



Education Department  
**2016-2017 PreK-12 Programs Survey**

**STUDENT INFORMATION**

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Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ 2016-17 Grade \_\_\_\_\_  
Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**HOUSEHOLD INFORMATION**

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Mother's Name \_\_\_\_\_  
Mailing Address (If different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Tribal Affiliation: Gun Lake Citizen Spouse Other Native \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_  
Mailing Address (If different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Tribal Affiliation: Gun Lake Citizen Spouse Other Native \_\_\_\_\_ Other \_\_\_\_\_

Is the student in foster care? Yes No If yes, how long has the child been in this home? \_\_\_\_\_  
Is this student in need of, or already in a special needs education program? Yes No  
If yes, please explain: \_\_\_\_\_

How many Gun Lake Tribal students are in the household? Please list names. \_\_\_\_\_

Are there any non-tribal students in the household? Yes No If yes, how many?: \_\_\_\_\_  
Does this child have access to the internet at home? Yes No

Please select child's t-shirt size:

Youth XS Youth S Youth M Youth L Youth XL  
Adult S Adult M Adult L Adult XL Adult 2X



# Education Department 2016 PreK-12 Programs Survey

## SCHOOL INFORMATION

School Attending \_\_\_\_\_ School District \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_

Please circle one:      Public School      Private School

Are there any programs that would benefit your child that the Education Department does not already offer?

\_\_\_\_\_  
\_\_\_\_\_

Generally, what kind of grades did your child make last year?      A's      B's      C's      Struggling

How many hours of homework does your child get each night?      0-1      1-2      2-3      3+

Has your child ever been left back a grade?

Yes, once      Yes, more than once      No      No, but the school wanted to

When does your child do his/her homework?      At school      Immediately after school      After dinner

Do you help your child do his/her homework?

Yes, every day      Yes, and I end up doing it most myself      Yes, sometimes      No

Where does your child go after school? \_\_\_\_\_

How do your children get to and from school?      Walk      Bike      Bus      Parent Drives

Sibling Drives      Drive Themselves      Carpool      Other \_\_\_\_\_

What does your child eat for lunch at school?      Sack Lunch      Cafeteria Meal

Does your student qualify for free or reduced meals at school?      Yes      No

How many hours of extracurricular activities (clubs, sports, etc.) does your child have each week? \_\_\_\_\_

What extracurricular activities does your child participate in? \_\_\_\_\_

Is your family interested in programs aimed at college preparation?      Yes      No

Is your junior high/high school student interested in exploring careers in Public Safety?      Yes      No

By signing below, I \_\_\_\_\_ agree to use the gift card received to purchase school clothing and/or school supplies for the student named above.

Name of Parent/Legal Guardian

Parent/Legal Guardian Signature

Date

Education Department Signature

Date Received