

2018-2019 Enrollment Form ~ Indianola Public School

Date Enrolled \_\_\_\_\_ Previous School \_\_\_\_\_  
Transfer from Dist # \_\_\_\_\_ School \_\_\_\_\_ Previous School Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Immunizations \_\_\_\_\_

Check box(es) for Special Services Receiving or have received this year.  Chapter 1 Reading Lab  L.D.  Health Impairment  
 Chapter 1 Math Lab  M.R.  Other \_\_\_\_\_  
 Speech Therapy  Multi \_\_\_\_\_

Grade \_\_\_\_\_ Male or Female \_\_\_\_\_ Student's Name (to be used in classroom) \_\_\_\_\_  
Student's Full Legal Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Email address: \_\_\_\_\_  
Directions to Home: \_\_\_\_\_

Lives with (name) \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address \_\_\_\_\_

Lives with (name) \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address \_\_\_\_\_

Who has legal custody? \_\_\_\_\_ If Foster Care, Is this home Therapeutic? \_\_\_\_\_  
Transportation to School (AM) Walk  Bus # \_\_\_\_\_ Driver \_\_\_\_\_ Other \_\_\_\_\_  
Transportation After School (PM) Walk  Bus # \_\_\_\_\_ Driver \_\_\_\_\_ Other \_\_\_\_\_

**Ethnicity (check one):** (1) Hispanic or Latino (2) Not Hispanic or Latino

**Race (check all that apply):** (1) Black or African American (2) Amer. Indian or Alaska Native  
(4) Asian (5) Native Hawaiian or Other Pacific Islander (6) White

Student's Doctor \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Medical Problems \_\_\_\_\_

**No medicine will be given to students without completion of medical forms by  
Parents and only medicine brought to the office by parents will be given.**

Vision: No problems \_\_\_ Wears glasses \_\_\_ Wears contacts \_\_\_ Asthma \_\_\_\_\_  
Hearing: No problems \_\_\_ Wears hearing aid \_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_

Does your child have a life-threatening allergy to certain foods, insect venom, medication or other material?  Yes  No If your answer to the previous question was yes, Please indicate the substance to which your child is allergic. \_\_\_\_\_ Has a medical doctor recommended that your child have an emergency medical kit (EpiPen) available for use at school?  Yes  No

My child will \_\_\_\_\_/will not \_\_\_\_\_ be permitted to receive corporal punishment as outlined in the Indianola Student Discipline Policy, 2018-2019 Student/Parent Handbook.  
Parent/Guardian Signature: \_\_\_\_\_

(Student's Name) \_\_\_\_\_ (Medicaid Number, if applicable) \_\_\_\_\_

The following persons have my permission to remove my child from school premises during school hours:

- |  |  |
|--|--|
| 1. _____<br>Name Relationship to student | 3. _____<br>Name Relationship to student |
| 2. _____<br>Name Relationship to student | 4. _____<br>Name Relationship to student |

**Persons coming to pick up students will be required to produce identification unless they are personally known to the school official releasing the student.**

Parent _____	Home Phone _____	Work Phone _____
<i>Alternate Contact Persons:</i>		
_____	Home Phone _____	Work Phone _____
_____	Home Phone _____	Work Phone _____

Physician's Name \_\_\_\_\_ Dentist's Name \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Medical History \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL CARE OF A MINOR**

I, the undersigned parent, legal guardian, or person having legal custody of \_\_\_\_\_ do hereby authorize the above listed alternate contact persons to consent to any emergency x-ray, medical, surgical or dental diagnosis or treatment as deemed necessary upon the advice of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma. In the event that neither parent nor the alternate persons can be reached, I authorize the Indianola Public Schools to obtain emergency medical and/or dental assistance for my child. I also authorize Indianola Public Schools to administer prescription and non prescription medication that I send to school for my child and, if needed Hydrogen Peroxide, Anti-itch Lotion, and Band-Aids. Furthermore, if my child uses an inhaler, I will furnish one for the school and permit my child to self-administer this medication when needed.

\_\_\_\_\_  
(Date) (Parent's Signature)

**PERMISSION FOR SCHOOL SCREENINGS**

Throughout the year, school district employees, community agencies and volunteers will conduct student screenings. These may include vision, dental, hearing, speech/language, readiness, test for intellectual ability for gifted eligibility and educational screenings. Information shall be collected and maintained in a confidential manner in accordance with the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
(Date) (Parent's Signature)

**FIELD TRIPS**

Throughout the school year, our students may be bused to areas inside and outside the district. You, through your child, will be notified of each trip. Your signature today will save much paperwork. We can assure you that each trip will include a carefully preplanned program and be well supervised. I give my permission for my child to participate in the school's field trip programs for the school year.

\_\_\_\_\_  
(Date) (Parent's Signature)

Indianola Public Schools  
2018-2019

INTERNET USER APPLICATION

User's full name: \_\_\_\_\_  
(Please print)

I understand and will abide by the Terms and Conditions for Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary and/or appropriate legal action may be taken.

User Signature: \_\_\_\_\_

**PARENT OR GUARDIAN**

*(A parent or guardian must also read and sign this agreement.)*

As the parent or guardian of this student, I have read the Terms and Conditions for Internet access. I understand that this access is designed for educational purposes and that the Indianola Public Schools have taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the Indianola Public School to restrict access to all controversial materials, and I will not hold the Indianola Public Schools responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

Parent or Guardian: \_\_\_\_\_  
(Please print)

Indianola Public School now has schoolmessenger. Schoolmessenger is software that makes an automated phone call or sends out automated texts to advise parents of important information as well as attendance. Should you like to receive such calls and/or texts, please initial below.

Initials \_\_\_\_\_

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# Initial Enrollment Prior Participation Form

## Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student's Legal Name \_\_\_\_\_  
First Last

Student's Date of Birth \_\_\_\_\_  
Month Day Year

Student's Gender – Please check one:    Male [  ]        Female [  ]

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHA licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		

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Please answer the following questions:

YES	NO	
		A. Student residing on Federal property and having a parent on active duty in the uniformed services of the United States.
		B. Student residing on non-Federal property and having a parent on active duty in the uniformed services of the United States.
		C. Military parents but student does not reside with them.
		D. Student residing on non-Federal property with parent employed on Federal property situated in whole or in part in the county in which the school district is located.
		E. Student residing on Federal property with parent employed on Federal property. The parent is NOT in the uniformed services of the United States.
		F. Student residing in low rent housing (LRH) with a parent employed on LRH or some other Federal property, and who is NOT in the uniformed services of the United States.
		G. Student residing in LRH and having a parent on active duty in the uniformed services of the United States.
		H. Special Education (SPED) (handicapped) student residing in Federal property and having a parent on active duty in the uniformed services of the United States.
		I. Student residing on Indian (IND) land.
		J. SPED student residing on Indian land.
		K. SPED student residing in LRH and having a parent on active duty in the uniformed services of the United States.
		L. Student residing on Federal property, parent not employed on Federal property.
		M. Student residing in LRH, parent not employed on Federal property.
		N. Student residing on non-Federal property with a parent employed on LRH property situated in whole or part in the county in which the school district is located.
		O. Student residing on non-Federal property with a parent employed on Federal property situated in whole or in part in the State in which the school district is located.
		P. Student residing on non-Federal property with a parent employed on LRH property situated in whole or in part in the state in which the school district is located.
		Q. SPED student residing on non-Federal property and having a parent on active duty in the uniformed services of the United States.

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

----PLEASE COMPLETE THE SECTION BELOW TO ASSIST WITH IMPACT AID FUNDING----

Do You (Check all that apply)

Live in an Indian home? Yes \_\_\_\_\_ No \_\_\_\_\_

Work for Choctaw Nation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Work at McAAP Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list supervisor or dept? \_\_\_\_\_

Currently serving Active Duty Military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy of DD4

**PLEASE CHECK SECTION A IF ANY OF THE CIRCUMSTANCES  
BELOW FIT YOU OR YOUR FAMILY**

**\* Definition-Section A”:**

(i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of *\*\*adequate accommodations*; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;

(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, *\*\*substandard housing*, bus or train stations, or similar settings; and

(iv) migratory children who qualify as homeless because the children are living in circumstances described above.

*\*\*International law defines adequate as follows:*

*“Adequate shelter means...adequate privacy, adequate space, adequate security, adequate lighting and ventilation, adequate basic infrastructure and adequate location with regard to work and basic facilities – all at a reasonable cost.”*

## Indianola School District Questionnaire

*This form is intended to address the McKinney-Vento Act. Your answers will help determine residency necessary for enrollment and ensure that certain needs will be met for this student.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Presently, where is the student living? (Check one box)

<u>Section A</u>	<u>Section B</u>
<p><input type="checkbox"/> In a shelter _____</p> <p><input type="checkbox"/> Temporarily with more than one family due to loss of job, loss of housing, etc.</p> <p><input type="checkbox"/> In a motel, car, or campsite</p> <p><input type="checkbox"/> In temporary foster care awaiting placement</p> <p><input type="checkbox"/> Alone without parental support (independent living student)</p> <p><b>CONTINUE:</b> If you checked a box in Section A, please complete the remainder of this form.</p> <p><i>*Oklahoma State Department of Education Definitions on back of this sheet</i></p>	<p><input type="checkbox"/> Choices in Section A to <b>NOT</b> apply.</p> <p><b>STOP:</b> If you checked this section, you do <u>not</u> need to complete the remainder of this form.</p>

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male  Female

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Indianola Public School  
P O Box 119  
Indianola, OK 74442  
Phone: 918-823-4231  
Fax: 918-823-4234  
www.indianola.k12.ok.us

Dear Parent,

As part of the Family Educational Rights and Privacy Act (FERPA), you have the right to restrict what information the school releases to the public concerning your child. In order to provide information on honor rolls, coronations, athletic teams, etc. to the newspapers, we need your permission to release the following information which the government refers to as "directory information."

1. The student's name.
2. The names of the student's parents.
3. The student's date of birth.
4. The student's class designation (i.e., first grade, tenth grade, etc.).
5. The student's extra curricular participation.
6. The student's achievement awards or honors.
7. The student's weight and height, if a member of an athletic team.
8. The student's photograph.
9. The school or school district the student attended before he or she enrolled in the Indianola School District.
10. Transcripts, including rank in class, ACT scores, etc., to colleges, universities, and branches of the military.

Please sign that you approve or disapprove so this information can be placed in your student's file.

Sincerely,

Adam Newman  
Superintendent

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

\_\_\_\_\_ YES, you have my permission to release the information listed in items 1-10 above.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ NO, you do not have my permission to release the information listed in items 1-10.

Signature of Parent \_\_\_\_\_



STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Last Name First Name Middle Name  
 Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID # \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Select one or more of the following races:

\_\_\_\_\_ African American/Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
 \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Caucasian/White

1. What is the dominant language **most often** spoken by the student? \_\_\_\_\_
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was **first** learned by the student? \_\_\_\_\_
4. Does the parent/guardian need **interpretation** services? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
5. Does the parent/guardian need **translated** materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
 MM/YYYY

\_\_\_\_\_ Date (MM/DD/YYYY)

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

SCHOOL USE ONLY

*Please have test score documentation available for the Regional Accreditation Officer to review.*

- Other language than English indicated **TWO OR MORE** times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated **ONLY ONCE** on questions 1 – 3 above. The student is classified as "less often" and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
  - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
  - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

**From Above:**  
 Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

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

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

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

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

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

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

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

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

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

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

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

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

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

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

- A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

# JOM Assessment Survey

2018 - 2019

**\*Complete this form if you or your child has a CDIB card**

**1. Please check below any needs that should be provided through your school JOM program to Native American students.**

- A. Tutoring: Elementary \_\_\_\_\_ Secondary \_\_\_\_\_**
- B. Indian Cultural Programs**
- C. Math/Science Improvement**
- D. Reading/Language Improvement**
- E. School Supplies**
- F. Career Counseling or Higher Education Orientation**
- G. Educational Support: Please list \_\_\_\_\_**
- H. Other Suggestions: (for example-technology) \_\_\_\_\_**

**2. Select your choice of the three most important needs listed above:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**3. How do you think your JOM funds could be used to enable Indian students to equally participate in any school activities?**

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**4. Please check the category that best describes you:**

- Parent/Guardian     Student     JOM Staff     School Administration     Teacher