

STUDENT ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

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| Name of School: TONALEA DAY SCHOOL | |
| Type: Day School | Funding: BIA Operated |
| 1. IDENTIFICATION | |
| Name of Student: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Last) (First) (Middle) </div> | |
| Address: <u>P.O. Box</u> _____ Street: _____ City: _____ State: _____ Zip Code: _____ | |
| Physical Address: _____ | |
| Date of Birth: _____ Place of Birth: _____ <div style="text-align: center;">Month/Day/Year</div> | |
| Sex: () Male () Female Verified by: _____ | |
| Tribal Affiliation: _____ Degree Indian: _____ | |
| Enrollment Number: _____ Home Agency: _____ | |
| Dominant language spoken in home: 1.) _____ 2.) _____ | |
| Non-Native Students: _____ <div style="text-align: center;">Race/Ethnicity</div> | |
| Does your child receive either of the following services? (check all that apply): | |
| _____ Gifted/Talented | |
| _____ Exceptional Student Services (ESS) | |
| 2. FAMILY INFORMATION | |
| Father: _____ Address: _____ Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ () Living () Deceased Occupation (Optional): _____ Employer: _____ Phone Numbers Home: _____ Work: _____ Cell: _____ Other (Specify): _____ | Mother: _____ Address: _____ Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ () Living () Deceased Occupation (Optional): _____ Employer: _____ Phone Numbers Home: _____ Work: _____ Cell: _____ Other (Specify): _____ |

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|---|---|
| Legal Guardian: _____ Address: _____ Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ Occupation (Optional): _____ Employer: _____ | Other (group home, etc.) _____ Address: _____ Telephone: _____ Student Lives With: _____ Telephone Home: _____ Work: _____ Emergency: _____ Other (Specify): _____ |
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3. SCHOOL(S) PREVIOUSLY ATTENDED:

| | | |
|-----------------|----------------------|-------------------|
| School Name: | Dates Attended: | Grades Completed: |
| Address: | Reasons for Leaving: | |
| City/State/Zip: | | |

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|-----------------|----------------------|-------------------|
| School Name: | Dates Attended: | Grades Completed: |
| Address: | Reasons for Leaving: | |
| City/State/Zip: | | |

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

PLEASE DO NOT FORGET TO SIGN AND DATE THE APPLICATION

X _____ Date _____
 Signature of Parent/Legal Guardian/Adult Student

Enrollment:

Approved: Not Approved:

Signature and Date:

 Principal-Tonalea Day School