UNITED STATES DEPARTMENT OF THE INTERIOR

Bureau of Indian Education

Red Rock Day School

Student Enrollment Application

"School Year _____"

BIA Form 6249

OMB No. 1076 0122

Approved 8/22/2002

Day: X Bus No._____ Boarding_____ Grade Applying For: _____

1.STUDENT INDENTIFICATION

Name of Student_____

(Last) (First) (Middle)

Mailing Address: P.O. Box_____ Physical Address_____

City_____ State:_____ Zip Code:_____

Date of Birth:_____ Verified by:

(Month) (Day) (Year) ( ) Birth Certificate

( ) Certificate of Indian Blood

( ) Other:_____

Place of Birth:_____ _____ Sex: Male ( ) Female ( )

(City) (State)

Tribal Affiliation: _____ Degree of Indian Blood: _____

Census Number: _____ Home Agency: _____

Dominant Language Spoken in the Home: ( ) Navajo & English

( ) Navajo ONLY

( ) English ONLY

Other Language:_____ Tribe:_____

BUS ROUTE: Circle MITTENROCK RED VALLEY OAKSPRING COVE

(NEW STUDENTS: A copy of your child's Birth Certificate, Certificate of Indian Blood, Report Card and Updated Immunization must be attach to the Student Enrollment Application)

2.FAMILY AND BACKGROUND INFORMATION

Father: _____ Address: _____

City, State & Zip:_____ Tribe: _____ Census #: _____

Living ( ) Deceased ( ) Occupational: _____ Employer: _____

Telephone: Home: _____ Work: _____ Email Address: _____

Emergency Contact Name/Phone: _____

Mother: _____ Address: _____

City, State & Zip:_____ Tribe: _____ Census #: _____

Living ( ) Deceased ( ) Occupational: _____ Employer: _____

Telephone: Home: _____ Work: _____ Email Address: _____

Emergency Contact Name/Phone: _____

Is there anything the school should know about your child to help her/him?

( ) Counseling Programs ( ) Medical Condition(s**) (504 Plan)**

( ) Legal Matter(s) ( ) Disability

( ) Social Services ( ) Substance Abuse

( ) Special Education **(IEP)** ( ) Other:

_____

Please Explain: _____

3.GUARDIAN INFORMATION ***(If student does not live with parents, complete this section)***

Legal Guardian: _____ Relationship: _____

Mailing Address: _____

Home Direction: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Cell Number: _____

(GUADIANSHIP DOCUMENTS MUST BE ATTACHED TO APPLICATION)

4.PREVIOUS SCHOOLS ATTENDED: ***(Attach copies of all school report cards)***

Last School Attended: _____ Dates Attended: _____

Address: _____

Reasons for leaving: _____

Last School Attended: _____ Dates Attended: _____

Address: _____

Reasons for leaving: _____

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

_____ _____

Signature of Parent/Guardian/Adult Student Date Signed

HOMELESS (Circle) ********** YES NO

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS

RED ROCK DAY SCHOOL

P.O. DRAWER 2007

RED VALLEY, ARIZONA 86544

928-653-4456

TO : Parent

FROM : Principal

SUBJECT : **SECURITY AND PROTECTION**

PLEASE ANSWER THE FOLLOWING QUESTIONS IN AN EFFORT TO PROTECT YOUR CHILD WHILE SHE/HE IS AT SCHOOL:

Student's Name: _____

Parent/Legal Guardian: _____

Phone: _____

Address: _____

_____

IN CASE OF EMERGENCY WHO SHOULD BE NOTIFIED:

Name: _____

Phone Number: _____

Does your child have any medical or other problems that the teacher/staff needs to know of?

_____

_____

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE

CONSENT OF PARENT OF LEGAL GUARDIAN OR OTHER PERSON

WHO HAVE PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

Name of Student _____ Birth Date _____

I (We), have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examination, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5.
6. Transportation of the child to and/or from another health facility for these services.

[ ] I hereby give consent for all of the above services.

[ ] Exceptions or Special Instructions: _____

_____

_____

Signed _____

Address _____

Relationship _____

Date _____ Valid Unit _____