

# Circle of Life Academy Registration

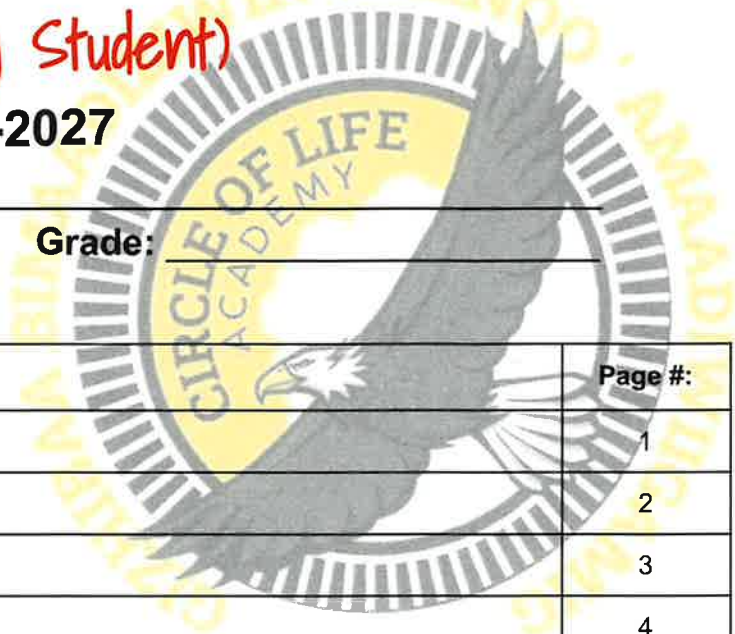
*(Returning Student)*

**2026-2027**

**Child's Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_



✓:	Form:	Page #:
	Registration Cover Page	1
	Student Information Update	2
	Medical Information & Consent to Treat	3
	Household information	4
	School/Guardian/Student Partnership Contract	5
	Cultural Relevance Form	6
	Bus Policies & Bus Behavior Expectations & Responsibilities	7
	Field Trip & Debwewin Program Outings Permission Form	8
	Internet, Email & Computer Use Responsibility Form	9
	ED506 Form- Certification Form for Title VI Indian Education Formula Grant	10
	M.D.E. Ethnic and Racial Demographic Designation Form	11
	BIE Home Language Survey	12
	BIE Student Housing Questionnaire	13
	<b>Certified Birth Certificate (attached or previously submitted)*</b>	
	<b>Verification of Tribal Enrollment (attached or previously submitted)*</b>	
	<b>Current Immunization Record (please attach updated record)*</b>	
	MN Application for Education Benefits (State - Required)	
	Community Eligibility Provision	Attachment A

\* MUST be attached for Registration consideration

# Circle of Life Academy

(Returning Student)

2026-2027

**Boozhoo and Welcome back to Circle of Life Academy!  
We are so excited for you to join us!**

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

Students must be enrolled by his/her Parent or Legal Guardian (attach current legal documentation showing guardianship). Prior to student admission consideration, the Parent/Guardian must provide the following to Circle of Life Academy Office if not already on file:

- Completed Student Information Update packet
  - Birth Certificate (please attach a copy)
- Verification of Tribal Enrollment (please attach a copy)
- Updated Immunization Record (please attach an updated copy)

Administration will review all enrollment applications on an individual basis and reserves the right to deny enrollment to any applicant.

By signing this document, I agree that I am LEGALLY responsible for the student and hereby apply for his/her admission to Circle of Life Academy. If I am not the biological parent, I agree to provide the required proof of legal guardianship, as well as documents from the court or other government officials granting me signature rights for the student listed in this application.

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

\_\_\_\_\_  
Date

**Mission Statement - Our Circle of Life Academy is immersed in Anishinaabe Mino-bimaadiziwin for our children and our community while providing the highest quality of education.**

# Circle of Life Academy Registration

## (Returning Student)

### Student Information Update

All information is required to be completed to the best of your knowledge in order to process the student application.

<b>Student Name:</b>	<b>Date of Birth:</b>
Social Security Number:	Gender: (circle) Male Female
Student Address:	<b>Physical</b> <span style="margin-left: 150px;"><b>Mailing if different</b></span>
City:	State: Zip:
Home School District:	<b>Grade entering:</b> _____
Student Cell Phone Number:	
	<input type="checkbox"/> <b>Certified Birth Certificate attached or previously submitted</b>
Tribal Enrollment:	Enrollment #: <input type="checkbox"/> <b>Verification of Tribal Enrollment attached or previously submitted</b>

**Parent / Legal Guardian Information:**

**Same address as Student**

Student lives with:  Mother  Father  Both  Relative: \_\_\_\_\_  Other: \_\_\_\_\_

Parent/Guardian #1 Name:	Parent/Guardian #2 Name:
Address: PO Box:	Address: PO Box:
City: State: Zip:	City: State: Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Welcome back!

We are excited you are here and look forward to another great school year at Circle of Life Academy !

# Circle of Life Academy Registration

*(Returning Student)*

## Medical Information & Consent to Treat

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

Medical Information	No	Yes	If Yes, please explain:
<input type="checkbox"/> Receiving current medical treatment?			Service provider: _____
<input type="checkbox"/> Food allergies?			
<input type="checkbox"/> Environmental allergies?			
<input type="checkbox"/> Takes daily medications?			Service provider: _____
<input type="checkbox"/> Wears glasses?			
<input type="checkbox"/> Receiving Mental Health Services?			Service provider: _____
<input type="checkbox"/> Other?			
<input type="checkbox"/> Other?			
<input type="checkbox"/> Other?			

**In Case of an Emergency, we may contact the following Medical Center for immediate care of your child:**  White Earth Medical Center  Sanford/Meritcare  Essentia  Other:

Emergency Contact:	Primary Phone #:	Back-up Phone #:	Relationship:

# Circle of Life Academy Registration

*(Returning Student)*

## Household Information

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

Name(s) of other people in the home:

Name:	DOB: (age)	Relationship to Student:	School (if applicable):

Primary language spoken in the home:

- English       Ojibwemowin       Other: \_\_\_\_\_

# Circle of Life Academy Registration (Returning Student)

## School / Guardian / Student Partnership Contract

### Circle of Life Academy's Responsibilities

Admin. Signature: \_\_\_\_\_

1. Provide a safe and supportive educational environment;
2. Provide students with opportunities to learn and grow through innovative and proactive practices, will work toward meeting the unique needs of all students by recognizing individual differences among students; and will treat each student with dignity;
3. Will challenge learners so they have the opportunity to develop their full academic, social, cultural, emotional, and physical potential;
4. Will integrate culture into all areas of school, by focusing on the **Seven Grandfather Teachings**  
Dbaadendiziwin - Humility  
Aakwa'ode'ewin - Bravery  
Gwekwaadziwin - Honesty  
Nbwaakaawin - Wisdom  
Debewewin - Truth  
Mnaadendimowin - Respect  
Zaagidwin - Love
5. Will encourage open communication between school and home, hold parent-teacher conferences a minimum of twice per school year, provide parents with reasonable access to staff as well as volunteer opportunities to visit classrooms, and participate in school activities;
6. Will ensure consistent enforcement of all school rules; and
7. Will demonstrate respect at all times to parents and students.

### Parent/Guardian Responsibilities

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

1. My child will attend school regularly and will miss school only when absolutely necessary;
2. My child will have the proper nutrition and rest so they may learn at their maximum potential;
3. I will ensure good communication is maintained with the school; and
4. I will demonstrate respect at all times to teachers, staff, and administration.

### Student's Responsibilities

Student Signature: \_\_\_\_\_

1. I will attend school regularly and comply with the school attendance policy;
2. I will arrive at school each day ready to learn in order to improve my skills and knowledge;
3. I will comply with all rules set by the school for the classroom, bus, and all school functions;
4. I will demonstrate respect for myself, my teachers, school administrators, my school campus, and my fellow students at all times; and
5. I will accept consequences for my actions and/or mistakes and will make amends when applicable.

**\*The above Partnership Contract will be reviewed within the first few weeks of the child starting school at Circle of Life Academy. Every effort will be made to ensure the success of the child, but an unwillingness to follow this contract could result in referrals made to assist the child and family and/or dismissal from Circle of Life Academy.**

# Circle of Life Academy Registration

*(Returning Student)*

## Cultural Relevance Form

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

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

At this time, he/she does not have a Native name, please contact us with information.

Student's Clan: \_\_\_\_\_

Circle of Life Academy is dedicated to the language, traditions, teachings, art and other aspects to preserve the Anishinaabe people of the White Earth Reservation. Circle of Life Academy is a school enriched with Anishinaabe values, classes, teachers, staff, culture, traditions, and education. We strive for all students to discover or learn Ojibwemowin which includes personal introductions using Native Name, Clan and Tribal Affiliation. Our Debwewin program is an integral part of our school, and full and willing participation to attend and respectfully participate in Anishinaabe classes and events throughout the school year is a requirement for all students who attend our school.

1. Please include a brief statement explaining why you are considering enrollment for your student at Circle of Life Academy.

---

---

2. As a parent/guardian, what would you like to see your child learn in our Debwewin Program?

---

---

3. As a potential student at Circle of Life Academy, what would you like to learn about in the Debwewin Program?

---

---

I acknowledge that Circle of Life Academy is a school enriched with Anishinaabe values, classes, teachers, staff, culture, traditions, and education, and agree to respectfully participate in Anishinaabe classes and events throughout the school year.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I will encourage and support this student as they attend school at Circle of Life Academy to fully, respectfully, and honestly participate in classes, events, and other activities provided by Circle of Life Academy.

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

\_\_\_\_\_  
Date.

# Circle of Life Academy Registration

*(Returning Student)*

## For the 2026-2027 School Year

### Bus Policies and Bus Behavior Expectations & Responsibilities

The bus route is designed to provide student safety to and from Circle of Life Academy. Riding the bus is a privilege and not a right. Failure to follow bus rules may result in loss of bus privileges. (MN Statute 123.7991)

#### At the bus stop, students are expected to do the following:

- Be on time. It is recommended that parents accompany younger students to the bus stop for (minimally) the first few days;
- Board the bus only at your assigned pick-up point; and
- Wait for the bus to come to a complete stop before attempting to board the bus.

#### Bus Behavior Expectations & Responsibilities

- Always obey the bus driver; your safety and the safety of other riders depends upon it;
- Show respect for yourself, your peers, and your bus driver at all times;
- Wait for the bus off of the roadway;
- If you must cross a road when getting on or off the bus, do so in front of the bus, never behind the bus;
- Sit in your assigned bus seat and always remain seated;
- Keep your head and your hands inside the bus at all times;
- There is no eating or drinking while on the bus;
- Use respectable language and behavior at all times (no shouting, horseplay, or fighting)
- Refrain from making any loud noises that may distract the bus driver;
- Keep track of any/all of your own items and no throwing things;
- Keep the bus clean at all times; and
- Report to the bus driver immediately any damage that you observe and/or any situations that could be considered unsafe.

---

Student Signature

---

Date

---

Parent/Legal Guardian Signature

---

Date

#### **Bus Passes**

To obtain a bus pass, the student should bring a note signed by their parent/guardian or the parent/guardian may call the school stating the location where their student will need to be picked up or dropped off. Bus passes are restricted to specific stops along a scheduled bus route only. All bus pass requests must be received by the school office before 2:00 daily to ensure students receive the message and the bus driver has the opportunity to plan accordingly. Any requests after 2:00 may not be able to be accommodated which then is the responsibility of the parent/guardian to remedy.

**Circle of Life Academy - Office number 218-983-4180.**

# Circle of Life Academy Registration

*(Returning Student)*

## Field Trip & Debwewin Program Outings Permission Slip

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

Circle of Life Academy classroom teachers and Debwewin (Culture) staff often plan field trips and short outings during the school day to different places in our communities. These trips allow our students to meet community members, attend events, participate in traditional harvesting activities, and other important learning activities.

I understand that the school field trips may take my child off campus and to various locations and events in the area.

I also understand that the Circle of Life Academy and/or assignees cannot be held responsible for accidental injury to the student while participating in any school field trip.

I also understand that my child may be photographed or recorded during special events. Photos may be submitted to the newspapers, school websites, school's Facebook and media pages, etc.

Additional information will be communicated as classroom field trips and/or Debwewin activities and events arise for possible further information requested.

**As Parent/Legal Guardian, I hereby grant permission for the above named child to attend/participate in any school sponsored field trips that occur during the school year.**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**I give permission for my child to be photographed, and understand that photos may be submitted to newspapers, school websites, school's Facebook and media pages.**

# Circle of Life Academy Registration

(Returning Student)

## Internet, Email, & Computer Use Responsibility

Circle of Life Academy is pleased to offer students access to computers and computer networks for electronic mail and use of the Internet. The following guidelines must be adhered to in order to use computers and the internet:

1. Students are responsible for good behavior on school computers and computer networks;
2. Communications on the network are often public in nature, general school rules for behavior and communications apply. Network storage areas may be treated like school lockers. Network Administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on school file servers will always be private; and
3. The network is provided for students to conduct research, complete required coursework, and for communication. Access to network services are given to students who agree to act in a considerate and responsible manner. Access is a privilege, not a right.

The following are not permitted:

1. Sending or displaying offensive messages or pictures;
2. Social Media unless directed by a teacher and is part of a learning plan;
3. Using obscene language;
4. Harassing, insulting or attacking others;
5. Damaging computers (may result in parent/guardian cost replacement);
6. Violating copyright laws; and
7. Trespassing in other people's folders, using someone else's password, or copying files.

Violations may and/or will result in a loss of access as well as other disciplinary, discretionary, and/or legal action.

---

Student Signature

---

Date

---

Parent/Legal Guardian Signature

---

Date

**For Parent/Guardians:**

**Definitions:**

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

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

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

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach): \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

**Yes** *[If yes, go to Question A.]*

**No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** *[If yes, go to Question 1a.]*

**No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

---

**Question 2. Is the student American Indian from South or Central America?**

- Yes** [Go to Question 3.]  **No** [Go to Question 3.]
- 

**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

- Yes** [If yes, go to Question 3a.]  **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                   |                                     |                                      |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Karen      | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian        | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean     | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Burmese             | <input type="checkbox"/> Hmong    | <input type="checkbox"/> Vietnamese |                                      |

Go to Question 4.

---

**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

- Yes** [If yes, go to Question 4a.]  **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali      |
| <input type="checkbox"/> African-American    | <input type="checkbox"/> Liberian        | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo     | <input type="checkbox"/> Nigerian        | <input type="checkbox"/> Unknown     |

Go to Question 5.

---

**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

- Yes** [Go to Question 6.]  **No** [Go to Question 6.]
- 

**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

- Yes**  **No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_



## BIE Home Language Survey 2026 - 2027 School Year

First Name:

Last Name:

Federal Code: 25: CFR 32.3 & Revised CFR 30.109

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

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

**BIE Mission Statement:**

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

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

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

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

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

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



**BIE Home Language Survey  
2026 - 2027 School Year**

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

**Additional Information (Optional)**

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

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

Date \_\_\_\_\_

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

**Criteria for Screening**

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

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

BIE Form HLS, Updated April 2023



**BUREAU OF INDIAN EDUCATION**  
**McKinney-Vento Education for Homeless Children & Youth Program**  
**STUDENT HOUSING QUESTIONNAIRE**



This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

School: \_\_\_\_\_  
 Date: \_\_\_\_\_ Last School attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  Male  Female  
 Birth Date: \_\_\_\_\_ Do you have more children?  Yes  No  
 Address of where the student slept last night: \_\_\_\_\_  
 Parent/Guardian/Adult Caring for Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is the student's address a temporary living arrangement?  Yes  No

**NOTE: \*\* If You Checked NO, you many STOP here. Thank you. \*\***

If temporary, is this living arrangement due to loss of housing or economic hardship?  Yes  No

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

- Doubled-up** – staying with a friend or relative because of loss of housing, economic hardship, or similar reason (ex: eviction, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
- In a **motel/hotel** (Name of hotel/motel): \_\_\_\_\_
- In a **shelter** or transitional housing program (name of shelter or program): \_\_\_\_\_
- In an **unsheltered** location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
- With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children that stay in the same place

Last Name	First Name	Grade	School

The undersigned certified that the information provided above is accurate.

\_\_\_\_\_  
**Signature of Person Providing Information**  
**Parent/Legal Guardian/Caregiver/Unaccompanied Student**

\_\_\_\_\_  
**Date**

**For School Use Only**

Housing type-Check all that apply and date:

Doubled Up  Sheltered  Unsheltered  Motel/hotel

1) Unaccompanied youth:  Yes  No      2) Transportation needed:  Yes  No

School Local Homeless Liaison: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Parent/Guardian:

Our school offers healthy meals each day. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your application may help the school qualify for education funds.

To apply, complete the enclosed Application for Educational Benefits and return it to:

Circle of Life Academy

35233 Mission Road

White Earth, MN 56591

**Who should complete this application?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

#### **COMMON QUESTIONS:**

**I get WIC or Medical Assistance. Can my children qualify?** Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for you to complete an application.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

**Will the income information or case number I give be checked?** It may be. We may also ask you to send written proof.

**How will the information be kept?** Information you provide on the form, and your child's approval, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call 218-983-4180.

Sincerely,

Circle of Life Academy

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2026-27 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2026, through June 30, 2027

**Maximum Total Income**

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Add for each additional person	10,175	848	424	392	196

### Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

### Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue to Step 3.

### Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income in this section.
  - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
  - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
  - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
  - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

**Step 4: Signature and Contact Information** An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

**Optional:** Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect eligibility. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

# 2026-27 Application for Educational Benefits

Mail or return completed form to: (School/District information)

**STEP 1:** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If children in the household attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (Y)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance does not qualify. **if NO > Go to STEP 3.**  
**if YES > Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number)** \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Last Four Digits of Social Security Number (SSN) of Adult Household Member:** XXX-XX- Or Check if Adult has No SSN:  **Total Number of All Household Members (Children + Adults)**

**B. Child Income.**  
 Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)		Gross Earnings from Working at Jobs				Net Income from Farm or Self-Employment. Do not duplicate elsewhere.				Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.		Weekly	Bi-weekly	2x Month	Monthly	Yearly	Monthly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x 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"/>

**STEP 4: Contact information and adult signature.** "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information I may be prosecuted under applicable State and Federal laws."

I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ **Date** \_\_\_\_\_

**Do Not Fill Out: For School Office Use**

Conversions to Annualize All Income:	X1	X2	X4	X6	X52	X1	X2	X4	X6	X52
	<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"/>

**All Total Income**  
(Include child and adult income)

\$ \_\_\_\_\_

**Determining Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirming Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verified? Attach Tracker**

Free After Verified	No change	Reduced After Verified	Denied After Verified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household Size:**

Categorical Eligibility	Free	Reduced	Denied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Step Two: Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

## INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security                             <ol style="list-style-type: none"> <li>Disability payments</li> <li>Survivor's benefits</li> </ol> </li> <li>Income from person outside the household</li> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses (before deductions or taxes)</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:                             <ol style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Cash Assistance from State or local government</li> <li>Supplemental Security Income</li> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security</li> <li>Disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

At public school districts and charter schools, each student's eligibility status also is recorded on a statewide computer system used to report student data to MDE as required by state law.

**Nondiscrimination statement:** 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## Community Eligibility Provision

Dear Parent or Guardian:

We are pleased to inform you that Circle of Life Academy will be implementing a new provision available to schools participating in the National School Lunch and School Breakfast Programs. It is called the Community Eligibility Provision (CEP) and will take place in the school year 2026-2027.

### **What does this mean for me and my students who attend the school(s) identified above?**

All students enrolled in a CEP school are eligible to receive a healthy breakfast and lunch at school at no charge to your household each day of the 2026-2027 school year. No further action is required. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application.

### **Do I still need to complete an Application for Educational Benefits form?**

Yes, you still need to complete this form. Our school is eligible to receive additional state and federal funds based on the number and/or percentage of students enrolled who reside in households that meet established federal income guidelines. We also use the Alternate Application for Educational Benefits to collect household information which helps Circle of Life Academy qualify for additional education funds and discounts.

If you have questions, please contact *Circle of Life Academy* at (218) 983-4180.

Non-discrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in our administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at : [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410; or (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.