

MUCKLESHOOT TRIBAL SCHOOL

NEW Student Registration Form

STUDENT INFORMATION:

LEGAL LAST NAME: _____ LEGAL FIRST NAME: _____
BIRTHDATE: _____ GENDER: M F BIRTHPLACE: _____ GRADE: _____
RACE: _____ TRIBE: _____ TRIBAL ENROLLMENT #: _____

PRIMARY LANGUAGE SPOKEN AT HOME (Circle): ENGLISH SPANISH OTHER: _____

STUDENT LIVES WITH(Circle): Both Parents Mother Only Father Only Other: _____

PRIMARY HOUSEHOLD:

STUDENTS HOME ADDRESS: _____

MOTHER/GUARDIAN LEGAL NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____ TRIBE: _____

FATHER/GUARDIAN LEGAL NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____ TRIBE: _____

STUDENTS TRANSPORTATION ADDRESS:

AM PICK UP : _____ PM DROP OFF: _____

SIBLINGS LIVING AT PRIMARY HOME ADDRESS:

Name/Birthdate: _____

Name/Birthdate: _____

Name/Birthdate: _____

Name/Birthdate: _____

Name/Birthdate: _____

EMERGENCY CONTACTS: In the event we cannot contact a parent/guardian you authorize your child to be released to the following persons that you trust to provide care for your child.

LEGAL NAME: _____ PHONE: _____

LEGAL NAME: _____ PHONE: _____

Guardian Signature: _____ **Date:** _____

In the event of a MEDICAL EMERGENCY when the Parent/Guardian listed above cannot be reached , I hereby delegate the Principal /Manager or the Education Program's delegated agent to do whatever is in the best interest of my child. If in the judgment of education authorities, immediate treatment is necessary, I authorize the education program authorities to obtain care with the most accessible doctor or hospital. I understand I will assume full responsibility for the payment of any services rendered.

MUCKLESHOOT TRIBAL SCHOOL
NEW Student Registration Form Supplement

STUDENT NAME: _____

Grade: _____

SUPPORT SERVICES:

Circle all services your child has received or currently receives:

Special Education Resource Room Gifted & Talented English Language Learning

Circle any evaluations that your child has had that may effect their education:

Educational Psychological Medical Dental Speech Language

Occupational Therapy Physical Therapy

Circle all areas your child has experienced difficulty in:

Mathematics Reading Written Language Behavior Social/Emotional

Circle all areas your child had problems with:

Infections Eyes Asthma Speech Seizures/Convulsions Serious Accident

Epilepsy Allergies Diabetes Head Injury Other: _____

List any other Health Concerns or Medications that the school should be aware of: _____

Child's Doctor: _____

Phone: _____

Child's Dentist: _____

Phone: _____

Preferred Hospital: _____

Insurance: _____

Guardian Signature: _____

Date: _____

ATTENDANCE:

Muckleshoot Truancy Ordinance 17-255 applies to all children enrolled in the Muckleshoot Tribal School. I understand that I will be bound by the provisions of this Ordinance as well as other applicable Tribal law if my child is accepted for enrollment at the Muckleshoot Tribal School.

How many days of school has your child in the past school year?

0-15 days 16-25 days 25-50 days More than 50 days

Has your child ever been suspended or expelled? No Yes (explain below)

Explanation: _____

Is your child currently on BECCA petition or is there one pending? No Yes

Explanation: _____

Guardian Signature: _____

Date: _____

MUCKLESHOOT TRIBAL SCHOOL
ALL Student Registration Form SUPPLEMENT

STUDENT NAME: _____

Grade: _____

FIELD TRIP CHAPERONE:

I understand that if I would like to chaperone 1 or more school field trips I will need to complete a Background Check through MIT HR prior to the field trip. I understand that I will be asked to supervise students on the school bus/shuttle and on this field trip therefore I must be at 18 years old, I may not bring additional children/guests. I promise to hold Muckleshoot Tribal School harmless from any liabilities that may incur from the any school field trip except as might arise because of negligence on the part of the school.

Guardian Signature: _____ Date: _____

PHOTOGRAPHIC PERMISSION: **YES, I give permission** **NO, I do not give permission**

for my child to be photographed and their name to be publicized by the Muckleshoot Tribal School.

Guardian Signature: _____ Date: _____

MUCKLESHOOT LANGUAGE DEVELOPMENT PROGRAM: **YES, I give permission** **NO, I do not give permission**

The Tribal School provides instruction in the Muckleshoot Language as part of our BIE Grant with the focus on Restoration of the Muckleshoot Language.

for my child to participate in the Muckleshoot Language program.

Guardian Signature: _____ Date: _____

ATTENDANCE:

Muckleshoot Truancy Ordinance 17-255 applies to all children enrolled in the Muckleshoot Tribal School. I understand that I will be bound by the provisions of this Ordinance as well as other applicable Tribal law if my child is accepted for enrollment at the Muckleshoot Tribal School.

Guardian Signature: _____ Date: _____

EMERGENCY CONSENT

In the event of a MEDICAL EMERGENCY when the Parent/Guardian cannot be reached , I hereby delegate the Principal or the Tribal School delegated agent to do whatever is in the best interest of my child. If in the judgment of education authorities, immediate treatment is necessary, I authorize the education program authorities to obtain care with the most accessible doctor or hospital. I understand I will assume full responsibility for the payment of any services rendered.

Guardian Signature: _____ **Date:** _____

2019-20 Family Income Survey

Dear Parent/Guardian:

Schools receive certain federal and state funding (learning assistance programs, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child's school a way to collect household income information. This information makes sure your child's school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to Muckleshoot Tribal School Registrar

Part 1. ELIGIBILITY: Figure out your total household income. Then look at the income chart below. Find your household size. If your total household income is equal to or less than the amount listed for your household size, check the box.

Income Chart
Effective from July 1, 2019 through June 30, 2020

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$23,107	\$1,926	\$963	\$889	\$445
<input type="checkbox"/>	2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
<input type="checkbox"/>	3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
<input type="checkbox"/>	4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
<input type="checkbox"/>	5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
<input type="checkbox"/>	6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
<input type="checkbox"/>	7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
<input type="checkbox"/>	8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
<input type="checkbox"/>	For each add'l household member	\$8,177	\$682	\$341	\$315	\$158
<input type="checkbox"/>	Household does not qualify					

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you're applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. **Do not count foster payments as income.**



**Office of Superintendent of Public Instruction (OSPI)
Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
	<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p> <p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>		
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us Information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12th grade)</p> <p>_____</p> <p>Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



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