# **Cleveland Public Schools**

### **Authority to Transfer Education Records**

| School District/Agency                                  |                           |                   |                   |                     |  |  |  |
|---|---------------------------|-------------------|-------------------|---------------------|--|--|--|
| Address   | City                      | State             | Zip               | Phone/Fax#          |  |  |  |
| In accordance with the Family records is requested for: | Education Rights and Priv | acy Act (FERPA, 3 | 34 CFP 99.31) tra | insfer of education |  |  |  |
| Name of Child   | Biı                       | thdate            |                   | Current Grade       |  |  |  |

**NOTE:** Request for education records includes, but is not limited to: health, grades, cumulative, all reading and math assessments including ACT/SAT etc, and special education records. If ICAP records are available please send those as well. The student intends to enroll or is enrolled in our school district. Therefore, please send records to:

# PLEASE INCLUDE DISCIPLINE RECORDS AND VERIFY IF THIS STUDENT IS CURRENTLY SUSPENDED OR EXPELLED.

| Special Education 600 N Gilbert Ave Cleveland, OK 74020        | Rachel Williams<br>Special Services Director | 918-358-2210 ext 203 Fax 918-358-3071 enrollment@clevelandtigers.com |
|--|--|--|
| English Language Learner 600 N Gilbert Ave Cleveland, OK 74020 | Rachel Williams<br>Special Services Director | 918-358-2210 ext 203 Fax 918-358-3071 enrollment@clevelandtigers.com |
| Gifted Program<br>600 N Gilbert Ave<br>Cleveland, OK 74020     | Shelly Buller<br>MS Counselor                | 918-358-2210 ext 403 Fax 918-358-5825 enrollment@clevelandtigers.com |
| Primary School (PK-2) 300 N Gilbert Ave Cleveland, OK 74020    | Val Vaughan<br>Secretary                     | 918-358-2210 ext 700 Fax 918-358-2532 enrollment@clevelandtigers.com |
| Intermediate School (3-5) 705 N Swan Dr Cleveland, OK 74020    | Arleta Wilson<br>Secretary                   | 918-358-2210 ext 300 Fax 918-358-2550 enrollment@clevelandtigers.com |
| Middle School (6-8) 322 N Gilbert Ave Cleveland, OK 74020      | Karen Sizemore<br>Secretary                  | 918-358-2210 ext 400 Fax 918-358-5825 enrollment@clevelandtigers.com |
| High School (9-12) 323 N Gilbert Ave Cleveland, OK 74020       | Sandy Harper<br>Secretary                    | 918-358-2210 ext 507 Fax 918-358-2141 enrollment@clevelandtigers.com |

Education records are maintained and released in accordance with the Family Education Rights & Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFP 99.31

# Cleveland Public Schools Bus Rider Agreement & Acknowledgment of Receipt

| Stude      | nt(s) ini | ormation:                                 | Route Animal: |
|------------|-----------|---|---------------|
| 1)         | Name:     |   | Grade:        |
|            |           | <b>V</b>                                  |               |
|            |           |   |               |
| 4)         | Name:     |   | Grade:        |
| 5)         | Name:     |   | Grade:        |
| 6)         | Name:     |   | Grade:        |
| 7)         | Name:     |   | Grade:        |
| 8)         | Name:     |   | Grade:        |
| 9)         | Name:     |   | Grade:        |
| 10)        | ) Name:   |   | Grade:        |
| Prima      | ry phon   | print legibly): Secondary                 | phone #:      |
|            |           |   |               |
|            |           | 'ess:                                     |               |
|            |           | ck up and drop off if different than phys | •             |
|            |           | ergency: (Parent/Guardian will contacte   | •             |
|            |           | ntact name:                               |               |
|            |           | Secondary phone                           |               |
|            |           | tional contact:                           |               |
| 1 11111111 | A buon    | e #: Secondary                            | pnone #:      |
| l have     | read an   | d understand the rules and rider agree    | ment.         |
| Signat     | ure:      |   | Date:         |
|            |           | ign and return this page to Transportati  |               |

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# Cleveland Public Schools Transportation Bus Riding Agreement and Rules

# Parent/Guardian:

Your signature on the "Acknowledgement of Receipt" form that accompanies this agreement acknowledges that you have received the Cleveland Public Schools Bus Rider Agreement and that you and your students will comply with the rules contained herein.

Cleveland Public Schools Board of Education realizes that public school bus transportation is an integral part of the modern-day educational process. At the same time, the State of Oklahoma has determined that school bus transportation is to be considered a **privilege** and **not a right** of the students attending the state's public schools (70 OS 9-101). Because of these two facts, and because the board has decided to extend transportation privileges to those who are eligible, the following procedures have been established to facilitate safe transportation of the district's students.

These procedures are not in place to create a hardship on parents or guardians. They are in place to protect the safety of all students who are transported by bus. They will not supersede but are an extension to all board adopted policies, and building level student handbooks as the bus is an extension of the classroom.

We carry the most precious cargo in the world: our children. We ask that you appreciate the efforts being put forth to care for your children and to cooperate with school administrators in their pursuit of safe transportation.

## Permission to Ride

In order to provide the safest possible care for your students while they ride the bus, and to control the number of students riding any given bus, <u>students will ride only their assigned bus unless a Bus Transfer Permission is presented to the driver</u>, Bus transfer permission forms are obtained from the office of your students school (please call the school office no later than 2:00PM the day of for transfers or changes). Students will also get on and off the bus only at their assigned stop. No unapproved students will be allowed to ride the bus.

Failure to sign and return the "Acknowledgement of Receipt" may result in disciplinary action.

If a student does not ride for **two(2)** consecutive weeks, the bus will not return or stop until you notify the transportation office (918-358-2210 ext. 600) that the student will begin riding.

# Discipline

- 1. Driver may take action such as verbal warning, assigning seats, relocating a student (temporarily or long term), communicating with parent/guardian or a written referral to diffuse situations on the bus.
- 2. Discipline referrals can be written by driver or transportation administration and will be handled by the school administrator of offending student(s)

# Stop Procedure

Any time the school bus has to stop and wait an unnecessary amount of time for a student to arrive, board, or depart, the bus is delayed for any following students. When multiplied by many students, the delay can be dramatic. Due to this, we ask that all students be at their stop 5 minutes before the bus arrives. It is not the responsibility of the bus driver to watch for children at any location other than the bus stop (ie. porches, garages, under trees, etc.).

The Bus Driver (regular or substitute) is always the person in charge on the bus.

Students are to correctly and quickly identify themselves to the driver.

# 1. Morning Pick up

- a. Be at the stop at least 5 minutes before scheduled time -- Keep bus on time
- b. Stay off of road at all times
- c. Stay back 10 feet from stop
- d. Behave in a safe manner at all times
- e. When bus arrives DO NOT approach bus until instructed to do so by driver
- f. Once instructed by the driver load quickly with no pushing, tripping, or stopping (find your seat quickly)
- q. Once aboard obey riding rules

# 2. After School loading

- a. Intermediate School, Middle School, High School students all load at the bus line up between the Middle School Gym and the Event Center
  - i. For Safety Reasons, these students are not allowed to board the bus anywhere but the designated area.
  - ii. If a student catches the bus anywhere outside of designated area or a bus has to circle back for any reason, the student will receive a written referral
- b. Go straight from the school to the bus (no wondering around and causing delays of the buses)
- c. Primary Students will be lined up according to bus route and escorted to the bus by teachers, board bus in front of primary school

### 3. Drop off

a. Students will only be dropped off at their stop unless they have a Bus Transfer Permission from the office

- b. Students are to remain seated until the bus comes to a complete stop
- c. Walk do not run in the bus
- d. Once off the bus, walk to destination, staying clear of traffic
- e. If crossing the road,
  - i. Walk to at least 10 feet in front of the bus
  - ii. Wait for the driver to signal that it is safe to cross the road
  - iii. Always watch for cars that might fail to stop for a bus with red lights and and stop sign out
  - iv. Proceed with caution
- f. Older students should look out for younger students

### Riding Rules

- 1. Keep all body parts in the bus at all times
- 2. Assist in keeping bus safe and sanitary at all times
- You must conduct yourselves in the bus as in the classroom except that conversation in a normal tone of voice may be carried on with immediate neighbors. Remember that loud talking and laughing or unnecessary confusion diverts the driver's attention and may result in a serious accident.
- 4. Bus riders should never tamper with the bus or any of its equipment.
- 5. Leave no books, lunches or other articles on the bus.
- 6. Keep books, bags, packages, coats and all other objects out of the aisles at all times.
- 7. Do not throw anything out of the bus windows.
- 8. Bus riders are not permitted to leave their seats while the bus is in motion.
- 9. Horse-play is not permitted around or on the school bus.
- 10. Bus riders are expected to be courteous to fellow students, the bus driver, patrol officers and driver's assistants.
- 11. Keep absolute quiet when approaching a railroad crossing stop.
- 12. In case of emergency, children are to remain in the bus, unless immunate danger (ie fire, train) or instructed by driver, school official, or first responder.
- 13. Swearing, and rough or boisterous conduct will not be permitted.
- 14. Students must keep out of the driver's seat.
- 15. No Food or Drink on the Bus (water in a resealable container is allowed on hot days, all other must remain in backpack or lunch box while on the bus)
- 16. Bullying is not tolerated

# Cleveland Public Schools Electronic Device and Cell Phone Policy While Riding the Bus

Cell phones and electronic devices, when used within the guidelines of the school district building policies, are acceptable for use with all students that ride the bus. This extends this privilege to all bus riders, including primary, intermediate and middle school students. It is the student's responsibility to remain alert and aware of their surroundings, so they are prepared to exit at their stop. Becoming distracted and missing their stop can result in loss of privileges. When listening to music or playing games on their electronic device, the student should wear earphones to not distract the driver or bother other students. Misuse of any electronic device, including cell phones, will result in disciplinary action. Disciplinary action will range from loss of electronic device privileges to out of school suspension, depending on the infraction. Two serious offenses are listed below.

# Sexting

- 1. The act of sexting is prohibited.
- 2. Sexting is the act of sending or forwarding through cellular telephones and other electronic media sexually explicit, nude, or partially nude photographs/images. It is the District's mission to ensure the social, physical, psychological, and academic well being of all students. The educational purposes of the schools are best accomplished in a climate of student behavior that is socially acceptable and conducive to the learning and teaching process.
- 3. Any student engaging in sexting is subject to any and all disciplinary action, including the possibility of out of school suspension, police involvement, and counseling.

# Respect for Privacy Rights

- 1. Students shall not photograph or videotape other individuals while on the bus or at school sponsored activities without their knowledge and consent, except for activities considered to be in the public arena such as sporting events or public performances.
- 2. Students shall not email, post to the internet, or otherwise electronically transmit images of other individuals taken on the bus without their expressed written consent.

# Damaged, Stolen, or Misplaced Devices

Cleveland Public Schools are not responsible for damaged, lost or stolen devices. If your student brings these devices on the bus, it is their responsibility to monitor them and take care of them.



# School Year 2024 - 2025 Cleveland Public Schools Household Survey

# **Dear Cleveland Parent/Guardian:**

The district respectfully requests that you complete the short Household Survey and then return the completed form to CPS in the included envelope as soon as possible. Only one survey per household is needed.

Some details about how the school uses the forms:

- The income survey is important to our school and helps our school qualify for grant funding for technology, instructional materials, STEM programs, and more.
- The information is strictly confidential. Your name is not shared with any of the information you give. We report by the number of students who have returned this form for our files.

| School:                 | Grade:                | Student Number:   |   |
|-------------------------|-----------------------|---|---|
| Student(s) Name:        |                       |   |   |
|                         | List all child        | Iren in the household   |   |
| Please select the inco  |                       | sents the total annual gr   | ross income:                                      |
| Less than \$27,861      |                       | veen \$57,720 and \$67,673  | Between \$97,532 and \$107,485                    |
| Between \$27,861 a      | nd \$37,814 Betv      | veen \$67,673 and \$77,626  | Between \$107,485 and \$117,438                   |
| Between \$37,814 a      | nd \$47,767           | veen \$77,626 and \$87,579  | Between \$117,438 and \$127,391                   |
| Between \$47,767 a      | nd \$57,720 Betv      | veen \$87,579 and \$97,532  | Between \$127,391 and \$137,344                   |
|                         |                       |   |   |
| Please select the total | number of people in y | our household:  |   |
| One (1)                 | C                     | ) Five (5)  | Nine (9)  |
| Two (2)                 | C                     | ) Six (6)   | Ten (10)  |
| Three (3                | $\circ$               | Seven (7)   | Eleven (11)                                       |
| Four (4)                | C                     | Eight (8)   | Twelve (12)                                       |
|                         |                       | orm is true to the best of my kn<br>ederal and state funding to the | nowledge and that all household income is school. |
| Sign Here:              |                       | Date:   |   |
| Print Name:             |                       |   |   |
| For Office use only:    |                       |   |   |
| ∩ Q.                    | alified               | Not Qualified   |   |

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# **CLEVELAND PUBLIC SCHOOLS**

# 600 North Gilbert Cleveland, OK 74020

| STUDENT RESID  | School Year                |                      |               |                        |            |          |
|--|----------------------------|----------------------|---------------|------------------------|------------|----------|
| PLEASE READ CAREFULLY AND  No student or family will be discriminated agai confidential. The answers you give will help us | nst based upon any of th   | e information provid |               |                        |            |          |
| Student Name:  |                            |                      |               | Date of Birth:         |            |          |
| School:  |                            |                      |               | Grade:                 |            |          |
| Person Completing This Form:   |                            | Relation to Stud     | lent:         | Phone:                 |            |          |
| Current Address:   |                            |                      |               | How Long?              |            |          |
|  |                            |                      |               |                        | Yes        | No       |
| 1. Is this current address a temporary   |                            |                      |               |                        |            |          |
| 2. Is this temporary living arrangemen violence?   | t due to loss of hous      | ing, economic ha     | rdship, or d  | lomestic               |            |          |
| 3. Is the student being enrolled by sor  |                            |                      |               |                        |            |          |
| 4. Is the student an unaccompanied ye  |                            |                      | guardian)?    |                        |            |          |
| 5. Is the student a Foster Child or wait   | ing for Foster Placen      | nent?                |               |                        |            |          |
| If you answered <b>NO to ALL questions</b> , p   | -                          |                      |               | ol personnel.<br>Date: |            | <u>.</u> |
| If you answered YES to ANY question a  | above, please compl        | ete the remainde     | r of this for | m.                     |            |          |
| Please select the option that best descr   | ribes your current liv     | ing situation:       |               |                        |            |          |
| □ With more than one family in a ho  |                            |                      |               |                        |            |          |
| □ In a motel/hotel due to lack of alte   |                            |                      | Name of m     | otel:                  |            |          |
| ☐ In a shelter/transitional housing. N   |                            |                      |               |                        |            |          |
| ☐ In a house, building, or trailer WIT   | _                          |                      |               |                        |            | ,        |
| ☐ Living with family or friends becau  |                            |                      |               |                        |            | an).     |
| ☐ In a car, campground, abandoned  |                            | iblic place not int  | enaea tor r   | egular nabitatio       | n.         |          |
| ☐ Wherever I can find a place to stay  | at night.                  |                      |               |                        |            |          |
| Please list <b>all children</b> (under 21 y/o) co  | urrently living with y     | ou, including tho    | se not yet o  | ld enough for so       | chool enro | llment.  |
| First and Last Name of Child   | Relationship to<br>Student | Date of Birth        | Grade         | Schoo                  | ol Name    |          |
|  |                            |                      |               |                        |            |          |
|  |                            |                      |               |                        |            |          |
|  |                            | I .                  |               |                        |            |          |
|  | labouo io comest           | d accurato           |               |                        |            |          |
| I certify that the information provided  Signature of Person Completing t  |                            | a accurate.          |               | Date:                  |            |          |

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# HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



|   |   | ST   | UDENT INFORI                  | MATION                    | 4 1               |  |                            |
|---|---|--|-------------------------------|---------------------------|-------------------|--|----------------------------|
| Name of Student:Last N  | lame  | First Name   | N                             | /liddle Name              | -                 | Grade:   |                            |
| Date of Birth:MM/D  | School: _   |  | Student ID #                  |                           | Gender: N         | MaleF  | emale                      |
| Is the student of Hispanic                                    | or Latino culture or origi  | in? Yes  | _ No                          |                           |                   |  |                            |
| Select one or more of the African American/ Native Hawaiian/F | Black   | American<br>Caucasia   | ı Indian/Alaskan N<br>n/White | ative                     | Asian             |  |                            |
| 1. What is the dominant                                       | t language <b>most often</b> s  | spoken by the stud   | dent?                         |                           | <i>y</i> -        |  |                            |
| 2. What is the language                                       | routinely spoken in the   | e home, regardles  | ss of the language            | spoken by the stu         | dent?             |  |                            |
| 3. What language was  | first learned by the stud   | ent?   |                               |                           |                   |  |                            |
| 4. Does the parent/quar                                       | dian need interpretation  | on services? Yes   | No                            | If so, what langu         | age?              |  |                            |
|   | dian need translated n  |  |                               |                           |                   |  |                            |
|   | e student first enrolled i  |  |                               |                           | -                 |  |                            |
| o. What was the date ti                                       | ie student ilist eniolied   | ii a school iii the t  | omited States:                | MM/YYYY                   |                   |  |                            |
|   |   |  |                               |                           |                   |  |                            |
| Date  | (MM/DD/YYYY)  |  |                               |                           | Parent            | / Guardian Sign  | ature                      |
| Please  | have test score docu  | SCH<br>mentation avail   | HOOL USE ONL                  | Y<br>gional Accredita     | tion Officer      | to review.   |                            |
| 200   | lish indicated TWO OR MOR   |  |                               |                           | E STEEN STATE     |  | es as <b>bilingual</b> on  |
| the accreditation rep  Other language than Eng                | lish indicated ONLY ONCE  | on questions 1 – 3 at  | ove. The student is cl        | assified as "less often"  | and only qualifie | es as <b>bilingual</b> on th                                   | ne accreditation           |
|   | meets one of the following (  |  |                               |                           | ELLs. Alternate   | ACCESS for ELLs.   | WIDA                       |
| Screener, WIDA  | MODEL, K-WAPT, W-APT or   | Oklahoma Pre-K Lang  | guage Screening Tool          |                           |                   | ,  |                            |
| □ 3. Scored at or b   | or Below Basic in ELA on the<br>elow the 35 <sup>th</sup> percentile (or eq | uivalent) composite re   | eading score on the mo        | ost recently administere  | ed state approve  | d norm-referenced t  | est (NRT).                 |
| Qualifying score  | nust not pre-date the start of  |  |                               | ear.<br>NTS MARKED LESS O | FTEN              |  |                            |
| Date(s) of Kindergarten                                       | ACCESS,   | Score(s) on Kinderga   | irten ACCESS,                 | Date of WIDA              | Screener or       |  | fIDA Screener or           |
| ACCESS for ELLs, of Alternate ACCESS                          |   | ACCESS for EL<br>Alternate AC  | CESS                          | K-WAPT/V<br>WIDA M        |                   | WIDA   | T/WAPT or<br>MODEL         |
|   | 1.  | Composite / Ove  | erall Score                   |                           |                   | Composite 1.   | Overall Score              |
|   | 1,  |  |                               |                           |                   |  |                            |
|   | 1.6   |  |                               |                           |                   |  |                            |
| Date(s) of ELA OSTP   |   | Score(s) on ELA  |                               |                           |                   | Oklahoma Pre-K   | Score on Pre-K<br>Language |
|   | Below Basic Below Basic   | Basic Basic  | Proficient Proficient         | Advanced                  | Language          | Screening Tool   | Screening Tool             |
|   | Below Basic   | Basic  | Proficient                    | Advanced                  |                   |  | %                          |
| Date(s) Norm Reference Test                                   |   | The state of the s |                               | Percentile Score(s)       | all of            |  |                            |
|   |   |  |                               |                           | Ques              | stion 1: Reference<br>stion 2: Reference<br>stion 3: Reference | WAVE code 1037             |

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\_\_\_\_\_\_Date \_\_\_\_\_\_

# 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 Infori                      | mation                          |   |                     |                                 |
|-------------------------------------|---------------------------------|---|---------------------|---------------------------------|
| Name of the Cl                      | hild                            | Date of Birt  | hGra                | ade level                       |
| Name of School                      |                                 | School District   |                     |                                 |
| Tribal Membe                        | ership                          |   |                     |                                 |
| The individual                      | with Tribal membership is the   | e (select only one): Ochild   | child's parent      | _child's grandparent            |
|                                     | al with Tribal membership is n  | not the child listed above, name  | the individual (par | ent/grandparent) with           |
| Name <u>and</u> addrabove:          | ress of Tribe or Band that main | ntains updated and accurate me  | mbership data for t | he individual listed            |
| Name                                |                                 | Address   |                     | <u></u>                         |
| City                                |                                 | tateZip Code  |                     |                                 |
| 0                                   | Alaska Native                   |   | under the Indian F  | Education Act of 1988 as it was |
| Mem!                                | bership or enrollment number    | above, as defined by Tribe or E<br>establishing membership (if re<br>ership in the Tribe listed above | adily available) or | ch)                             |
|                                     |                                 | ing membership (if readily avai   |                     | dence establishing membership   |
| Attestation St<br>I verify that the |                                 | is true and correct to the best of  | f my knowledge an   | d belief.                       |
| Printed Name                        | of Parent/Guardian              | Sig   | gnature             |                                 |
| Address                             |                                 | City  | State               | _Zip Code                       |

Phone Number \_\_\_\_\_Email \_\_\_\_

### 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