



Enclosed is a student application for enrollment at the Ojibwa Indian School. Please complete ALL of the requested information. It is ABSOLUTELY NECESSARY to have the following documents included with the application. *Incomplete applications will be returned; this will delay the student's acceptance with our school.*

For **NEW STUDENTS** we will need the following:

- 2026-2027 enrollment application
- Degree of Indian Blood Certification (copy)
- Birth Certificate (copy)
- Up-to-date Immunizations
- Custody Order (copy), where applicable. If you are not the legal parent of the student, we require an order showing you have legal guardianship. Only PARENTS or LEGAL guardians (accompanied by the custody order) shall sign the application.

For **RE-ENROLLMENT** we will need the following:

- 2026-2027 enrollment application
- Up-to-date immunizations

If you have any questions or need further information, please call us at 701-477-3108, ext. 104, or email [ashley.parisien@ojibwa.k12.nd.us](mailto:ashley.parisien@ojibwa.k12.nd.us).

Thank you,

Ashley M. Parisien  
OIS Business Technician/Registrar



United States Department of the Interior  
 Bureau of Indian Education  
 OJIBWA INDIAN SCHOOL  
 Belcourt, ND 58316  
 (701)477-3108 FAX: (701)477-6039

**REGISTRATION FORM 2026-2027**

Office Use Only		
Immunizations Yes <input type="checkbox"/> No <input type="checkbox"/>	School	
Birth Certification Yes <input type="checkbox"/> No <input type="checkbox"/>	Entry Date	
State ID#	Student ID	
Teacher	Sent for Records	
IA	MT	Transfer from

**STUDENT INFORMATION**

Student Name: Last: First: MI:		Have you ever attended Ojibwa Indian School? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what grade/s _____	
Preferred Name:		Date of Birth:	Age:
		Gender: M / F	
Grade to be enrolled in for 26-27 SY:		Home/Cell Phone Number: ( )	
Language Spoken at Home:		Has your child ever received ELL service? Yes <input type="checkbox"/> No <input type="checkbox"/> Where: _____	
Student Lives with (Please Check Only One): <input type="checkbox"/> Both Parents <input type="checkbox"/> Parents Share Custody <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other Guardian: _____			
Ethnicity: Is this Student Hispanic/Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child's Race (Please check only one): <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander			
Street Address:		Mailing Address: (If Different):	
City, State, Zip:		City, State, Zip:	
Does this Student have a current Individual Education Plan (IEP) through Special Education? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Primary Disability: _____			
Does this Student have a 504 Accommodation Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is this student currently expelled? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PARENT/GUARDIAN INFORMATION**

Father	Mother	Other Guardian
Relationship: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Other:	Relationship: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Other:	Relationship: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Other:
Name	Name	Name
Street Address	Street Address	Street Address
Mailing Address (If Different)	Mailing Address (If Different)	Mailing Address (If Different)
City, State, Zip	City, State, Zip	City, State, Zip
Home Phone Number ( )	Home Phone Number ( )	Home Phone Number ( )
Cell Phone Number ( )	Cell Phone Number ( )	Cell Phone Number ( )
Work Phone Number ( )	Work Phone Number ( )	Work Phone Number ( )
Employer:	Employer:	Employer:
Email:	Email:	Email:

**EMERGENCY INFORMATION (Other Than Parent)**

Emergency Contact	Relationship to Student:	Daytime Phone Number: ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Emergency Contact	Relationship to Student:	Daytime Phone Number: ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Emergency Contact	Relationship to Student:	Daytime Phone Number: ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

### MEDICAL INFORMATION

In the case of a medical emergency and I cannot be reached, I give my child's doctor or any attending physician permission to administer treatment. Yes  No  Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Is child covered by health insurance? Yes  No  If YES, please check which one:  BCBS  Medicaid  Other  
 If NO, are you interested in receiving information on obtaining health insurance for your child? Yes  No

Health Information (check ALL that apply)

- Vision problems     Hearing problems     Stomach or intestinal problems     Heart problems     Wheelchair  
 Bleeding problems     Seizures/Epilepsy     Diabetes     Insulin Dependent     Asthma or other respiratory problems  
 Life threatening allergies: \_\_\_\_\_  
 Non-life-threatening allergies: \_\_\_\_\_  
 Other medical condition(s) that the school should be aware of: \_\_\_\_\_

Student requires Epi-pen at school? Yes  No  Student requires rescue inhaler at school? Yes  No

Student requires emergency medication (such as Diastat) at school to control seizures? Yes  No

Student needs to take daily medication(s) at school? Yes  No  If yes, please list: \_\_\_\_\_

Does student have (or has had in the past) an Individualized Health Plan? Yes  No

**No known health problems**

### OTHER INFORMATION

Where is your child/family currently living? The information below is confidential and assists the district in determining eligibility of services for the students under the McKinney-Vento Act. Please check the appropriate box:

- Single family permanent residence (house, apt, condo, trailer house, etc.)  
 Doubled-Up (sharing housing with another family/individual due to economic hardship or temporary waiting for housing)  
 Living in a temporary residence while building or purchasing a home  
 Unsheltered (car/Campsite)  
 Motel/Hotel     Foster Home  
 In a shelter or transitional housing program  
 Other: \_\_\_\_\_

Child(ren) ages birth to 21 living in home other than parent/guardian

Name	Date of Birth	Relationship to You	Name of School (if enrolled)

### TO BE COMPLETED BY PARENT / GUARDIAN

Throughout the year, your child will have the opportunity to take field trips with the class to various points of interest in the area. You will be notified of each trip a few days before the excursion. By signing below, I give Ojibwa Indian School permission for my child \_\_\_\_\_ to accompany his/her class on field trips sponsored by the school during the school year.

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

My relationship to the student is:

- Parent Legal Guardian (Documentation Needed)     Person having lawful Court Order (Order Needed)     Other \_\_\_\_\_

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENTS ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

Name of School: Ojibwa Indian School	
Type Day School <input checked="" type="checkbox"/> ( X ) Boarding School <input type="checkbox"/> ( ) Peripheral Dormitory <input type="checkbox"/> ( )	Funding: Pub. Law 100-297 Grant <input type="checkbox"/> ( ) Pub. Law 93-938 Contract <input type="checkbox"/> ( ) BIA operated <input checked="" type="checkbox"/> ( X )
<b>1. IDENTIFICATION</b>	
Name of Student: _____	
Last	First
Middle	
Address: P.O. Box	Street:
City:	State: <span style="float: right;">Zip Code:</span>
Miles from home to school:	
Date of Birth:    /    /	Place of Birth:
Sex: Male ( )    Female ( )	Verified by: _____
Tribal Affiliation:	Degree Indian:
Enrollment Number:	Home Agency:
Dominant Language spoken in the home: ( 1 )	( 2 )
<b>2. FAMILY INFORMATION</b>	
Father: Address: Tribal Affiliation: Home Agency: Enrollment Number: Living: ( )    Deceased: ( ) Occupation: (optional) Employer: Home: ( )    Work: ( ) Emergency: Other: (specify)	Mother: Address: Tribal Affiliation: Home Agency: Enrollment Number: Living: ( )    Deceased: ( ) Occupation: (optional) Employer: Home: ( )    Work: ( ) Emergency: Other: (specify)

Legal Guardian: Address: Tribal Affiliation Home Agency: Enrollment Number: Occupation: (optional) Employer:	Other: (group home, etc) Address: Phone: Student Lives with: Home Phone: Work Phone: Emergency: Other: (specify)
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**3. SCHOOL(S) PREVIOUSLY ATTENDED:**

School Name:	Dates:	Grades:
	Attended:	Completed:
Address:	Reasons for Leaving:	
City / State / Zip		

School Name:	Dates:	Grades:
	Attended:	Completed:
Address:	Reasons for Leaving:	
City / State / Zip		

School Name:	Dates:	Grades:
	Attended:	Completed:
Address:	Reasons for Leaving:	
City / State / Zip		

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

\_\_\_\_\_  
 Signature of the Parent / Legal Guardian / Adult Student

\_\_\_\_\_  
 Date:

Day School Enrollment:

Approved:

Not Approved:

Principal

Date:

**Ojibwa Indian School**  
**Student Records Request**

2026-2027 School Year

**RECORDS FOR THE FOLLOWING STUDENT ARE TO BE RELEASED TO:**

Ojibwa Indian School  
PO Box 600  
Belcourt ND 58316  
Attention: Ashley Parisien  
Email: [Ashley.parisien@ojibwa.k12.nd.us](mailto:Ashley.parisien@ojibwa.k12.nd.us)  
Fax: 701-477-6039

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

Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**RECORDS TO BE RELEASED FROM:**

School Name: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

***Please mail, email, or fax the following information to the attention of the Registrar:***

- Birth Certificate
- Tribal Enrollment
- Immunization Records
- Legal Documents regarding Custody
- Transcripts – Attendance Records
- Psychological Records /Multi-Factored Evaluations
- Withdrawal Grades
- English as a Second Language
- Individualized Education Plan (IEP)
- Cumulative Records
- 504 Plan and all related special education forms
- Standardized Testing Scores
- Grades 2nd -8th sports physicals
- Other pertinent info, i.e. suspension/expulsion, etc.

Parent or School Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# BUS REGISTRATION FORM SY-2026-2027

Office Use Only	
Received Date:	Bus # AM:
School Start Date:	Bus # PM:

STUDENT INFORMATION	
<b>Student Name</b>	Last: _____ First: _____
<b>School Attending</b>	_____
<b>Grade</b>	_____
<b>Student Name</b>	Last: _____ First: _____
<b>School Attending</b>	_____
<b>Grade</b>	_____
<b>Student Name</b>	Last: _____ First: _____
<b>School Attending</b>	_____
<b>Grade</b>	_____
<i>**Please attach separate sheet for more students</i>	
ADDRESS INFORMATION FOR TRANSPORT	
AM Pick Up Address	_____
PM Drop Off Address	_____
Transportation Needs	<b><u>Please Circle One:</u></b> <b>AM Only</b> <b>PM Only</b> <b>BOTH</b>
PARENT / LEGAL GUARDIAN INFORMATION	
<b>Name</b>	_____
<b>Mailing Address</b>	_____
<b>Cell Phone Number</b>	_____
<b>Email Address (used for alerts)</b>	_____
<b>Special Needs / Instructions</b>	_____

**\*\*\* NO Bus Changes after 2:00 p.m.**

Contact Transportation Department at (701)477-3108 ext. 101, 102, or 254 with any questions.

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

# Home Language Survey

## 2026-2027 - SY

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

Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

The U.S. Office of Civil Rights requires that schools identify possible English Language Learner students during enrollment. This Home Language Survey will be used as a tool to determine if your child is eligible for language support services (ELL). If a language other than English is used by you or your child and your child meets the Limited English Proficient definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

**What language(s) are spoken at home?**

\_\_\_\_\_

**What language(s) do you use the most to speak to your child?**

\_\_\_\_\_

**What language(s) does your child use the most at home?**

\_\_\_\_\_

**What language(s) did your child learn when he/she first began to talk?**

\_\_\_\_\_

**List other language(s) that your child has used with a grandparent or caretaker:**

\_\_\_\_\_

**\*If you answered 'English' to all of the above questions, please stop and turn to page 2. If available, in what language would you prefer to receive information from the school?**

\_\_\_\_\_

Has your child ever been in an English as a Second Language (ESL or ELL) Program?

Yes                      No

If your child has gone to school outside of the United States:

**In which country or countries did your child go to school?**

\_\_\_\_\_

**Which language or languages did your child learn in school?**

\_\_\_\_\_

## **2026-2027 – SY**

This form also asks for information used by other programs to help your student in school. You are not required to answer these questions, but if you circle yes or no for questions 1-4, your student may qualify for additional services.

### **Refugee Student:**

NDDPI applies for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left his/her home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

**1. Would your child be considered a newly arrived refugee student?** **Yes** **No**

### **Immigrant Student:**

Immigrant students are mentioned specifically in the LEP definition and may qualify for LEP services. Additionally, students who have attended schools in the U.S. for three years or less may qualify for additional services.

**2. Would your child be considered an immigrant student?** **Yes** **No**

If yes, please fill in the country \_\_\_\_\_ and U.S. entry date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ (For refugee students, this is the country that you originally fled, not the country that you lived in most recently.)

### **Native American or Alaska Native Student:**

Native American and Alaska Native students are mentioned specifically in the LEP definition and may qualify for LEP services.

**3. Would your child be considered a Native American or Alaska Native student?** **Yes** **No**

### **Migrant Student:**

Migrant students are mentioned specifically in the LEP definition and may qualify for LEP services. A migrant student has a parent who is a migratory agricultural worker and, in the last three years, has moved from one school district to another in order to work (temporary or seasonal) in agricultural activities.

**4. Would your child be considered a migrant student?** **Yes** **No**

If yes, what is the date that you moved to this area? (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

- ❖ Monitoring attendance.
- ❖ Ensuring that homework is completed.
- ❖ Monitoring amount of television children watch.
- ❖ Participating, as appropriate, in decisions relating to my child's education.
- ❖ Promoting positive use of my child's extracurricular time.
- ❖ Staying informed about my child's education and communicating with the school by promptly reading all notices from the school received by my child or by mail and responding, as appropriate.
- ❖ Gain access to my NASIS parent portal to regularly monitor my child's grades on a regular basis.

I, as a student, will share the responsibility to improve my academic achievement and achieve the state's high standards. Specifically, I will:

- ❖ Come to school ready to learn and work hard.
- ❖ Bring necessary materials, completed assignments and homework.
- ❖ Know and follow all school and class expectations.
- ❖ Ask for help when I need it.
- ❖ Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- ❖ Limit my TV watching and video game time and instead study or read every day after school.
- ❖ Respect the school, my classmates, all staff and families.
- ❖ I will be SAFE, RESPECTFUL, and RESPONSIBLE every day.

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

## Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school for publicity, promotional, and /or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damage.

\_\_\_\_\_ Yes, I give consent for Ojibwa Indian School to photograph my child for school purposes and/or at school events.

\_\_\_\_\_ No, I do not authorize Ojibwa Indian School to photograph for my child for any event.

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

**Ojibwa Indian School**  
**PO Box 600 – Belcourt, ND 58316**  
**Phone: 701-477-3108 ext. 109**  
**Fax: 701-477-6039**  
**SCHOOL YEAR: 2026-2027**

The school nurse would like your permission to give emergency care and over the counter medication if any, when necessary. Which may consist of; Tylenol, Tums, Cough Syrup, Sudafed, and Motrin.

Does your child have any medical conditions or health concerns that the nurse should be aware of such as:

Asthma \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Diabetes \_\_\_\_\_ Eczema \_\_\_\_\_

Poor Vision \_\_\_\_\_ Poor Hearing \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Allergies \_\_\_\_\_

Is your child currently taking medication for any condition listed above? If so, what the name of the medication, how much, and how often?

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Names \_\_\_\_\_

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

To assist us with accurate record keeping, we need phone numbers and emergency contacts (as many numbers as you feel necessary, if unable to locate you).

In case of an emergency or illness, we may contact, list name and numbers in order of the first contact person.

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

In case of an emergency and we are unable to locate contacts. I give my permission to transport my child to the Belcourt Hospital and be given medical services deemed necessary by the doctor.

Parent/Guardian \_\_\_\_\_

Ojibwa Indian School  
PO Box 600 – Belcourt, ND 58316 Phone: 701-  
477-3108 ext. 109  
Fax: 701-477-6039

**SCHOOL YEAR: 2026-2027**

**School Screening, Fluoride Varnish, Dental Sealant Consent (IHS-972 08/2016)**

Dear Parent/Guardian:

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

**Fluoride Varnish**

Procedure: Fluoride Varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

**Dental Sealant**

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your child's school **DO NOT** replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.)

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Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parents Name & Phone Number: \_\_\_\_\_

**Parental Permission**

I give permission to have a screening, fluoride varnish and dental sealants placed.

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

\_\_\_\_\_  
Date

Please check if you DO NOT want your child to participate in all or part of the prevention services:

\_\_\_\_\_ I **DO NOT** want my child to participate in the program.

\_\_\_\_\_ I **DO NOT** want my child to have a fluoride varnish application.

\_\_\_\_\_ I **DO NOT** want my child to have sealants placed.

*Note: All procedures rendered at these visits are billable to Medicaid and third-party insurance as authorized in the Indian Health Care Improvement Act.*