

# Welcome To NASS Enrollments

Below our directions to enroll online

1. Enter in all of your information to your best knowledge
2. Save the File to where you want it
3. Email the file to [nassenrollments@nasp.k12.mn.us](mailto:nassenrollments@nasp.k12.mn.us)

If you have any questions give the school a call.



# Nay Ah Shing Schools Enrollment Application

School Year \_\_\_\_\_

## For Office Use Only (date/initial)

Date of Records Request: \_\_\_\_\_  
 Date Records Received: \_\_\_\_\_  
 MARSS #: \_\_\_\_\_  
 Copy of Tribal Enrollment: \_\_\_\_\_  
 Copy of Birth Certificate: \_\_\_\_\_  
 Copy of Immunization Record: \_\_\_\_\_  
 School Board Approval: \_\_\_\_\_

School Enrolling In: ☐ Abinoojiiyag K-5 ☐ Nay Ah Shing 6-12 ☐ Pine Grove K-6  
☐ Oshki-Maajitaadaa Alternative Learning Program (ALP option for 16-21 year olds)

School most recently attended by student: \_\_\_\_\_ District \_\_\_\_\_ Grade Level: \_\_\_\_\_

## Student Information

Full Legal Name	Ojibwe Name (if applicable)	Birthdate	Gender	Enrolling Grade
Address	City	State	Zip Code	
Tribal Affiliation	Enrollment #	Ethnicity/Race Is your student Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No Ethnic Background (Mark all that apply)		
		<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Hispanic/ Latino <input type="radio"/> White		

## Parent/Guardian Info

Does the Parent/Guardian completing this form have physical and legal custody of the student? <input type="radio"/> Yes <input type="radio"/> No		If No, who has legal custody of student: _____	
Student lives with: (mark all that apply)	<input type="radio"/> Both Parents (in the same house) <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandparent	<input type="radio"/> Mother and Stepparent <input type="radio"/> Father and Stepparent <input type="radio"/> Guardian <input type="radio"/> Foster Parent	<input type="radio"/> Alone <input type="radio"/> Other (describe): _____

Name Parent/Guardian 1	Relationship to Student	Primary Phone	Alternate Phone	Work Phone
Address		City, State, Zip	Email	
Name Parent/Guardian 2	Relationship to Student	Primary Phone	Alternate Phone	Work Phone
Address		City, State, Zip	Email	

## Emergency Contacts

In case of an injury or illness, a parent/guardian or person designated by the parent/guardian will be notified. If we are unable to contact one of these people, the medical clinic on record will be contacted. 9-1-1 will be called if it is necessary.

Emergency Contact 1 (other than those listed above)	Relationship to Student	Phone 1	Phone 2
Address:		City, State, Zip	
Emergency Contact 2 (other than those listed above)	Relationship to Student	Phone 1	Phone 2
Address:		City, State, Zip	

## Siblings

Name	Gender	DOB	Grade	Live in the home?
	<input type="radio"/> Male <input type="radio"/> Female			
	<input type="radio"/> Male <input type="radio"/> Female			
	<input type="radio"/> Male <input type="radio"/> Female			
	<input type="radio"/> Male <input type="radio"/> Female			
	<input type="radio"/> Male <input type="radio"/> Female			

## Student Services

1. Does this student receive English Language Learner (ELL) services? <input type="radio"/> Yes <input type="radio"/> No	
2. Does the student have a 504 Plan? <input type="radio"/> Yes <input type="radio"/> No	
3. Does the student receive special education services (have an IEP)? <input type="radio"/> Yes <input type="radio"/> No	
If yes, what is your student's disability? (mark all that apply)	
<input type="radio"/> Autism Spectrum Disorders (ASD) <input type="radio"/> Developmental Cognitive Disability (DCD) <input type="radio"/> Developmental Delay (DD) <input type="radio"/> Deaf-Hard of Hearing (DHH) <input type="radio"/> Deaf-Blind (DB) <input type="radio"/> Speech/Language Impairments (S/LI)	<input type="radio"/> Severely Multiply Impaired (SMI) <input type="radio"/> Emotional/Behavior Disorder (EBD) <input type="radio"/> Visually Impaired (VI) <input type="radio"/> Physically Impaired (PI) <input type="radio"/> Specific Learning Disability (SLD) <input type="radio"/> Traumatic Brain Injury (TBI) <input type="radio"/> Other Health Disabilities (OHD)

## Signature/Consent

I, the parent/guardian for this student's enrollment/permanent record form, attest that the information included on this form is truthful and accurate. I understand access to information about my student is limited to Nay Ah Shing Staff whose work assignments reasonably require access to this data. I provide consent to Nay Ah Shing Schools to use my student's name, photo, video, and/or academic work for school/tribal publicity purposes which may include social media, television, and radio news. I understand that I have the right to revoke this consent at any time and, this right may be exercised pursuant to the instructions outlined in the HIPAA notice of Privacy Practices.	
Printed Name	Date
Signature	



## Nay Ah Shing Schools

### Request for Student Records

Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Student's Name	Date of Birth	Grade
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has enrolled in Nay Ah Shing Schools on \_\_\_\_\_ and will start on \_\_\_\_\_ .

Please release the following information for this student.

Minnesota Statute 120A.22, Subdivision 7 Educational records; A district, charter school, or nonpublic school that receives services or aid under sections 123B.40 to 123B.48 from which a student is transferring must transmit the student's educational records within 10 business days of a request to the school in which the student is enrolling.

Copy of Birth Certificate

Health and Immunization Records

Special Education Information: IEP & Evaluation

Academic and Disciplinary Reports

Attendance Data

Other information which may be helpful for placement

Signature of Parent/Guardian \_\_\_\_\_

**Send Information to:**

Registrar  
Nay Ah Shing Schools  
43561 Oodena Drive  
Onamia, MN 56359  
Phone: 320-532-4695  
Fax: 320-532-4675



## Nay Ah Shing Schools

### Transportation Request

Transportation Director - Stacy Boyd-SBoyd2@nas.k12.mn.us-320-674-4803

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Primary Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ email \_\_\_\_\_

Work phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Student will ride the bus (check one): Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Both \_\_\_\_\_

Students are allowed one stop location for pick-up and one stop location for drop-off, these locations may be different.

Students are NOT allowed to have multiple pick-up and/or drop-off locations. Students will be allowed to have one alternative location.

AM Stop Location \_\_\_\_\_ Address \_\_\_\_\_

PM Stop Location \_\_\_\_\_ Address \_\_\_\_\_

Alternative Stop Location \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**BUS PASS requests are to be sent to the front office staff by 2:30pm each day.**

Abinoojiiyag	(320) 532 - 4690
Nay Ah Shing Middle/High School	(320) 532 - 4695
Pine Grove	(320) 384 - 6236



## MILLE LACS BAND OF OJIBWE

### Enrollment Department

### RELEASE OF INFORMATION

I, \_\_\_\_\_(PARENT'S NAME), do hereby authorize the Mille Lacs Band of Ojibwe enrollment department to release information and records about my child \_\_\_\_\_(CHILD'S NAME) to (list people or institutions you want us to release to):

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I request the following to be released (list document or types of information you want released):

\_\_\_\_\_ Enrollment Verification      \_\_\_\_\_ Birth Certificate      \_\_\_\_\_ Social Security #

Other: \_\_\_\_\_

I understand that I can withdraw this consent in writing at any time. I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_  
Individual Date

\_\_\_\_\_  
Sign Name (parent of said minor)

Witnessed: \_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
Print Name



**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



## BIE Home Language Survey

### School Year 23-24

**Student First Name:**

**Student Last Name:**

**Federal Code: 25: CFR 32.3 & Revised CFR 30.109**

***"It's the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives."***

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

**BIE Mission Statement:**

***"Provide quality education opportunities from early childhood through life in accordance with the Tribes' needs for cultural and economic well-being..."***

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

**Please respond to each of the questions listed as accurately as possible.**

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions, you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
- 2. Which language does your child most frequently speak at home?**
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**



**BIE Home Language Survey**  
**School Year 23-24**

4. Which language is spoken more often by other adults in the home?
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing?

**Additional Information (Optional)**

Please sign and date this form in the spaces provided below, then return this form to your child's school.  
Thank you for your cooperation.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

School Official Verification \_\_\_\_\_

**Criteria for Screening**

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.

**\*\*\* Please Note: SOME items in this template can be modified to represent specific needs of LEAs in efforts to better gain knowledge of student EL status. Questions 1-3 are not negotiable and must remain as stated per federal requirements. Additionally, the Federal Code, BIE Mission Statement, and Purpose sections remain as stated. Thank you.**