

Fort Washakie School District #21

New/Returning Student Enrollment Check List:

- Birth Certificate *(Required for New Students **ONLY**)*
- C.I.B/Proof of Descendancy *(If Applicable, For New Students **ONLY**)*
- Legal Custody Agreement (If Applicable):
*Court Order, Temporary placement from Social Services, or Notarized Voluntary Statement between Parent/Guardian(s). It is important to note if there are any individual(s) **NOT ALLOWED** to have contact with your student. Please keep the summary report up to date and report any changes that may take place.*
- Updated Immunization Record and Sports Physical
(Sports physicals are required for students 5th-8th grade wishing to participate in sport activities)
- Variance Form:
Required if your student's primary address is out of the School District #21 boundaries. You may acquire this form at the School District Administration Office in which you reside.
- Specific Health Office Forms needed for services.
- Student Compact Agreement (Student Handbook)
- Records Request *(For New Students **ONLY**/Transfer Students)*

Fort Washakie School

Fremont County School District #21



90 Ethete Road
 Fort Washakie, WY 82514
 P (307) 332-2380 F (307) 332-3597
 www.fortwashakieschool.com

REGISTRATION PACKET FOR THE 2025-26 SCHOOL YEAR

AGE REQUIREMENT: Pre-K-Must be 4 years of age by August 1st, 2025 . Kindergarten must be 5 years of age by August 1st, 2025.

Returning Student: _____ **New Student:** _____

Please note: First and last names MUST match the name presented on the provided identification.

Student's Legal Last Name	
Students Legal First Name	
Student's Middle Name	Nickname:

Grade	Birth Country	Gender (Circle one)	Birthdate	Bus Student (circle)
		Male Female Non-Binary		YES NO

PRIMARY HOUSEHOLD INFORMATION

Please provide the information for the home where your child spends **50% or more** of their time.

Parent/Guardian Name: (Emergency Contact #2)	
Residential Address	
Mailing address (if different):	
City & Zip Code	
Relationship to Student:	
Mobile/Home Phone	()
Email Address:	
Employer and Work Phone:	

The individual(s) below have my authorization to check my child out of school in the event of an emergency situation **ONLY**. They can be reached during school hours at the number listed.

Name	Relationship	Phone Number

Fort Washakie School

Fremont County School District #21



90 Ethete Road
 Fort Washakie, WY 82514
 P (307) 332-2380 F (307) 332-3597
 www.fortwashakieschool.com

SECONDARY HOUSEHOLD INFORMATION

Please use the space below to provide information if your child spends **50% or less** time in another household.

Parent/Guardian Name:	
Residential Address	
Mailing Address (if different):	
City & Zip Code	
Relationship to Student:	
E-Mail Address	
Mobile/Home Phone	()
Email Address:	
<p>If restrictions are in place between this Individual and the Student please provide documentation with specific detail. Does this Individual have authorization to arrange, check out and be a point of contact for this student in case you are not available? YES NO</p>	

<p>School District in which you physically reside: <i>New and Returning students who live "Out of District" will need to provide a Variance Form from which district you reside in.</i></p>	<p><input type="checkbox"/> Lander (1) <input type="checkbox"/> Ft. Washakie (21) <input type="checkbox"/> Ethete (14) <input type="checkbox"/> Arapahoe (38) <input type="checkbox"/> Riverton (25) <input type="checkbox"/> Wind River (16)</p> <p>Other (specify name of school and district): _____</p>
<p>School Name of Last School Attended: *NEW STUDENT ONLY RETURNING STUDENTS SKIP TO NEXT QUESTION.</p>	
<p>City, State, Zip: *NEW STUDENT ONLY RETURNING STUDENTS SKIP TO NEXT QUESTION.</p>	

Does the student receive any of the following services (Circle all that apply)				
TITLE I	IEP	504	ELL	PROBATION

Has this student repeated a grade?	YES	NO	If yes, please indicate grade:



APPROPRIATE ACCESS POLICY

EDUCATIONAL PROGRAMS SERIES 507

COMPUTER ASSISTED PROGRAMS

(Use of Internet, E-Mail and Local Area Network)

It is the policy of this School District that the staff and students will be encouraged and permitted to utilize the computer network provided by the School District to the greatest extent possible to facilitate learning and provide the best education experience possible. In this regard, the School District has made electronic mail and the internet available to students and staff.

All students must obtain parental permission, sign and return a Internet/Intranet Use Agreement form to the School District to gain access to E-mail and the internet. All users must sign the Internet/Intranet Use Agreement form prior to access being granted.

Access to the internet will enable students to explore thousands of libraries, databases and bulletin boards while exchanging messages with internet users throughout the world. Families should be warned that some material accessible via the internet may contain items that are illegal, defamatory, inaccurate and potentially offensive. While it is possible for students to access inappropriate material and otherwise misuse the system, it is the intent of Fremont County School District #21 that network access, local and worldwide, should only be used to further the educational goals and objectives set out for each student.

It is the policy of this School District to educate our students by implementing the use of modern technology. Students will need to be familiar with various types of technology in order to be successful in their subsequent education and careers. However, in order to utilize this technology, it will ultimately be the responsibility of the parents and guardians to set and convey standards to their own children that they will follow while utilizing this technology. To that end, the School District will support and respect each family's right to decide whether or not to apply for access. The Board authorizes the superintendent to prepare appropriate acceptable use procedures and regulations for implementation of this policy and for reviewing and evaluating its effect on instruction and student achievement.

FCSD#21 adopted Series 5-7-Computer Assisted Instruction: 11/13/2013

Parent/Guardian Signature	Date
Student Signature	Date



ETHNICITY/RACE QUESTIONS

For Federal requirements, both questions must be answered.

<p>Is the student Hispanic or Latino?</p> <p>Choose only one answer</p>	<p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> <p>A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.</p>
<p>What is the students' race?</p> <p>Choose one or more as appropriate</p>	<p><input type="checkbox"/> American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central American), and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Asian or Asian-American A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White/Caucasian A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

As prescribed by Title VI of the Civil Rights Act of 1964, a Home Language Survey is to be used to identify students at the time of enrollment in our school district. Please respond to the following questions:

What language did your child learn when he/she first began talking?		
What language does your child most frequently speak at home?		
What language is spoken by you and your family most frequently at home?		
Has your child attended a school in the United States for more than three academic years?	Yes	No
Is this student an exchange student?	Yes	No



Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

Section A

Select one response for each question

Is your current residence a temporary living arrangement?	Yes	No
Is your living arrangement due to loss of housing or economic hardship?	Yes	No
Is your current residence inadequate for meeting your physical or psychological needs?	Yes	No
If you answered YES to <u>any</u> of the questions, please complete the next section. If you answered NO to <u>all</u> of the questions, you may stop here.		

Section B

Do any of the following situations apply? (choose as many as necessary)

<input type="checkbox"/>	Living with more than one family in a house, mobile home or apartment
<input type="checkbox"/>	Living in a hotel/motel
<input type="checkbox"/>	Living in a shelter or transitional housing
<input type="checkbox"/>	Living in a vehicle of any kind, park, campground, public space or abandoned building
<input type="checkbox"/>	Living with an adult that is not a parent or legal guardian or living alone without an adult
<input type="checkbox"/>	Living in an unknown nighttime residence
<input type="checkbox"/>	Other temporary living arrangement (please describe):

Fort Washakie School

Fremont County School District #21



90 Ethete Road
Fort Washakie, WY 82514
P (307) 332-2380 F (307) 332-3597
www.fortwashakieschool.com

Family Educational Rights & Privacy Act (FERPA) & Protection of Pupil Rights Amendment (PPRA)

- **School Directory Information:** Not all student information is confidential. In accordance with federal law and district policies, Fremont County School District #21 & the Wyoming Department of Education (WDE) may make available to various persons, agencies and institutions different categories of information regarding students. These include public events and/or information and classroom events. These can include honor roll lists, team rosters, photo captions, press releases and more. Private information such as addresses, birthdates, phone numbers, test scores, etc. will not be disclosed.
- **Student Surveys:** Students may be asked to fill out various surveys that collect student information. In some circumstances, you may receive an opt-out form. Returning this form will remove your student from the data collection.
- **Protection of Student Records:** Parents can request to inspect and review the student's education records maintained by the school within forty-five (45) days of the school's receipt of a written request. Please contact the administration building to make this request.
- **Services for Youth in Transition:** Our district will provide equal access to comparable services to all students regardless of their home living situation. Homeless students or students in transition are not required to attend a separate school for homeless youth and have the right to benefit from programs for which they are eligible. Mr. Owen St. Clair is the staff member who will help introduce you to various educational programs and services that are available.
- **Right to Request Teacher Qualifications:** You have the right to request information regarding the professional qualifications of your child's classroom teacher(s) or paraprofessional(s). If you make this request, the district or school will provide you the information as soon as possible. Please contact the school's principal.
- **Field Trips:** From time to time this school year, your child will be taking day trips to various places of interest in the community and, at times, out of the community. Please refer to the "Blanket Form: Permission to Participate" for approval/disapproval for student participation.
- **Communication via Phone, Text and Email:** All parents and guardians will be contacted via phone, text message and email in addition to written communications. These may include messages regarding attendance, discipline and grades.
- **Parent Portal:** The district uses a student information system (SIS) called Infinite Campus to organize and manage student demographics, grades, attendance, behavior and other information. A feature of Infinite Campus is allowing parents access to information regarding their students. You will be assigned a username and password to monitor your student(s) information via the Parent Portal.

By signing below, you agree to have read and understand FERPA & PPRA.

Parent Signature	Date

Fort Washakie School

Fremont County School District #21



90 Ethete Road
Fort Washakie, WY 82514
P (307) 332-2380 F (307) 332-3597
www.fortwashakieschool.com

STUDENT HISTORY AND EMERGENCY CONTACT INFORMATION (PAGE 1 OF 2)

This information may be used within the policies of Fremont #21 and also during school sponsored field trips and other out-of-district travel. It will also be used in the event of a serious accident/illness requiring transportation to an emergency medical facility. This information will be updated annually and the original will be located in your student's health file. This form must be completed and signed by the student's parent/guardian.

Student's Last Name	Student's First Name	Date of Birth	Current Grade

Condition	Circle Yes or No		If yes, please provide details:
Hearing problems:	Yes	No	_____
Skin problems:	Yes	No	_____
Congenital (birth) defects:	Yes	No	_____
Neurological disorder:	Yes	No	_____
Seizure disorder:	Yes	No	_____
Frequent headaches:	Yes	No	_____
Frequent nosebleeds:	Yes	No	_____
Vision problems:	Yes	No	_____
Wears glasses or contacts:	Yes	No	_____
Asthma:	Yes	No	_____
Chronic respiratory infections:	Yes	No	_____
Heart disease:	Yes	No	_____
Blood disorder:	Yes	No	_____
Diabetes:	Yes	No	_____
Difficulty controlling urination:	Yes	No	_____
Difficulty controlling bowels:	Yes	No	_____
Bone or joint problems:	Yes	No	_____
Speech problems:	Yes	No	_____
Behavior difficulties:	Yes	No	_____
Emotional difficulties:	Yes	No	_____
Other:	Yes	No	_____

Fort Washakie School

Fremont County School District #21



90 Ethete Road
 Fort Washakie, WY 82514
 P (307) 332-2380 F (307) 332-3597
 www.fortwashakieschool.com

STUDENT HEALTH HISTORY AND EMERGENCY CONTACT INFORMATION (PAGE 2 OF 2)

Student Last Name	Student First Name
Is The Student Currently Taking Any Medication?	If yes: Please List Medications <i>(All medications given at school require a medication consent form and must come in the original labeled container)</i>
<p style="text-align: center;">YES NO</p>	

Does the student have any allergies to food or insect bites? If yes, please provide details *(For food allergies, this will require a medical statement in order to request/provide special meal forms)*

<p style="text-align: center;">YES NO</p>	
--	--

INFORMATION ABOUT CAREGIVERS

Primary Physician Name and Phone:	
Dentist Name and Phone:	
Eye Doctor Name and Phone:	

The individual(s) below have my authorization to check my child out of school in the event of an emergency situation **ONLY**. They can be reached during school hours at the number listed.

Name	Relationship	Phone Number

I understand that in cases of serious accident or illness at school or during a school-sponsored field trip, my child will be sent to an emergency medical facility. The parent/guardian will be responsible for all expenses. I understand that this information will be shared with Fremont County School District #21 staff accompanying my child on school-sponsored field trips and with emergency/medical staff in the event of a serious accident or illness. I agree to inform the school district, in writing, of any changes to this information. **HIPPA & FERPA:** I authorize the sharing of my child's health information identified on this Student Health Information form to provide appropriate school health services. This authorization is effective until revoked in writing by parent/guardian.

Parent/Guardian Signature	Date

Fort Washakie School

Fremont County School District #21



90 Ethete Road
Fort Washakie, WY 82514
P (307) 332-2380 F (307) 332-3597
www.fortwashakieschool.com

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I understand that Fremont County School District 21 and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the field trip activity or any fundraising event associated with the activity. Fremont County School District 21 and its employees have not waived these protections and immunities. By signing this form, on behalf of myself, the student and our family and representatives, I release indemnify, and hold harmless Fremont County School District 21 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or relate to property which is not owned by Fremont County School District 21. I understand that for purposes of this form, the term "employees" includes Fremont County School District 21 directors, employees, servants and volunteers.

Parent/Guardian Signature

Date

Parent/Guardian Authorization

- I understand that if I desire a specific brand/form of OTC medication, I am to furnish the medicine.
- I understand that parent/guardian authorization is required for any non-prescription medication to be given at school.
- Students are prohibited from carrying any medication on their person.
- I will notify the school nurse immediately if any child's health status changes, or there is a change or cancellation of the medications.
- I understand if I choose to provide medication for my student, all medications must be provided with an accurately labeled container. Non-prescription medications provided by a parent must be in the **ORIGINAL CONTAINER** with label and directions.
- A new authorization is required when there are any changes in the medication orders (dosage, time, etc).
- I understand this authorization is in effect until revoked by parent, physician or school nurse.
- I have read the "Parent/Guardian Authorization" (above) and agree to the instructions it provides.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



Fort Washakie Schools Consent for Health Office Services

School Year 2025-2026

This consent form must be on file in your child's health folder and must be updated each school year. Parents/Guardians will be notified as soon as practicable of changes to their student's health status. For more information or questions, please call the nurse office at (307) 332-2380.

Student Name _____ DOB ____/____/____

OTC Medications: I give permission for my child to receive any medication checked below on this form. I understand that generic equivalent medications may be used. Medications will be dispensed by age/weight, in pill or liquid form, and according to manufacturer guidelines.

Medications/First Aid Product:

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen (e.g. Tylenol) | <input type="checkbox"/> Benzocaine Wipes (for bee stings) |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Non-Drowsy Allergy (e.g. Zyrtec or Claritin) |
| <input type="checkbox"/> Burn Cream | <input type="checkbox"/> Diphenhydramine (aka Benadryl) |
| <input type="checkbox"/> Hydrocortisone Cream 1% | <input type="checkbox"/> Ibuprofen (e.g. Advil/Motrin) |
| <input type="checkbox"/> Pepto Bismol (ages 12+) | <input type="checkbox"/> Cough syrup |
| <input type="checkbox"/> Antacids (e.g. Tums) | <input type="checkbox"/> Cough drops |

Please indicate any known medication/food/environmental allergies:

School-based Testing: I give my permission for my child to be tested for COVID-19 and/or strep throat as deemed necessary by the health office staff. I understand that my student may require a doctor visit regardless of the results of the test.

Yes, I give my permission for COVID-19 testing. Yes, I give my permission for strep throat testing.

No, I do not want my student tested for COVID-19. No, I do not want my student tested for strep throat.

****By signing this form you give permission for your student to participate in ALL health services, assessments, and routine interventions. Declining to sign does not exclude your student from receiving first aid or emergency services in case of sudden need.**

Parent/Guardian Signature _____ Date ____/____/____



**IMMUNIZATION AGREEMENT
BETWEEN PARENT/GUARDIAN AND SCHOOL**



To ensure the Wyoming Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA), Wyoming schools must obtain parent/guardian agreement before accessing a student's immunization record within the Wyoming Immunization Registry (WyIR) for proof of immunization.

Parent/guardian agreement must be maintained in the student's school file and made available to the Wyoming Department of Health upon request.

I, _____, am the parent/guardian of _____. I
(Parent/Guardian Name) (Child's Name)

agree that the designated administrative official, such as the school nurse, representing

_____ has my permission to access this student's immunization
(Name of School)

record in the WyIR to obtain proof of immunization in order to meet the school entry requirements in accordance with Wyo. Stat. Ann. § 21-4-309.

Parent/Guardian Signature

Date



School Screening, Fluoride Varnish, Dental Sealant Consent



Dear Parent or Guardian,

Warm Valley Health Care (WVHC) Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

Fluoride Varnish

Procedure: Fluoride varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

Dental Sealant

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive services provided by WVHC at your child's school **DO NOT** replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.): _____

Student's Name: _____

Date of Birth: _____

Grade & Teacher: _____

Parents Name and phone number _____

Parental Permission

I give permission to have a screening, fluoride varnish and dental sealants placed.

Signature of Parent or Guardian

Date

Please check if you **DO NOT** want your child to participate in all or part of the prevention services:

I **DO NOT** want my child to participate in the program.

I **DO NOT** want my child to have a fluoride varnish application.

I **DO NOT** want my child to have sealants placed.

Note: all procedures rendered at these visits are billable to Medicaid and third party insurance as authorized in The Indian Health Care Improvement Act.

IF YOU WANT YOUR CHILD TO BE A PART OF THE CHILD HEALTH MEASURES PROJECT, SIGN AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY Date:

_____ Month _____ Day _____ Year.

I **WANT** MY CHILD TO PARTICIPATE IN THE CHILD HEALTH MEASURES PROJECT.

Please print in the space provided below:

Child's Name: _____

Parent's Name: _____

Child's School: _____

Child's Grade: _____

Tribal Optional Stations (✓ Please Check all that apply):

____ Tribal Blood Glucose Testing

____ Tribal Body Composition Measurement

____ Tribal Immunization Status Check and Referrals

Each year, you will be notified of your child's measurement status via a "Child Health Measurement Report Card". If the measurement screening identifies your child with potential abnormal measures, you will also be notified via a letter to encourage you to follow up with a health care provider.

Name of Parent or Guardian: _____

Address of Parent or Guardian: _____

Phone: _____

E-mail: _____

Signature of Parent or legal Guardian: _____

Date: _____



Wind River Family and Community Healthcare
S.T.A.R.S (Students That Are Receiving Services) Program
Arapahoe ♦ Ethete ♦ Riverton

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON
 WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

According to law, parents or legal guardians must provide consent for their child to participate in preventative screenings and treatment provided by Wind River Family and Community Healthcare Center for all American Indian/Alaskan Native children who qualify under PL 93-638 and choose to participate at: (please circle one)

	School	WRFCHC Site	Tele-medicine	
School Name _____				School Year _____
				Grade _____

Location:

511 N. 12th E Street
Riverton, WY 82501

14 Great Plains Road
Arapahoe, WY 82510

707 Blue Sky HWY 132
Ethete, WY 82520

Wind River Family and Community Healthcare Center may utilize healthcare professionals in training, working under the supervision of licensed WRFCHC or other healthcare professionals under contract with WRFCHC to administer dental, optometry, well-child, behavioral, all telehealth, and public health services. I understand that telemedicine/telebehavioral health is the use of electronic information and communication by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider, and hereby consent to WRFCHC providing telehealthcare services to patients via telemedicine. All WRFCHC healthcare professionals are subject to federally-mandated background checks and determination of suitability pursuant to the WRFCHC Child Background and Character Investigation Policy and Procedure. Parent/guardian or legal caregiver will receive an information sheet of rendered services containing assessment and examination results with the listed recommendations as to continuing needs and/or treatment referrals. Contact information for providers, and follow-up instructions for care and treatment including what to do in case of a need for urgent or emergency response.

I, _____, give permission for my child, _____

(parent/legal guardian print name)

(print child's name)

who was born on _____ to be screened and treated by WRFCHC.

(date of birth)

Phone number of Parent/Guardian () _____ - _____.

Please mark all programs that you do give consent for your child to participate in:

- | | |
|---|--|
| <input type="checkbox"/> Telemedicine | <input type="checkbox"/> Physical/Occupational/Speech Therapy |
| <input type="checkbox"/> Dental | |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Population Health- Public Health Nurse, Patient Navigator, Trauma Services, Maternal Child Health, Fitness Coordinators, Case Management, Diabetes Management |
| <input type="checkbox"/> Well-Child | |
| <input type="checkbox"/> Behavioral Health/Tele-Behavioral Health | |
| <input type="checkbox"/> Immunizations | |

(parent/legal guardian signature)

(date)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON ¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

(Before completing this form, please read information on reverse side.)

Name of Student _____ **Birth Date** _____

I (We), _____
have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

Signed _____

Address _____

Relationship _____

Date _____ **Valid Until:** _____

PLEASE RETURN THIS FORM TO THE SCHOOL

(The third page of this form is for you to keep)

¹ Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

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



Insurance Verification for Activities, Trips and Fundraising Events

I understand that Fremont County School District #21, is not responsible for insuring me or my student with regard to the student’s participation in the activity or any fundraising event associated with the activity. I am responsible for obtaining any medical, accident or other insurance that I may deem appropriate. Based on this understanding, I certify as follows:

(Select which applies to your current situation)

<ul style="list-style-type: none"> ● My student is covered under an Accident Policy purchased through the school for the upcoming school year (2025-2026). 	
<ul style="list-style-type: none"> ● My student is covered under my Personal Insurance Policy which is currently in effect. 	
<ul style="list-style-type: none"> ● My student is covered under medical services provided through the United States Military and/or other Governmental Agencies or Organizations, or otherwise through my Employment. 	
<ul style="list-style-type: none"> ● My student has no medical insurance coverage and I agree to be fully responsible for all expenses for medical services and treatment resulting from any accident or injury during the field trip/activity. 	

Insurance Company (if applicable):	Policy or Claims Number:

Parent/Guardian Name:	Parent/Guardian Signature:	Date:

Fort Washakie School

Fremont County School District #21



90 Ethete Road
Fort Washakie, WY 82514
P (307) 332-2380 F (307) 332-3597
www.fortwashakieschool.com

BLANKET PERMISSION TO PARTICIPATE: SCHOOL-SPONSORED FIELD TRIPS/AQUATIC ACTIVITIES/ SOCIAL MEDIA & PUBLIC RELATIONS: PICTURES & VIDEOS

Fremont County School District #21 "FCSD #21"

IOJA

Student's Name:	Grade:

I, hereby authorize *(Student's Name - Printed)*: _____ permission to participate in athletic team, band/orchestra/chorus, and/or any series of field trips related to one particular area of study or recreational activities such as, but not limited to, Museums, Parks, Recreation Centers and Movie Theatres.(circle one): Yes | No

My student is authorized to participate in Aquatic Activities (circle one) : Yes | No

Notifications of detailed trip information that include: Destination, Date, Time of departure, Time of return, Purpose and Supervision; should be given in writing to the parents at least two (2) weeks prior to each trip. Overnight trips may require Parent/Guardian permission prior to departure. Most field trips may be based on eligibility and behavior. If your student is not in compliance they will not be permitted to participate.

I understand that my student may be photographed or videotaped by FCSD #21, outside media groups such as Newspapers, Universities, District Public Relations, etc., and/or associated with public articles. I give permission for my student's involvement, photos, and videos to be released on public platforms such as, but not limited to, Facebook, School Newsletters, outside sources such as Newspapers, and Websites including but not limited to the FCSD #21 Website (circle one): Yes | No

I understand that transportation may or may not be provided by FCSD #21. In the event transportation is not provided by the District, transportation to/from school will be the responsibility of the Parent/Guardian and the Student.

I understand and have completed the "Student Health History and Emergency Contact Information" and the "Permission for Treatment" section of which I consent to necessary treatments/procedures that may need to be performed in an emergency situation for what is in the best interest of my child.

Name of Parent/Guardian **(PLEASE PRINT)**

Signature of Parent/Guardian

Date