

# Our Lady of Lourdes Elementary

## 2021-2022 Registration Form

### 1. Student Information

Last Name:	First:	Middle:
Gender	Birthday Date:	Grade Applying for:

### 2. Tribal Information

Is your child/ren enrolled in a Federally Recognized Tribe?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If No, is your child/ren's enrollment pending?  <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the name of the Tribe that your child/ren is enrolled in?  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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### 3. Race/Ethnicity Information

What is your child/ren's primary Race?  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Is your child/ren Hispanic or Latino?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check all that apply to your child/ren's race: <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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### 4. Religious/Faith Information

What is your child/ren's religious or cultural faith?  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	If your child is Catholic, have they received their first communion? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### 5. Student's Contact Information (Not Parents or Guardians)

Student's Mailing Address:  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Student's Email Address:  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Student's Cell Phone Number:  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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NOTICE: ALL FORMS MUST FILLED OUT BY LEGAL GUARDIAN OF STUDENT/S.  
WHEREAS STUDENTS MUST RESIDE WITH LEGAL GUARDIAN!

# Our Lady of Lourdes Elementary

## 6. Primary Guardian (First individual to be contacted by the school!)

Name	Relationship:
Primary Address	Cell Phone or Emergency Contact #
Primary Household Phone #	Employment & Work # (Will be use to contact guardian)
Email Address: _____	Specific delivery of school messages or information to you. (Check all that apply!)  <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> School Reach

## 7. Secondary Guardian (Second individual to be contacted by the school!)

Name	Relationship:
Primary Address	Cell Phone or Emergency Contact #
Primary Household Phone #	Employment & Work # (Will be used to contact guardian)
Email Address: _____	Specific delivery of school messages or information to you. (Check all that apply!)  <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> School Reach

## 8. Next of kin and other non-household individuals. The individuals are authorized by primary guardian to check their child/ren out of school during normal operating hours for non-school events/functions/appointments etc. According to school policy no other person/s that is not listed below will not be authorized to check students out of school.

Name: _____	Primary contact phone #:	Work/Secondary phone #:
Relationship: _____		
Name: _____	Primary contact phone #:	Work/Secondary phone #:
Relationship: _____		
Name: _____	Primary contact phone #:	Work/Secondary phone #:
Relationship: _____		

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**9. Medical/Legal Alert Information (Allergic to.... Court Orders.....Special Accommodations.)**

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**10. Sibling Information: Siblings that are currently enrolled or have graduated from Red Cloud Indian School (Including Our Lady of Lourdes Elementary)**

Sibling Name	Enrolled or Graduated
1	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduated in _____
2	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduated in _____
3	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduated in _____
4	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduated in _____
5	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduated in _____
6	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduated in _____
7	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduated in _____

## OFFICIAL USE ONLY

DOCUMENTS REQUIRED	STAFF INITIALS
<input type="checkbox"/> BIRTH CERTIFICATE	
<input type="checkbox"/> IMMUNIZATION, UPDATED IF NEEDED	
<input type="checkbox"/> TRIBAL ENROLLMENT <input type="checkbox"/> Pending	
<input type="checkbox"/> PHYSICAL SPORTS FORM	
<input type="checkbox"/> REGISTRATION FEE	
AMOUNT PAID: \$ _____	
BALANCE DUE: \$ _____	
(\$100 for 1 student, \$200 for two or more)	

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# Our Lady of Lourdes Elementary

## Field Trip Permission Form

In order to help parents, children and the school, we are asking parents for written consent to take your child on field trips that are planned by all classes and departments (i.e. Counseling, After School Programs, etc.) This form will authorize the staff of Our Lady of Lourdes Elementary to allow your child to participate in field trips and events during the school year while enrolled as students at OLL. This in turn will eliminate the need for your written permission for each field trip or event for your child to attend. Parents will receive a note advising them of upcoming trips or events. We are not responsible for any accidents that may be caused by a student in the event of not complying with school rules. Students will be consequence in accordance with school policies that are written in the student handbook.

I give permission for my child to go on field trips or attend events through his/her school year here at Our Lady of Lourdes Elementary. I understand that permission may be retracted at any time for any specific field trip as a result of non-compliance of rules and policies as set forth in the handbook.

\_\_\_\_\_  
Name of Student

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

\_\_\_\_\_  
Date

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# Our Lady of Lourdes Elementary

## Dress Code Policy:

Parents and Guardians, Our Lady of Lourdes Elementary has a strict policy on dress code, and will notify parents in the event of a student wearing attire that is not suitable or inappropriate. Clothing worn by students that pertain to drugs/alcohol use, sexual content, gang affiliation or profanity will result in the school notifying parents of students who are dressed inappropriately. If the school has clothing that is available, it will be given to students to wear for the day, however parents will have to bring their child a change of clothes. The dress code also includes students wearing clothing that is inappropriate size and the coverage of the body.

I understand that appropriate actions as mentioned above will be taken in the event of a child that is dressed inappropriately

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

\_\_\_\_\_  
Date

## Student Pictures:

In the event for the purpose that pertains to media coverage and publication for Red Cloud Indian School Inc., as the parent and guardian of the registered student of Our Lady of Lourdes Elementary it is important for you to know that such media coverage and publications may be possible or planned for specific purposes. As the parent or guardian, it is important to know that all images taken of children/staff/campuses will be used for public relations matters. All photos/videos that are taken of children/staff/campuses become the property of Red Cloud Indian School Inc. Please indicate your wish for your child in the event of such public relations matters.  
(Please check one of the following)

☐ I give consent of my child/ren to be photographed for media or publication purposes for Red Cloud Indian School Inc.

☐ I do not give consent for my child to be photographed for media or publication purposes for Red Cloud Indian School Inc.

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

\_\_\_\_\_  
Date

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# Our Lady of Lourdes Elementary

## Student/Parent Handbook Agreement/Assent:

I am the parent/guardian of the following OLL Student/s:

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I have received a copy of the 2021-22 Our Lady of Lourdes Elementary Student/Parent Handbook. I understand that it is my responsibility to read and familiarize myself with the content of policies that pertain to my child. By the act of registering and enrolling my child at Our Lady of Lourdes Elementary, students and parents must agree to pursue the education objectives and practices as stated in the handbook and to observe the disciplinary code of the school. Furthermore, I understand that all norms and policies remain in effect of all students until and including graduation from Our Lady of Lourdes Elementary

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Signature of Parent/Guardian

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Date

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# Our Lady of Lourdes Elementary

## Student Transportation Drop-off Policy

To Parents/Guardians of OLL Students:

Students will be allowed a **primary stop** (usually the child's residents) and one secondary stop **ONLY** (When parents are not at **primary stop**). No phone calls after 2:30pm due to finalizing transportations arrangements of students to their stops. Parents may be allowed to make arrangements for their child to be dropped off at their secondary stop only during the day and before 2:30pm. Any calls made before buses depart will not be allowed and whereas students will be taken to their primary stops. It is not the policy for Our Lady of Lourdes staff or support staff to make arrangements for parents after the 2:30pm mark, and whereas all arrangements for primary and secondary stops after 2:30pm are final. This policy is needed to ensure that the utmost safety of your child. Please indicate a primary and secondary stops including physical address or physical descriptions.

Child/Children: \_\_\_\_\_

Primary Stop: \_\_\_\_\_

Secondary Stop: \_\_\_\_\_

I as the legal parent/guardian of the above mentioned children will not make arrangements after the 2:30pm mark and whereas I will notify the office of a change from primary to a secondary stop as indicated above. Any changes to a primary or secondary stop must with the parent/guardian coming into the office to make the changes with the office manager. ***No changes will be made over the phone/text messages/email/fax.***

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

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Title I Reading and Math Support  
Services Red Cloud Elementary,  
Our Lady of Lourdes, and  
Red Cloud High School

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

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

During the school year, we strive to support and encourage each student to reach their full potential by meeting them at their learning level. Title I support is intended to provide students with extra learning support when it is most helpful. Once a student reaches a specific learning goal, the support may end. Should your child need additional learning support in the form of Title I support services, do you give permission to provide extra learning support for your child? Please indicate your wishes below.

\_\_\_\_\_ I, the parent or legal guardian, **GIVE PERMISSION** for my child to participate in the Title I Reading and/or Title I Math Program.

\_\_\_\_\_ I, the parent or legal guardian, **DO NOT GIVE PERMISSION** for my child to participate in the Title I Reading and/or Title I Math Program.

I would like to be contacted about Title I events via Email. \_\_\_\_ Yes \_\_\_\_ No

Email: \_\_\_\_\_

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

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

Parent Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_



☐ New Applicant    ☐ Previous Applicant

**Children in Foster care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.**

Child's Name	Age	Write name of child's school, or "not in school"	If a student, write in the grade	Check all that apply	
				<input type="checkbox"/> Foster Child	<input type="checkbox"/> Migrant Runaway
				<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"/>

100

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDIPIR case number here then go to STEP 4  
(Do not complete STEP 3)

Case Number: \_\_\_\_\_

Write of on case number in this space.

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

**A. Child income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including in whole dollars only. If they do not receive income from

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

[illegible]

**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, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)		Apt #			
Printed name of adult completing the form		Signature of adult completing the form		Today's date	
		City		Daytime Phone and Email (optional)	
		State			
		Zip			

# INSTRUCTIONS: Sources of Income

Sources of Income for Children	
Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security <ul style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside the household	A friend or extended family member regularly gives a child spending money
Income from any other source	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	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul 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> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</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 (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

## OPTIONAL: Children's Racial and Ethnic

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.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

## Civil Rights: Information if you have a complaint

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.

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 or 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:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
fax: (202) 690-7442, or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY

**Do not convert if only one income frequency reported.** Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:

How Often?

Household Size:

Categorical Free Eligibility: (Select 1)

Income Eligibility: (Select 1)

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Weekly	Bi-Weekly	2xMonth	Monthly	Annual

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Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR

Free	Reduced	Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date