



LUMMI NATION K-12 SCHOOL

2334 LUMMI VIEW DRIVE
BELLINGHAM, WASHINGTON 98226
PHONE: 360-758-4300, FAX: 360-758-4466



NEW STUDENT APPLICATION

Student Name: _____ Grade: _____

Contact Person: _____ Phone: _____

_____ Registration packet complete and signed

_____ Birth Certificate

_____ CDIB (Certificate of Degree of Indian Blood)

_____ Immunizations

_____ Court Orders in Effect? If so, attach copy.

Please note: Registration is considered INCOMPLETE if any above items are missing.

COMPLETED PAPERWORK TO:

- LNS MAIN OFFICE
- EMAILED TO: Nicole.phair@lummi-k12.org
- Or FAXED TO: 360-758-4466

OFFICE USE ONLY (below)

Signature / Date

1. Registrar: Complete packet received

2. Registrar: Collection of school records

3. Nurse: Medical/Health check

4. Sp. Ed. Dir: SPED Check/Acceptance

5. Principal: Acceptance

6. Registrar: Activate in system

7. Counselor: Create schedule

Lummi Nation School



2334 Lummi View Drive
Bellingham, WA 98226

Student Legal Last Name		Legal First Name		Legal Middle Name		Also known as (Preferred name):	
Birthplace: City		State		Grade		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
				Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female		Date of Birth (Month/Day/Year) <div></div>	
If your child was born outside the United States: Date of enrollment in US Public School: _____ Number of months of K-12 schooling outside US: _____				Home Language Survey: Language child first learned: _____ Language child uses most at home: _____ Primary language used at home, regardless of language spoken by child: _____			
Is Child Enrolled in a Federally Recognized Tribe? YES NO Tribe Name: _____ Enrollment Number: _____				Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Stepmother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other _____			
Military Survey - Does your child have a parent or guardian who is: <input type="checkbox"/> U.S. Armed Forces active duty <input type="checkbox"/> U.S. Armed Forces reserves <input type="checkbox"/> More than one member of Armed Forces/National Guard <input type="checkbox"/> National Guard member <input type="checkbox"/> No affiliation (none)							
Is Your Child in Special Education? (IEP/504 plan) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SCHOOL DISTRICT: _____							
Photo/Video Release: <input type="checkbox"/> Yes, my child may be photographed for school or media release. <input type="checkbox"/> No, my child may not be photographed.							
PRIMARY HOUSEHOLD INFO							
Primary Guardian First/Last Name Relationship to student:				Primary Guardian First/Last Name Relationship to student:			
Primary Household Physical Address				City & Zip Code		Mailing Address (if different)	
E-mail Address		Primary Phone		Work Phone		Cell Phone	
				Work Phone		Cell Phone	
SECONDARY HOUSEHOLD INFO (IF ANY)							
Household 2 Guardian First/Last Name Relationship to student:				Household 2 Guardian First/Last Name Relationship to student:			
Secondary Physical Address				City & Zip Code		Mailing Address (if different)	
E-mail Address		Primary Phone		Work Phone		Cell Phone	
				Work Phone		Cell Phone	
**Emergency Contacts: If I cannot be reached or am unable to pick up my child, I give permission to release my child to:							
Emergency Contact Name:				Relationship to student:			
Home Phone:		Cell Phone:		Work Phone:			
Emergency Contact Name:				Relationship to student:			
Home Phone:		Cell Phone:		Work Phone:			
Doctor Name				Clinic Name		Clinic Phone Number	
Guardian Signature				Date		School Year: 2025-2026	



Please list any people you may want to have authorization to pick up your child from school, as your child will be released only to those people listed in writing below. To ensure your child's safety, phone calls will not be accepted.

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PARENT PERMISSION FOR STUDENT TRAVEL:

- I give my permission for the below named student to participate in classroom/school field trips. I understand that students are expected to remain with the group unless written permission is given by me to do otherwise.

HOLD HARMLESS:

- In consideration of this student being allowed to participate in any school activity, I agree to hold the school harmless from any claim by or against it arising out of any negligent or wrongful action by the student.
- I give permission for the school to seek the services of a licensed medical person in case of accident or illness requiring medical aid for this student.

In the space provided below, please give any special instructions such as: medication being taken, allergies to food or drugs, special diets, or other medical problems we need to be aware of:

LNS NATIVE LANGUAGE LEARNER

- We offer *Xwlemi'chosen (Lummi Language)* as a part of the student daily academics.
- Please sign to acknowledge/permit for your student to continue our goal of teaching the language to every student.

I have read and agree to:

☐ Student Travel permission

☐ Native Language Learner

Student Name

Parent Signature

Date



PARENT RELEASE/REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

Please Send All Information To:

2334 Lummi View Drive Bellingham, WA 98226

Nicole Phair, LNS Registrar K-12

Phone: 360-758-4331 **Fax:** 360-758-4466

The following student has enrolled at Lummi Nation School (K-12). Please send the students cumulative records (student cum/placement file), complete with withdraw grades, current transcript, attendance records and behavioral report. School records should include all test scores, general health information and special education records and/or psychological records.

Records Requesting:

- | | | |
|---|--|---|
| <input type="checkbox"/> Withdraw Grades | <input type="checkbox"/> Attendance | <input type="checkbox"/> Special Education Records/Assessment |
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Behavioral Report | <input type="checkbox"/> Assessments/State testing |
| <input type="checkbox"/> Letter of Pending District Fines | <input type="checkbox"/> Court Orders | <input type="checkbox"/> Health Concerns and Immunizations |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Tribal Enrollment | <input type="checkbox"/> Other: _____ |

Student Information:

Student Name: _____ **DOB:** _____ **Grade:** _____

School Information:

Previous School Attended: _____

Dates Attended: _____ **Grade Levels:** _____

Address: _____

Phone: _____ **Fax Number:** _____

I acknowledge notification of the transfer of records as requested by the Family Educational Rights and Privacy Act of 1974 (FERPA). I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature

Date

BUREAU OF INDIAN AFFAIRS

Please fill in all blanks as completely as possible. Use first, last and middle names. If Parents or Grandparents are **Non-Native American**, indicate "N/I" after tribe.

School District: **LUMMI NATION SCHOOL**

Student's Name: _____ DOB: _____ Grade: _____
(Last) (First) (Middle)

Tribe: _____ Enrollment No. _____

FATHER'S FATHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

STUDENT'S FATHER'S NAME (Last, First, Middle)

TRIBE, MEMBERSHIP NO. & BLOOD DEGREE

BIRTHDATE

FATHER'S MOTHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

MOTHER'S FATHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

STUDENT'S MOTHER'S NAME (Last, First, Middle)

TRIBE, MEMBERSHIP NO. & BLOOD DEGREE

BIRTHDATE

MOTHER'S MOTHER:

LAST FIRST MIDDLE

TRIBE MEMBERSHIP NO.

BIRTHDATE

----- DO NOT WRITE BELOW THIS LINE – FOR BIA USE ONLY -----

_____ Student is ¼ Degree or More

_____ Student is Not ¼ but is enrolled

_____ Insufficient information provided

_____ Student is less than ¼ Degree and NOT enrolled

_____ Other: _____

Signature of Certifying Officer: _____ Date: _____

Student Name: _____ Grade: _____ School: _____

Send Copy to EL Coordinator if Applicable

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	Hispanic	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorian (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	
RACE-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	Pacific Islander	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	
RACE-BLACK/AFRICAN-AMERICAN	Black/African	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> _____ Black Write In (C02)			
	Caribbean	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19)
	Central African	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep.) (B23) <input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Príncipe (B30)	
	East African	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49)	<input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52)
	Latin American	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorian (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)	<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76)
	South African	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82)	
	West African	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)	<input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96)	<input type="checkbox"/> Senegalese (B97) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99)

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RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Alaska Native Write In (N36) American Indian Write In (N37) </div>			
	Washington State Tribes	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18) </div> <div style="width: 50%;"> <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35) </div> </div>			
RACE-ASIAN	Asian	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07) </div> <div style="width: 33%;"> <input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15) </div> <div style="width: 33%;"> <input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23) </div> <div style="width: 33%;"> <input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> _____ Asian Write In (A27) </div> </div>			
RACE-WHITE	White	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ White Write In (W36)			
	Eastern European	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02) </div> <div style="width: 33%;"> <input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04) </div> <div style="width: 33%;"> <input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06) </div> <div style="width: 33%;"> <input type="checkbox"/> _____ Eastern European Write In (W07) </div> </div>			
	Middle Eastern and North African	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15) </div> <div style="width: 33%;"> <input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23) </div> <div style="width: 33%;"> <input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31) </div> <div style="width: 33%;"> <input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> _____ Middle Eastern Write In (W34) </div> </div>			

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:		Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>		
<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>		
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.



2025-26 LNS ANNUAL STUDENT HEALTH INFORMATION DOCUMENT

Student Name: _____ Date of Birth: _____ School Year: _____ Grade: _____

Does your child have a health condition?

☐ Yes ☐ No

(Please provide detail below. May need to contact School Nurse and form a health plan prior to attending school.)

Does your child need to take medication at school?

☐ Yes ☐ No

(An *Authorization for Administration of Medication at School* is required and must be updated annually.)

Is your child up to date on immunizations?

☐ Yes ☐ No

(Per Policy 4340 students will be excluded until current vaccination or exemption paperwork is provided.)

LIFE-THREATENING HEALTH CONDITIONS: A healthcare plan with guardian signature, healthcare provider signature, and all medications must be in place and updated **ANNUALLY** before the student can attend school. (See policy 4350.)

☐ Life-Threatening allergy requiring epinephrine auto injector (EpiPen)

Life Threatening Allergen(s): _____

☐ Asthma: Inhaler needed at school? ☐ Yes ☐ No Student Permitted to self-carry inhaler? ☐ Yes ☐ No

List symptoms and/or Triggers: _____

☐ Diabetes Type ____ My child has: ☐ insulin pump ☐ insulin pen ☐ insulin vial/syringe ☐ oral medication

☐ Seizure Disorder Meds used to control seizures: _____ Last seizure on: _____

☐ Other life-threatening condition(s): _____

HEALTH CONDITIONS: Check any of these conditions which your child has or has had:

☐ Heart Problems : _____

☐ Neuro / Brain Injury : _____

☐ Hearing: _____

☐ Vision: _____

☐ ADD / ADHD: Medication at school? ☐ Yes ☐ No

☐ Cancer: _____

☐ Blood Disorder: _____

☐ Muscles/Bones: _____

☐ Developmental Condition: _____

☐ Other: (please explain) _____

SPECIAL HEALTHCARE PLANNING: Check appropriate boxes and contact your school nurse for a health care plan. Treatment order from the doctor is required for most special health care needs other than mobility aids.

☐ Dietary/ Food Intolerance (non life-threatening): _____

☐ Special Health Care Planning, (i.e., tube feeding; treatment order required.) Please describe: _____

☐ Mobility Aids (i.e., wheelchair, walker): _____

Please note: The above health information may be shared with school personnel on a “need to know” basis.

Authorization for Emergency Procedure If the guardians named on the registration record cannot be reached at the time of an emergency, and the illness, injury or impairment is determined to be urgent by school authorities/school nurse, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

Guardian Signature: _____ **Date:** _____

COVID-19 Pediatric Testing Form for Lummi Nation School

Student Name: _____

Date of Birth: _____

I give permission for Lummi Nation School to test my child for COVID-19 if there is any concern for COVID exposure or infection during the time period of August 30, 2025 – August 30, 2026.

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection by Lummi Nation School staff or Lummi Tribal Health personnel.
- I understand that collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.
- I consent that the school may notify my child of the test results.
- I understand that my child may be tested multiple times.
- I understand that this consent form will be valid through August 30, 2026, unless I notify the designated contact person at Lummi Nation School that I revoke my consent, but that any revocation will not affect information previously released.
- I understand that school staff performing the test are not acting as my child's medical provider and that testing does not replace treatment by a medical provider.
- I understand that my child's test results and other information may be disclosed to Lummi Nation School staff, Lummi Tribal Health Center, and as otherwise permitted by law.

Signature of Parent/Guardian

Print Name

Date

If you have any questions or concerns, please contact the Lummi Nation School nurse.

K-12 Nurse

Lummi Nation School

Office: 360-758-4369



Certificate of Immunization Status (CIS)

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

Child's Last Name:		First Name:			Middle Initial:			Birthdate (MM/DD/YYYY):			
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for information.									
X _____		X _____			Parent/Guardian Signature Required if Starting in Conditional Status						
Parent/Guardian Signature		Date			Date						
Required Vaccines for School or Child Care Entry					Documentation of Disease Immunity (Health care provider use only)						
▲ Required School • Required Child Care/Preschool					MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY		
•▲ DTaP (Diphtheria, Tetanus, Pertussis)											
▲ Tdap (Tetanus, Diphtheria, Pertussis) grade 7+											
•▲ DT or Td (Tetanus, Diphtheria)											
•▲ Hepatitis B											
• Hib (Haemophilus influenzae type b)											
•▲ IPV (Polio)											
•▲ OPV (Polio)											
•▲ MMR (Measles, Mumps, Rubella)											
• PCV (Pneumococcal)											
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS											
Recommended Vaccines (Not Required for School or Child Care Entry)											
COVID-19											
Flu (Influenza)											
Hepatitis A											
HPV (Human Papillomavirus)											
Meningococcal Disease types A, C, W, Y											
Meningococcal Disease type B											
Rotavirus											
I certify that the information provided on this form is correct and verifiable.					Signature: _____					Date: _____	
Health Care Provider or School Official Name:					Signature: _____					Date: _____	
Handwritten forms must have medical immunization records attached for school or child care staff verification.											

Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically.

You can also print a CIS at home by signing up and logging into MyIR at <https://myirmobile.com/>

If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Lummi Nation Health Center School-Based Health Center

Dear Parents/Guardians:

Lummi Nation Health Center has a school-based health program that provides medical, dental, and mental health services to Lummi Nation School students.

To use the school-based health center, please complete and sign the following forms in this packet:

1. Consent for Health Services
2. Release of Education Records

***Students must attend LNS and have a chart at Lummi Nation Health Center in order to receive services at the school-based clinic. If your child does not have a chart, please call 360-384-0464 to set one up.*

To schedule an appointment at the school-based health center:

- call Lummi Nation Health Center at 360-384-0464
- call LNS school nurse at 360-758-4369
- schedule through MyChart

Medical Care	
Services provided: <ul style="list-style-type: none">• Well child checks and sports physicals• Treatment for illness and injury• Medication administration and management• Immunizations• Basic lab services (strep, flu, COVID, urine tests)	<ul style="list-style-type: none">• Health education• Reproductive/sexual health services• Mental health care• Referrals for imaging or specialty services

Dental Care	
Preventative dental services: <ul style="list-style-type: none">• Dental exam/ X-rays• Dental sealants• Fluoride Varnish• Cleaning• Silver Diamine Fluoride-this will stop ACTIVE cavities while also turning it BLACK• Sport guards	Restorative dental services: <ul style="list-style-type: none">• Silver crowns and dental fillings• Extractions• Local anesthesia <p>**Parent/guardian will be contacted before restorative (fillings) and/or extractions</p>

Behavioral Health Care	
Services provided: <ul style="list-style-type: none">• Intake Assessment• Individual Counseling	<ul style="list-style-type: none">• Group Activities• Peer Mentorship

**Lummi Nation Health Center
School-Based Health Center**

Consent for Health Services

Patient Information		
Patient's name:	Date of birth:	Grade:
Parent/guardian's name(s):		Relationship to patient:
Preferred phone:	2nd phone:	Email:

Consent and Signature
<p>Lummi Nation Health Center School-based health center (SBHC) staff encourage family involvement in the care they provide to students. However, if I am unable to be present, authorization is given for my child to receive services in my absence. Consent is also given for referral of care and, if needed, emergency transportation to other physicians, health care professionals, hospitals, clinics, or health care agencies as deemed necessary by the SBHC staff. This authorization does not allow services to be rendered without the student's consent, unless she/he is unable to consent. Lummi Nation Health Center is committed to creating a health care home and encouraging long-term relationships between patients and providers that includes medical, dental, and mental health care.</p> <p>In accordance with state and/or federal law, when consent is provided for care, health care information is kept confidential. A few exceptions exist. For example:</p> <ol style="list-style-type: none">1. Permission is given by the patient or parent/guardian through a signed release of information form.2. The patient indicates risk of imminent harm to self or others.3. The patient has a life-threatening health problem and is under the age of 18.4. There is reason to suspect abuse or neglect.5. Certain communicable diseases must be reported to public health authorities. <p>Consent is given to share necessary information with the health care providers at the SBHC, including exchange of information between the medical or dental provider, mental health counselor, and the school nurse, for the purpose of providing the best care for the above-named student. To facilitate coordination of care, the student's SBHC medical record will be accessible to Lummi Nation Health Center staff at the SBHC.</p> <p>Consent is granted for the SBHC nurse to administer over-the-counter medications (for example, Ibuprofen, Tylenol, Tums, etc.) as prescribed by the medical provider of the SBHC.</p> <p>Students may also receive health services independently at Lummi Nation Health Center's primary clinic.</p> <p><i>Consent is authorized for services provided by Lummi Nation Health Center during the length of time the student is enrolled in a school with a Lummi Nation Health Center SBHC or for the length of time services are provided at the Lummi Nation Health Center. Withdrawal of this consent can be done at any time by writing to the SBHC.</i></p> <p><u>Check to provide consent for SBHC Services:</u></p> <p><input type="checkbox"/> I consent for my child to receive MEDICAL CARE</p> <p><input type="checkbox"/> I consent for my child to receive DENTAL CARE</p> <p><input type="checkbox"/> I consent for my child to receive BEHAVIORAL HEALTH CARE</p> <p>Student Signature (13 and older): _____ Date: ____/____/____</p> <p>Parent/Guardian Signature: _____ Date: ____/____/____</p> <p>Guardian Name (Print): _____ Relationship: _____</p>

**Lummi Nation Health Center
School-Based Health Center**

**Consent to Release of Education Records
Under the Family Education Rights and Privacy Act (FERPA)**

Instructions:

This consent is for parents that have consented to care by the School Based Health Center. Please consider completing this Consent to Release of Education Records to allow the Lummi Nation School to share education records with the School Based Health Center staff to help inform medical care and improve school performance.

I consent to the release of my child's education records from the Lummi Nation School to the Lummi Nation Health Center (LNHC) staff that will be working within the Lummi Nation School Based Health Center. I understand that education records may include, but are not limited to:

- | | |
|--|----------------------------------|
| 1. Student name, DOB and contact information | 5. Coursework and grades History |
| 2. Student Demographics: including Special Education status and 504 Status | 6. Test Scores History |
| 3. Attendance History | 7. Enrollment History |
| 4. Discipline History | 8. Assignment Grades |
| | 9. Upcoming & Missed Assignments |

This release includes permission for LNHC staff to access my child's academic records that are available through the Lummi Nation School.

I understand that the purpose of sharing these records with the LNHC is to keep my child's school-based health center medical, dental, and/or mental health provider informed of his/her academic program and progress. In collaboration with LNHC, the School Based Health Center will work with my child and/or Lummi Nation School in an effort to improve my child's success at school.

This release of information will make the above listed educational records, which includes historical student data, good during the length of time the student is enrolled in a school with a Lummi Nation Health Center SBHC or for the length of time services are provided at the Lummi Nation Health Center. Withdrawal of this consent can be done at any time by writing to the Lummi Nation School-Based Health Center.

Parent/Guardian Signature _____ Date: _____

Student Name: _____ Date of Birth: _____



Lummi Nation School
2334 Lummi View Drive
Bellingham, WA 98226

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____
☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to:

_____	_____	_____
District Liaison	Phone Number	Location

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths 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 the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths 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 (within the meaning of section 103(a)(2)(C));

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

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>

LUMMI NATION SCHOOL NONDISCRIMINATION STATEMENT

Notice that the Lummi Nation School does not discriminate based on race, color, national origin, sex, sexual orientation, gender identity, gender expression, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability.

Notice that the Lummi Nation School provides equal access to the Boy Scouts and other designated youth groups.

Contact information for each compliance coordinator is listed below.

Kevin Villars: Civil Rights Coordinator and Title IX Officer phone: 360-758-4318 | email: Kevin.Villars@lummi-k12.org

Willetta George: 504 Coordinator phone: 360-758-4319 | email: Willetta.George@lummi-k12.org

2025–26 Child Nutrition Eligibility & Education Benefit Application – Lummi Nation School

Apply online: _____

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: _____

Check here if you received meal benefits last year: ☐

1. List all students living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an “x” in the appropriate box. Include any personal income received by the student and make an “x” in the correct box for how often it is received. ☐ Homeless ☐ Migrant

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN: ☐

(total listed must equal number of household members listed above)

Primary Wage Earner or Other Household Member (Optional if only applying for Summer EBT)

5. Contact Information & Signature – Complete, sign, and return this application to:

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State & Zip Code

Daytime Phone

Date

6. **Children’s Racial and Ethnic Identities (Optional)** – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black, or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Not Hispanic or Latino

Mark one ethnic identity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Lummi Nation School - School District’s Non-Discrimination Statement

SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL:

☐ Basic Food/TANF/FDPIR/Foster

☐ Income Household

Total Household Size

Total Household Income

Weekly

Bi-Weekly

2x per Month

Monthly

Annual

APPLICATION APPROVED FOR:

☐ Free Eligible

☐ Reduced-Price Eligible

APPLICATION DENIED BECAUSE:

☐ Income Over Allowed Amount

☐ Incomplete/Missing Information

Other:

Date Notice Sent

Signature of Approving Official

Date

OSPI

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May 2025