

Expires: 12/31/2023

STUDENT ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

Name of School: T'siya Day School

1. STUDENT INFORMATION	
Name of Student: (Last) (First) (Middle)	
Address: Miles from home to school:	
Date of Birth: (Month Day Year) Place of Birth: Sex: Male () Female ()	
Tribal Affiliation: Degree Indian: Enrollment Number: Home Agency: Dominant language spoken in the home:	
2. FAMILY INFORMATION Father: Address: Tribal Affiliation: Home Agency: Enrollment Number: Living: () Dead: () Occupation (Optional): Employer: Telephone Home: Work: Email:	Mother: Address: Tribal Affiliation: Home Agency: Enrollment Number: Living: () Dead: () Occupation (Optional): Employer: Telephone Home: Work: Email:

Legal Guardian: Address: Tribal Affiliation: Home Agency: Enrollment Number: Occupation (Optional): Employer: Email:	Other (group home, etc.): Address: Telephone: Student Lives With: Telephone Home: Work: Emergency: Other (specify) / Email:
---	--

3. SCHOOL(S) PREVIOUSLY ATTENDED:

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

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

*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.

Signature of Parent/Legal Guardian/Adult Student

Date:

Day School Enrollment

Approved: _____ Not Approved: _____

Principal Signature/ Date:

Paperwork Reduction Act Statement: This information is collected to identify each student's instructional and residential program classification. It will be used to allocate appropriated funds on a weighted student unit formula. The information is supplied by the respondent to obtain or retain a benefit, that is, to provide appropriate schooling and the needed funding. It is estimated that this form will take an average of 15 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to Attn: Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS 4141, and Washington, DC 20240. The control number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB control number.