

SY 2025-2026

**STUDENT ENROLLMENT APPLICATION
BUREAU-FUNDED SCHOOLS
1000 Borrego Canyon Road, Zia Pueblo, NM 87053
Phone: 505-867-3553**



1. STUDENT INFORMATION

First Name:

Middle Name:

Last Name:

Date of Birth (MM/ DD/ YYYY):

Place of Birth: City, State

Sex: Male () Female ()

Mailing Address:

Tribal Affiliation:

Enrollment Number:

Degree of Indian Blood:

Primary Language Spoken

Secondary Language Spoken

2. FAMILY INFORMATION

Name of Father:

Name of Mother:

Address (If different from child):

Address (If different from child):

Email:

Email:

Tribal Affiliation:

Tribal Affiliation:

Enrollment Number:

Enrollment Number:

Living: () Dead: ()

Living: () Dead: ()

Lives with student? Yes ___ No ___

Lives with student? Yes ___ No ___

Court Order Documents

Other (group home, etc.):

Legal Guardian(s):

Contact Person:

Address (If different from child):

Address:

Cell/Home Phone:

Cell/Home Phone:

Email:

Email:

Relationship to the student:

Work Phone:

Student Lives With:

3. SCHOOL(S) PREVIOUSLY ATTENDED:

School Name:

Dates Attended:

Grades Completed:

Address: City / State:

Reasons for Leaving:

Has the student ever...

1. Missed 15 or more days of school in the last year? Yes, ___ No ___
2. Received or been referred to for tutoring or the Student Assistance Team (SAT)? Yes, ___ No ___
3. Received or been referred to special education in the last year? Yes, ___ No ___
4. Been suspended (prohibited from attending school for a specific number of days)? Yes, ___ No ___
5. Been expelled (prohibited from attending school for the rest of the school year? Yes, ___ No ___
If yes, provide the date and reasoning for expulsion.

*I, (Print Name) _____ the legal guardian of the above student, hereby certify the information in this document is true and accurate to the best of my knowledge. I understand that T'siya Day School will verify all information.

Signature of Parent/Legal Guardian

Date:

Day School Enrollment ___ Approved: _____ Not Approved/ Reason for Non-Approval:

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 appropriate 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 funding needed. 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.

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