Ellendale Public School
Student Registration

We are so glad you are registering your student at Ellendale Public School! Follow the steps below to begin the registration process.

Registering @ EPS:

1. Fill out this registration packet below, then save, download, and email it to office@ellendale.k12.nd.us or print it to turn into the school.
2. Call EPS to schedule a time to stop in to complete registration paperwork.
3. Bring your student's **birth certificate** and **immunization records** when you visit the school to complete paperwork.
4. If you are living outside of the EPS District, ask the office for an Open Enrollment form.

If you have any questions, please call the office during business hours for assistance.

EPS Office Hours: Monday-Friday 7:30 am - 4:00 pm
EPS Phone Number: 701-349-3232

Ellendale Public School
Registration Information

Student's Legal Name _____ Grade _____

Birthdate _____ Gender _____ Ethnicity _____

Mailing Address _____ City _____ State ____ Zip _____

Physical Address (if different) _____

Home Phone _____ Cell Phone _____

Father's Name _____ Email _____

Cell Phone _____ Home Phone _____

Place of Employment _____ Work Phone _____

☐ Same as Above

Mailing Address _____ City _____ State _____ Zip _____

Physical Address (if different) _____

☐ Check here if Non-Custodial Parent

Mother's Name _____ Email _____

Cell Phone _____ Home Phone _____

Place of Employment _____ Work Phone _____

☐ Same as Above

Mailing Address _____ City _____ State ____ Zip _____

Physical Address (if different) _____

☐ Check here if Non-Custodial Parent

Other Guardian's Name _____Email _____

Cell Phone_____ Home Phone_____

Place of Employment_____Work Phone _____

Mailing Address _____ City _____State____ Zip_____

Physical Address (if different) _____

Emer. Contact Name _____ Cell/Home Phone_____

Address_____City_____State____ Zip_____

Medical Information

Doctor Name_____Clinic_____Phone_____

Any medical problems/allergies _____

Any Medications Taken _____

Legal Alert

Is anyone LEGALLY barred from seeing this student? ☐ YES ☐ NO

(Court Documentation and physical description must be provided to the school office)

Who? _____ Relationship to student:_____

Education Needs

Does your student have an IEP? ☐ YES ☐ NO

Does your student have a 504? ☐ YES ☐ NO

Was your child in Title I? ☐ YES ☐ NO

TRANSPORTATION INFORMATION

1. Will your student ride a rural bus route to school in the morning?

- [ ] Yes
- [ ] No

2. If yo student rides the bus to school, where will they be picked up?

- [ ] Rural bus route stop (located outside of city limits)
- [ ] Westside Mobile Court
- [ ] Daycare (specify): _____
- [ ] TBC (Trinity Bible College)
- [ ] Ellendale Acres
- [ ] Bell's Addition
- [ ] Cemetery Road

3. Will your student ride a bus after school?

- [ ] Yes
- [ ] No

If yes, where will your student be dropped off after school?

- [ ] Rural bus route stop (located outside of city limits)
- [ ] Westside Mobile Court
- [ ] Daycare (specify): _____
- [ ] TBC (Trinity Bible College)
- [ ] Ellendale Acres
- [ ] Bell's Addition
- [ ] Cemetery Road

EPS Student Residency Questionnaire

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

Name of Student:_____ Male:◯ Female.◯

Birth Date: _____
Age:_____

Name of Parent(s)/Legal Guardian(s):_____

Name of Person(s) Student is Staying with: _____
(If Applicable)

1. Presently, where is the student living? Check one box:

☐ in a shelter

☐ with more than one family in a house or apartment

☐ in a motel, car or campsite

☐ with friends or family members (other than parent/guardian)

☐ **Does not apply**

2. The student lives with:

☐ 1 parent

☐ 2 parents

☐ 3 parent & another adult

☐ 4 a relative, friend(s) or other adult(s)

☐ 5 alone with no adults or an adult that is not the parent or the legal guardian

Signature of Parent/Legal Guardian: _____ Date _____

Home Language Survey

Student Name: _____ Student's Grade: _____

Student's School: _____

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

What language(s) are spoken at home? _____

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

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

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

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

If available, in what language would you prefer to receive information from the school? _____

Has your child ever been in an English as a Second Language {ESL or ELL) Program? Yes ☐ No ☐

Put an X in the boxes on the top line to show the grades your child has gone to school in the United States. Put an X in the boxes on the bottom line to show the grades that your child went to school in another country.

School	**Grade**													
Grade level attended school **inside** of the US	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Grade level attended school **outside** of the US	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12

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

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

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

Please continue on the next page.

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

Refugee Student:

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

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

Immigrant Student:

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

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

If yes, please fill in the Country _____ and US entry date (mm/dd/yy) ___ / ___ / ___

(For refugee students, this is the country that you originally fled, not the country that you lived in most recently.)

Native American or Alaska Native student:

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

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

Migrant Student:

Migrant students are mentioned specifically in the LEP definition and may qualify for LEP services. A migrant student has a parent who is a migratory agricultural worker and in last 3 years, has moved from one school district to another, in order to work (temporary or seasonal) in agricultural activities.

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

If yes, what is the date that you moved to this area? (mm/dd/yy) ___ / ___ / ___

If your family moved to this area for agriculture (temporarily or seasonally) in what area(s) do you work: (please check all that apply)

☐ Sugar Beet Industry	☐ Meat Processing Plant	☐ Trimming Trees
☐ Potato Industry	☐ Chicken Farms/Processing	☐ Raw Cheese Production
☐ Bee Keeper/Honey Processing	☐ Plant/Cultivate Trees	☐ Custom Combining
☐ Turkey Farm/Processing	☐ General Dairy Farm Work	☐ Egg Production
☐ Transportation of Agricultural Products	☐ Landscaping, Laying Sod or Planting Grass	

This form does not need to be filled out for incoming kindergarten students.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

To: _____ _____

Name of School — Phone number

_____ _____

Street Address — Fax Number

_____

City, State, ZIP

_____ _____ _____

Student's Name — Grade — Date of Birth

I hereby request and authorize that the following records for the above-named student be released and sent to Ellendale Public School.

For office use only below this line _____

- ☐ Grades transcript including credits earned and interpretation of grading system.
- ☐ Withdrawal grades.
- ☐ Attendance records including enrollment and withdrawal dates.
- ☐ Immunization Records.
- ☐ Standardized Testing Results.
- ☐ Physical Examination or Health Information (if applicable).
- ☐ All Discipline Records, specifically and information regarding suspension or expulsion and any pending disciplinary actions.
- ☐ Individualized Education Plans & Section 504 Plans (if applicable).
- ☐ EEN Records (if applicable).

Please address records to:

Ellendale Public School
C/O _____
321 N. First St
PO Box 400
Ellendale, ND 58436-0400

In Compliance with the Federal Regulations – Family Rights and Privacy Act, Final Rule on Educational Records – Federal Register Volume 41, Number 118, Page 24673 states that parental permission is no longer required to release records between schools or school systems when requested by authorized school personnel.

At this time, I am making such a request.

Sincerely,

Jeff Ringstad, *Superintendent*

Request Sent or Faxed _____ by _____

AN EQUAL OPPORTUNITY EMPLOYER

The Ellendale School District does not discriminate on the basis of race, national origin, sex, or handicap in its educational program, activities, and employment practices.

The request for records will not be submitted to the previous school until the registration meeting at EPS is complete.

ELLENDALE PUBLIC SCHOOL
PRESCHOOL
FEE SCHEDULE

NUMBER IN HOUSEHOLD	HOUSEHOLD INCOME LEVEL	MONTHLY FEE	HOUSEHOLD INCOME LEVEL	MONTHLY FEE
2	Less than $40,000	Free	More than $40,000	$75
3	Less than $60,000	Free	More than $60,000	$90
4	Less than $75,000	$75	More than $75,000	$105
5	Less than $90,000	$90	More than $90,000	$125
6	Less than $105,000	$105	More than $105,000	$150

FEE SCHEDULE PLACEMENT IS BASED ON ANNUAL HOUSEHOLD INCOME. THE FREE & REDUCED APPLICATION IS THE METHOD EPS WILL USE TO DETERMINE PLACEMENT. OTHERWISE FAMILIES WILL PAY THE TOP TIER.

EPS PRESCHOOL (4 YEAR OLD PROGRAM)

If your student will be four years old on or before July 31 preceding the start of the school year, they are eligible to attend preschool at EPS. Preschool sessions will be held Monday through Friday from 8:30 a.m. to 12:00 p.m. and will follow the district's regular school calendar.

Monthly tuition rates (listed in the chart below) have been approved by the EPS School Board. To determine the applicable tuition rate for your student, parents/guardians are asked to complete the Free and Reduced-Price Meal Application. Families who choose not to complete the application will be assessed at the highest tuition tier.

2025-26 APPLICATION FOR FREE OR REDUCED-PRICE MEALS

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: (Schoof/District Information) Ellendale Public School. PO Box 400,Ellendale, ND 58436

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." Children in Foster care are eligible for free meals. Read How to Complete the Application for EducationalBenefits for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application to each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Mark All That Apply. Foster Child	Migrant	Homeless or a. Runaway
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit https:1/applyforhelp.nd.gov or call 1-844-854-4825.

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Medical assistance does not qualify through an application.If NO> Go to STEP 3. If YES >Enter SNAP, TANF, 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. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. If they do not receive income from any source, write 'O' or leave the 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 All Adult Household Members section and B. Child Income section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			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	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income fromFarm or Self- Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

B. Child Incom
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
$	☐	☐	☐	☐

STEP 4: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-☐☐☐☐.r ☐✓I do not have a Social Security Number

B. Attestation & 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 andthat school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Total Number of All Household Members (Children+ Adults) Here: ☐

X DATE
SIGNATURE of Adult Completing Application (Form must be signed to be complete.)
Print Name Address (if available)
Daytime Phone Apt# City Zip

SCHOOL OFFICE USE ONLY ☐ Error Prone Application

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: $_____ Per: ☐ Week ☐ Bi-Weekly(Every 2 Wks.)
☐ 2x Month ☐ Monthly ☐ Annual

Eligibility: Federal Free (130%)_____ Reduced (185%)_____ State (225%)_____Denied_____

Determining Official's Signature:_____ Date:_____

Reason for Denial
☐Income Too High
☐Incomplete App

☐Selected For Verification: Confirming Official's Signature:_____ Date:_____

Verifving Official's Signature:_____ Date:_____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
• Earnings from work • Social Security a. Disability Payments b. Survivor's Benefits • Income from person outside the household • Income from any other source	• A child has a regular full or part-time job where they earn a salary or wages. • A child is blind or disabled and receives Social Security • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits. • A friend or extended family member regularly gives a child spending money. • A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony /Child Support	All Other Income
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	• Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security • Disability benefits • Regular income from trusts or estates • Annuities. • Investment income • Rental income • Regular cash payments from outside household

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 for free or reduced-price meals. 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

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 (SNAP), 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.

Foster, migrant, homeless, and runaway children and children enrolled in a Head Start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school For more information.

Nondiscrimination Statement: In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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:

Mail*: 1. U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 202509410

2. Fax: (202) 690-7442; or

3. Email: program.intake@usda.gov.

*Only use this address if you are filing a complaint of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.