Boarding **Student Enrollment Application**

Day – Bus **BOARDING SCHOOL PL. 100-297 - GRANT**

ENTRY DATE: Click here to enter a date. WITHDRAWL DATE: Click here to enter a date.

**Native American Student Information System (NASIS) ID NO: Click here to enter text.**

Student Name: Click here to enter text.Click here to enter text.Click here to enter text.Gender: M F

Date of Birth: Click here to enter a date. Enrollment Number: Click here to enter text. Degree of Indian Blood: Click here to enter text.

Student Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text. Birth Place: Click here to enter text.

Tribal Affiliation: Click here to enter text. Chapter Affiliation: Click here to enter text. Home Location: Click here to enter text. Language Spoken at Home: Navajo English Language most spoken by Student: Navajo English

With whom does the student live? Both Parents Father Mother  Grandparents  Guardian other: Click here to enter text.

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Guardianship or Custodial issues must include proper notarized/ court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit /parents can visit / pick up the student from school. Who has legal guardian ship of the Student?Click here to enter text.

Father: Click here to enter text. Tribal Affiliation: Click here to enter text. Mother: Click here to enter text. Tribal Affiliation: Click here to enter text.

Address (City, State, zip) Click here to enter text. Address (City, State, zip) Click here to enter text.

Home Location: Click here to enter text. Home Location: Click here to enter text.

Home Phone: Click here to enter text. Work Phone: Click here to enter text.Home Phone: Click here to enter text. Work PhoneClick here to enter text.:

Email: Click here to enter text. Cell/Pager: Click here to enter text. Email: Click here to enter text. Cell/Pager: Click here to enter text.

Employer: Click here to enter text. Census No: Click here to enter text. Employer: Click here to enter text. Census No: Click here to enter text.

Contact Allowed?  Yes No Received Student mailings? Yes No Contact Allowed?  Yes No Received Student mailings? Yes No

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Guardian Name:Click here to enter text. Contact Allowed?:  Yes No Received Student mailings? Yes No

Address (City, State, zip) Click here to enter text. Home Location: Click here to enter text.

Home Phone: Click here to enter text. Work Phone: Click here to enter text. Email: Click here to enter text. Cell/Pager: Click here to enter text.

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Emergency Information: (Other than parent / guardian): Emergency Information: (Other than parent / guardian):

Relationship to student: Click here to enter text. Relationship to student: Click here to enter text.

May Pick up Student? YesNo May Pick up Student? Yes No

Home Phone: Click here to enter text. Work Phone: Click here to enter text. Home Phone: Click here to enter text. Work Phone: Click here to enter text.

Cell/Pager: Click here to enter text. Other: Click here to enter text. Cell/Pager: Click here to enter text. Other: Click here to enter text.

**SCHOOL HISTORY:**

**FOR STUDENTS WHOSE LAST ACADEMIC YEAR WAS 8TH GRADE:**

**NAME OF SCHOOL:** Click here to enter text. **ADDRESS:** Click here to enter text.

**PHONE NUMBER:** Click here to enter text. **GRADE COMPLETED:**Click here to enter text. **DATES ATTENDED:** Click here to enter text.

**LIST ALL SCHOOLS YOU HAVE ATTENDED:**

**PREVIOUS SCHOOL ATTENDED:** Click here to enter text. **ADDRESS:** Click here to enter text. **PHONE NO.** Click here to enter text.

**REASON FOR TRANSFERRING:** Click here to enter text. **GRADE COMPLETED:** Click here to enter text. **DATES ATTENED:** Click here to enter text.

**PREVIOUS SCHOOL ATTENDED:** Click here to enter text. **ADDRESS:** Click here to enter text. **PHONE NO.** Click here to enter text.

**REASON FOR TRANSFERRING:** Click here to enter text. **GRADE COMPLETED:** Click here to enter text. **DATES ATTENED:** Click here to enter text.

**Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action? Yes No**

**I am legally responsible for this student and hereby apply for his/her admission to Lukachukai Community School. I understand that additional information required by the school before this student is officially enrolled.**

Click here to enter text.Click here to enter text.

**Print name of Parent/Legal Guardian Signature of Parent Legal Guardian**

**OFFICIAL USE ONLY VERIFIED BY:** Click here to enter text.

**I CERIFY THAT THE ABOVE NAMED STUDENT IS ENROLLED MEMBER WITH THE NATION TRIBAL INDIAN CENSUS ARE BEING: NAVAJO**

**DEGREE OF INDIAN BLOOD:** Click here to enter text. **ENROLLMENT/CENSUS NUMBER:** Click here to enter text. **AGENCY:** Click here to enter text.

**APPROVAL OF SCHOOL APPLICATION: APPROVED NOT APPROVED**

**SIGNATURE OF PRINCIPAL OR REGISTRAR: DATE: SIGNATURE OF EDCUATION PROGRAM ADMINISTRATOR: DATE:**

Click here to enter text.Click here to enter a date.Click here to enter text.Click here to enter a date.

**STUDENT CHECK OUT/ RELEASE**

I authorize the following person(s) to check out my child and should be the same names as the application. Parents do not need to write their names since they reserve the right. NOTE; LCBE, INC. follows the BIE policy on check-out procedures as follows; only immediate family members can check-out students, school personnel is not allowed to check-out student, individual must be over 25 years old including family members, and identification is required at time of check out. We reserve the right to refuse or cancel a check-out when there is evidence that the welfare of the student is at risk. **Only 5 individual names allowed, do not write more than one name on the line.**

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| **Name of the Individual** | **Relationship to Student** | **Phone Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**THE FOLLOWING PERSON(S) IS NOT ALLOWED TO PICK UP MY CHILD (SUPPORTING DOCUMENTS REQUIRED)**

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| --- | --- | --- |
| **Name of the Individual** | **Relationship to Student** | **Phone Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**TRANSPORTATION DEPARTMENT**

**Child’s Name:** Click here to enter text.

**Parent’s Name:** Click here to enter text.

**Home Location:** Click here to enter text.

**Please Draw a Map to your Residence.**

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**Bus Rules posted in the school bus observe same conduct as in the classroom.**

* Be courteous, use no profane language
* No food or beverages on the bus ( No Gum, Sunflower seeds, and Pinion Seeds)
* Keep the bus clean
* Cooperate with the driver
* Do not be destructive
* Stay in your seat
* Keep head, hands and feet inside the bus
* Bus driver is authorized to assign seats
* No animals are allowed on a school bus

Please sign below indicating you have read and understood these rules.

Child’s Signature: Click here to enter text. Parent’s Signature: Click here to enter text.