter text.  Address: Click or tap here to enter text. Reasons for Leaving: Click or tap here to enter text.  City / State: Click or tap here to enter text. | |
| School Name: Click or tap here to enter text. Dates Click or tap here to enter text. Grades Click or tap here to enter text.  Attended: Click or tap here to enter text. Completed: Click or tap here to enter text.  Address: Click or tap here to enter text. Reasons for Leaving: Click or tap here to enter text.  City / State: Click or tap here to enter text. | |
| I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.  Signature of Parent/Legal Guardian/Adult Student Date Click or tap here to enter text.  Click or tap here to enter text. | |
| **FOR OFFICE USE ONLY – DO NOT FILL OUT**  Day School Enrollment:  Approved:  Not Approved:  Principal Date | |

U.S. DEPARTMENT OF EDUCATION

OMB Control No. 1810-0021

Expires: 05/31/2021

OFFICE OF INDIAN EDUCATION

WASHINGTON, DC 20202

**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**

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| **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.*** |

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| Name of Child- Click or tap here to enter text. Date of Birth- Click or tap here to enter text.  (as shown on school enrollment records)  School Name- Click or tap here to enter text. Grade- Click or tap here to enter text.  NAME OF TRIBE, BAND OR GROUP- Click or tap here to enter text.  **Tribe, Band or Group is: (check one)**  **Federally Recognized, Including Alaska Native**  **State Recognized**  **Terminated**  **Organized Indian Group Meeting #5 of the Definition Above**  **Name of individual with tribal membership:** Click or tap here to enter text.  **Individual named is (check one):  Child  Child's Parent  Child's Grandparent**  **Proof of membership, as defined by tribe, band, or group is:** Click or tap here to enter text.  **A. Membership or enrollment number (if readily available)** Click or tap here to enter text. **OR**  **Other (explain)** Click or tap here to enter text.  **Name and address of organization maintaining membership data for the tribe, band or group:**  Click or tap here to enter text.  I verify that the information provided above is accurate:  **PARENT'S SIGNATURE** Click or tap here to enter text. **DATE** Click or tap here to enter text.  Mailing Address Click or tap here to enter text. Telephone Click or tap here to enter text.  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. |

OMB Control No. 1810-0021

Expires: 05/31/2021