

**Lower
Kuskokwim
School
District**

Bethel Schools Enrollment

Date: _____

- | | | | |
|-----------------------|-----------------------------|------|----------------|
| <input type="radio"/> | Mikelnguut Elitnaurviat | K-2 | (907) 543-2845 |
| <input type="radio"/> | Gladys Jung Elementary | 3-6 | (907) 543-4440 |
| <input type="radio"/> | Ayaprun Elitnaurvik | K-6 | (907) 543-1645 |
| <input type="radio"/> | Bethel Regional High School | 7-12 | (907) 543-3957 |
| <input type="radio"/> | Kuskokwim Learning Academy | 9-12 | (907) 543-5610 |

Student Legal Last Name		First	MI	Social Security Number	
Grade	Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate: month/day/year		Mother's Maiden Name	
Ethnic Origin <input type="radio"/> Alaska Native <input type="radio"/> Hispanic <input type="radio"/> Caucasian <input type="radio"/> American Indian <input type="radio"/> African American <input type="radio"/> Mixed Ethnicity <input type="radio"/> Asian/Pacific Islander			Mailing Address (PO Box)		City
			Physical Address (House and Street)		Zip Code
Mother/Guardian			Father/Guardian		
Home Phone Number		Mother's Cell Phone	Father's Cell Phone	Student's Cell Phone	
Mother's Employer		Mother's Business Phone	Father's Employer	Father's Business Phone	
e-mail			e-mail		

Previous School:

Name of School:	
Address:	

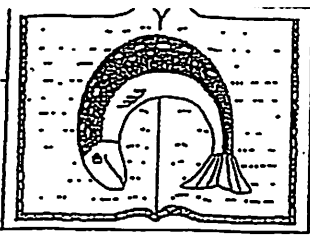
To which phone numbers/email would you prefer automated school messages be sent? (home phone is default)

<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mother's email
<input type="checkbox"/> Mother's Cell	<input type="checkbox"/> Father's email
<input type="checkbox"/> Father's Cell	

In addition, the following forms must be submitted with a new student enrollment:

- | | |
|--|---|
| <input type="checkbox"/> Transcripts / Grades from previous school | <input type="checkbox"/> Up-to-date shot records |
| <input type="checkbox"/> Income Survey for Title I (attached) | <input type="checkbox"/> Demographic Information (attached) |
| <input type="checkbox"/> Indian Education 506 Form | <input type="checkbox"/> Birth Certificate |

Parent Signature



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Demographic Information

Student Name: _____

Mailing address: _____

Physical address: _____

Home phone number: _____

** Foster Care (Yes) (No) If in foster care or other State Custody, please complete following information with Legal Guardian information.

Mother Information:

Mother / Guardian's Name _____

Mailing address (if different than above) _____

Physical address (if different than above) _____

Home Phone _____ Cell Phone: _____

Employer: _____ Work number: _____

Active Duty: (Yes) (No) Branch: _____ Rank: _____

Father Information:

Father / Guardian's Name _____

Mailing address (if different than above) _____

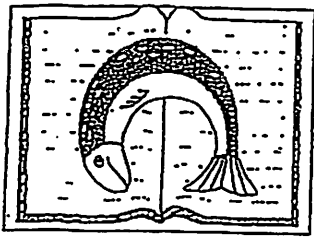
Physical address (if different than above) _____

Home Phone _____ Cell Phone: _____

Employer: _____ Work number: _____

Active Duty: (Yes) (No) Branch: _____ Rank: _____

*Please contact us throughout the year if you have a change on phone, or address.



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Emergency Contact Information

Dear Parents:

Please give us 2 emergency contacts that we can call if necessary. Ultimately you are our first choice and we will do our best to contact you. The names on this list will be able to pick up your child in case of an emergency only. Please notify your contacts that they are on this list at our School.

Emergency Contact # 1

Name: _____

Home phone number: _____ Cellphone number: _____

Work phone number: _____ ext. _____

Emergency Contact # 2

Name: _____

Home phone number: _____ Cellphone number: _____

Work phone number: _____ ext. _____

Thank you,

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 MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf 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



PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

Lower Kuskokwim School District: Gladys Jung Elementary

*This form is required by state and federal law

Student Name: _____ Grade: _____ Gender: ☐ Male ☐ Female

Place of Birth: _____ Date of Birth: ____ / ____ / ____

Part I: Student Language Background

1. What is the first language learned by the student? ☐ English ☐ Other (specify) _____
2. What language(s) does the student currently use in the home? ☐ English ☐ Other (specify) _____
3. Is the student currently participating in a student exchange program? ☐ Yes ☐ No
4. When did the student first attend a school in the United States (if known)? Month _____ Year _____

Part II: Family Language Background (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult *Relationship
1. Home community and state			
2. First language learned			
3. Language(s) spoken to the student			
4. Language(s) spoken in the adult's home			

* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

Part III: Parent Verification of Language Use (Please check appropriate box)

	Non-English	Mostly Non-English / Some English	Both Equally	Mostly English / Some Non-English	English Only
A. When speaking with family, (s)he speaks:					
B. When speaking with friends, (s)he speaks:					

Part IV: Parent/Guardian Signature

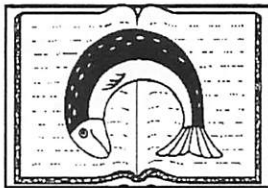
Parent/Guardian Signature: _____

Phone: _____

Printed Name: _____

Date: _____

For GJE Office Staff: Alaska State ID # _____



Income Survey for Title I & E-rate 2021-2022

Lower Kuskokwim School District

PO Box 305, Bethel Alaska 99559

Dear Parent,

The following information is needed by our school. This information will be used for the E-rate program to determine our school discount for telephone and Internet. It is also needed to meet federal and state laws for Title I-A, and may be used to qualify for additional grants. (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals, but does **not** determine Free and Reduced Lunch eligibility.)

Please check the row that best describes your family's annual income level (including all taxable income).

Yearly Income

<input type="checkbox"/> \$29,767 or less
<input type="checkbox"/> \$29,768 – \$40,275
<input type="checkbox"/> \$40,276 – \$50,783
<input type="checkbox"/> \$50,784 – \$61,291
<input type="checkbox"/> \$61,292 – \$71,799
<input type="checkbox"/> \$71,800 – \$82,307
<input type="checkbox"/> \$82,308 – \$92,815
<input type="checkbox"/> \$92,816 – \$103,323
<input type="checkbox"/> more than \$103,324

Number of people who live in your household: _____

Physical Address: _____

Children enrolled in school (please include all children in schools in the district)

Name (last, first)	Grade	School

This information is confidential and individual family data will not be reported.

Please return this survey to School Secretary by this date: 8/21/2021.

Thank you.

LKSD MIGRANT EDUCATION PROGRAM

Rachel (Swiggum) DeHaan rachel_dehaan@lkksd.org *Jill Hoffman (district coordinator), 543-4854, fax 543-4902

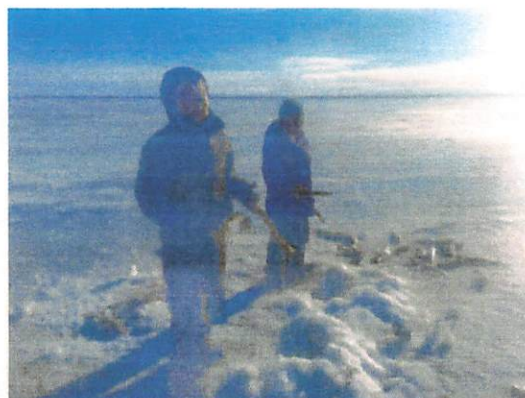
The primary goal of the Alaska Migrant Education Program is to ensure that all migrant students reach challenging academic standards & graduate with a high school diploma that prepares them for responsible citizenship, further learning, & productive employment, while supporting a subsistence lifestyle.

Please fill out the survey on the back of this sheet & return to your child's school office.



Some of the services we can provide include (after school or weekends):

- Tutoring
- Credit Recovery
- Family Nights
- Book & School Supply Distributions
- Summer Camps
- First Aide/CPR Training
- Hunter Safety Training
- Swimming Lessons + pool access
- Enrichment Activities
- Safety Gear



Your child(ren) may qualify for the Migrant Education Program if they:

- ***Travelled more than 20 miles*** to a fish camp or berry camp or for commercial logging
- Stayed at camp for a total of ***7 nights or more*** within a year (doesn't have to be consecutive)
- ***Relies on subsistence fish &/or berries*** to get through the year

After returning this survey, you may be called by recruiter for a short interview for details about your children's trips.

**** Children do not have to be in school to qualify.***



**PLEASE FILL OUT THIS SURVEY
& RETURN IT TO YOUR CHILD'S SCHOOL**

TO SEE IF YOU QUALIFY. ONE SURVEY PER HOUSEHOLD. Please, do not fill out for children already in Migrant Ed.

Do include kids not in school yet & those at Mt. Edgecumbe (label).

Child's Full Name (list youngest 1st) *Children do not have to be in school to qualify.	Birthdate	Grade	Twin?

Parent Names	Phone Number	Physical Address (not PO box)	e-mail

Children must travel over 20 miles & stay at least one night per trip.

A total of 7 nights or more are required to process this application. Please list specific location names & dates.

Fishing & berry picking trips only. Commercial logging counts also.

NO HUNTING please, unless they picked berries, plants, &/or fished as well.

***EXAMPLE**

Location of Fishing/Picking Trip	Tunt. Fish Camp, upriver from Tunt.
Dates of Overnight Trips	06/05/21 - 07/01/21 ... We DO need the month & days or a good guess.
Type of Gear/Activity and Type of Catch	Drift Net-Salmon (reds, chum, silvers) + salmon berries (5 gal.)
Guardian for Fishing/Picking Trip	Grandma Sally

Location of Fishing/Picking Trip	
Dates of Overnight Trips	
Type of Gear/Activity and Type of Catch	
Guardian for Fishing/Picking Trip	

Location of Fishing/Picking Trip	
Dates of Overnight Trips	
Type of Gear/Activity and Type of Catch	
Guardian for Fishing/Picking Trip	

Location of Fishing/Picking Trip	
Dates of Overnight Trips	
Type of Gear/Activity and Type of Catch	
Guardian for Fishing/Picking Trip	

How do fish and berries help your family financially? What will happen if your family does not gather fish or berries?

How do you use them? How often do you eat fish &/or berries?

How much food do you store for the winter?

RETURN TO: Rachel (Swiggum) DeHaan rachel_dehaan@lkcd.org or fax 543-4902

STUDENT HEALTH INFORMATION SHEET

PLEASE FILL IN THE FOLLOWING QUESTIONNAIRE. THIS INFORMATION WILL BE USED TO BETTER THE HEALTHCARE OF OUR STUDENTS.

- | | | |
|------------------------------------|-----|----|
| 1. DOES YOUR CHILD HAVE ALLERGIES? | YES | NO |
| IF YES, PLEASE LIST: | | |

- | | | |
|--|-----|----|
| 2. DOES YOUR CHILD TAKE MEDICATION REGULARLY? | YES | NO |
| IF YES, PLEASE LIST MEDICAITON(S) NAME AND FOR WHAT: | | |

- | | | |
|---|-----|----|
| 3. ARE YOUR CHILD'S PHYSICAL ACTIVITES LIMITED? | YES | NO |
| IF YES, FOR WHAT REASON: | | |

DOES YOU CHILD HAVE ANY OTHER HEALTH ISSUES/PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF?
IF SO, PLEASE EXPLAIN:

Gladys Jung Elementary School

PO Box 800 Bethel, Alaska 99559
(907) 543-4440 fax (907) 543-2533

Dear Parents,

The purpose of this letter is to secure permission for your child to participate in field trips that may be planned for students during the year.

Each field trip will be carefully planned with reasonable supervision and safety observed. You will also be notified prior to each field trip so that you will know where and when your child will be going.

I give permission for _____

To go on all class field trips planned for this school year.

Signature of parent or guardian

Date



Lower
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Parental Media Release Form

I certify that I am the parent and/or guardian of _____
a student in the Lower Kuskokwim School District (LKSD).

I give the LKSD the right and permission to use and/or edit any

- Photographs
- Videos/films
- Audio recordings
- Student name
- Works, projects, and art
- Awards/recognitions of the above named student in the following ways:
- In school settings
- During out-of-school student activities
- On LKSD webpages
- At workshops or conferences
- In public media such as radio, television, and newspaper
- In LKSD publications such as ELICAQ, Student of the Month, and advertisements

These photographs, videos, films, audio recordings, student name, works, projects, art, awards/recognitions will be used for the purpose of representing LKSD in a positive and beneficial manner. They will not be used for commercial purposes or profit.

- ☐ I hereby consent to the above named uses and release LKSD, its employees, Board members and agents from any and all claims resulting from such use.
- ☐ I hereby decline permission to the above named uses

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Address

Student Signature

Phone Number

Student Printed Name

Gladys Jung Elementary School

PO Box 800
Bethel, Alaska 99559
907-543-4440

Library Permission Form

Dear Parents,

We at Gladys Jung Elementary School are proud of our library and the selection of books we have for student to learn and enjoy. To ensure that students will continue to have a good selection of books to choose from, we have the following policies in place.

Library Policies

- Books check out for one week
- Books can be renewed in person up to two times
- Books are assumed lost when overdue 21 days or more
- A replacement fee of \$10 is charged for lost books
- A student who owes for a lost book will be allowed to check out a book for use in the classroom only

We certainly do not want to discourage books from going home, but at the same time we want to make sure that all students have quality books available to them.

Thank you for your help and understanding. Please read carefully before you sign the agreement below.

I agree to take full responsibility for the books my child checks out and removes from the library. I will pay for the replacement of any books lost or damaged while checked out to my child.

Student's Name: _____ Date: _____

Parent's Signature: _____ Date: _____