

# STUDENT ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

Name of School: TONALEA DAY SCHOOL	
Type: Day School	Funding: BIA Operated
<b>1. IDENTIFICATION</b>	
Name of Student: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </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)	
<b>2. FAMILY INFORMATION</b>	
Father: _____ Address: _____  Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ ( ) Living      ( ) Deceased Occupation (Optional): _____ Employer: _____  <b>Phone Numbers</b> Home: _____ Work: _____ Cell: _____ Other (Specify): _____	Mother: _____ Address: _____  Tribal Affiliation: _____ Home Agency: _____ Enrollment Number: _____ ( ) Living      ( ) Deceased Occupation (Optional): _____ Employer: _____  <b>Phone Numbers</b> Home: _____ Work: _____ Cell: _____ Other (Specify): _____

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:		

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** \_\_\_\_\_  
 Signature of Parent/Legal Guardian/Adult Student \_\_\_\_\_  
Date

Enrollment:

Approved:       Not Approved:

Signature and Date:

\_\_\_\_\_

Principal-Tonalea Day School