Welcome to L’Anse Jr/Sr High School! In order for a successful transfer, we need to have the following items on file in the office before you start your first day of school:

- Proof of Residency
- Birth Certificate
- Immunization Record or Waiver Form
- Enrollment Form

You will also need to have the name and address of your former school so I can send for official transcripts. Please read through the student code of conduct book and make sure that you understand all the procedures and policies set for our school. If you should have any questions please feel free to stop by the office or call.

Once the proper paper work is filed you will receive a lunch number. Please let us know if you will need to have a bus pick up and drop you off.

Sincerely,

Heather Grentz
Guidance Counselor
Please send the following records for _______________________________ Grade: ___________

TO:  Kim Peterson Jr/Sr High School Secretary
     L’Anse Area Schools
     201 N Fourth Street
     L’Anse, MI 49946

Phone # 906-524-6000 ext 300
Fax # 906-524-0345

Please include the following:

*Office Administrative Records-Name, address, birth date, and grade level
*Official transcript
*Grades at time of departure
*Standardized achievement test scores/intelligence and aptitude
*Immunization/health records

Parent/Guardian Signature: ________________________________ Date: ___________

Student’s Signature (over 18 years of age): ______________________________ Date: ___________

School transferring from:

Name: __________________________________________

Address: _________________________________________

City: __________________ State: ___ Zip: _______

Please fax the following for pending appointment: ______________________________
NEW STUDENT ENROLLMENT FORM
2018 – 2019
L’Anse Jr/Sr High School

GRADE________________________

DATE ENROLLED (if new student)______________________________

NAME____________________________________________________

Last First Middle

DATE OF BIRTH_____________ CITY OF BIRTH____________________

Month/Day/Year

SOCIAL SECURITY NUMBER____________________________________

FATHER’S NAME_________________________________ MOTHER’S NAME

OCCUPATIONS - FATHER__________________ MOTHER________________

GUARDIAN (if other than father or mother)___________________________

LIVE WITH (name and phone number)________________________________

PHYSICAL ADDRESS___________________________________________

MAILING ADDRESS (if different from physical address)____________________


City and Zip code

TELEPHONE_________________ CELL PHONE__________________ EMERGENCY NUMBER__________

TOWNSHIP (Check one) ___L’Anse ___Baraga ___Arvon ___Laird ___Duncan ___Covington ___Bohemia

E-MAIL ADDRESS _____________________________________________

PERSON TO CONTACT IN CASE OF EMERGENCY IF PARENT CANNOT BE REACHED

NAME________________________________ TELEPHONE NUMBER____________

NAME OF DOCTOR_______________________________________________

STUDENT RACIAL ETHNIC CATEGORY

___American Indian or Alaskan Native ___Asian ___Black ___Hispanic ___White ___Multi Racial ___Other

Language spoken in Home_______________________________________

SCHOOL ATTENDED LAST YEAR (if different from L’Anse)________________________

Notice of Non Discrimination

It is the policy of the L’Anse Area School district that no person on the basis of race, sex, color, religion, national origin or ancestry, age, marital status, disability, weight or height, shall be discriminated against in employment, educational programs or admissions. Questions or concerns regarding the nondiscrimination policies should be directed to: Mrs. Susan Tollefson, Superintendent, L’Anse Area Schools, 201 N. Fourth St., L’Anse, MI 49946 (906) 524-6122. Facsimile (906) 524-6001
HOME LANGUAGE SURVEY

DATE: ____________________________

SCHOOL DISTRICT: ____________________________________________________________

NAME OF STUDENT: __________________________________________________________
Family Name First Name Middle Initial

DATE OF BIRTH: _____ / _____ / ______ PLACE OF BIRTH: __________________________
Month Day Year City State Country

NAME OF PARENT/GUARDIAN: _________________________________________________
Family Name First Name

HOME ADDRESS: ______________________________________________________________

CITY: ________________________________ STATE: __________________ ZIP CODE: ______

PRIMARY PHONE: Home/Work/Cell ____________________________
SECONDARY PHONE: Home/Work/Cell ____________________________

For Parents/Guardians:

Please answer the following questions:

What language did your son/daughter speak when s/he first learned to talk?
______________________________________________________________

What language does your son/daughter use most frequently at home?
______________________________________________________________

What language do you use most frequently when communicating with your son or daughter?
______________________________________________________________

What language do the adults at home most often speak?
______________________________________________________________

'How long has your son/daughter attended school in the United States? _______________________

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the
student's native/home language and proceed to assess the student's English language proficiency.

© NEOLA 2011
# INITIAL ENGLISH LANGUAGE ASSESSMENT

<table>
<thead>
<tr>
<th>Communication Skill</th>
<th>Proficiency Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening:</td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Speaking:</td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Reading:</td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Writing:</td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Comprehension*</td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Composite**</td>
<td>___ Pre-functional</td>
</tr>
</tbody>
</table>

* The Comprehension level is derived from Listening and Reading.
** The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension.

Assessment instrument(s) used: ____________________________________________________________

Student is LEP?  ____ Yes  ____ No

If student has been in U.S. schools for less than three (3) years, is the student eligible for extended accommodations for Statewide academic assessment?  ____ Yes  ____ No

Signature of District Personnel: ________________________________

© NEOLA 2011
OMB Number: 1810-0021 Expiration Date: 07/31/2019

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file 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 ______
(As shown on school enrollment records)

Name of School ______________________________________

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: ______________________________________
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: ________________________________

The Tribe or Band is (select only one):
- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

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

B. Other Evidence of Membership in the tribe listed above (describe and attach) __________________________

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name ______________________________ Address ______________________________

City __________________________ State ______ Zip Code ______

ATTESTATION STATEMENT

I verify that the information provided above is accurate:

Name Parent/Guardian ______________________________ Signature ______________________________

Address ______________________________ City __________________________ State ______ Zip Code ______

Email Address ______________________________ Date ______________________________
INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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 recognizably 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- Federally Recognized- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- State Recognized- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- Terminated Tribe-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- Organized Indian Group- 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.