



Hanáádlí Community School/Dormitory, Inc. *Residential Program* *SY 2020-2021*

STUDENT DORMITORY ENROLLMENT

New Student
 Returnee
 Grade Applying For: _____

STUDENT INFORMATION: *(Students must be enrolled with an Indian Tribe or at least have 1/4% Indian Blood to be eligible for BIE enrollment.)*

NAME OF STUDENT: _____

First

Middle

Last

Date of Birth: _____
 Place of Birth: _____
 Month Day Year Sex: Male () Female ()

Address: P.O. Box _____ Street: _____

City: _____
 State: _____
 Zip Code: _____

Residence: *Where you live (Community):* _____

Home Direction & Description: _____

Tribal Affiliation: _____
Degree Indian: _____

Enrollment Number: _____
Home Agency: _____
Chapter: _____

Primary Language Spoken by Student:
 Navajo
 English
 Navajo/English
 Other

FAMILY INFORMATION: *Student lives with:*
 Both Parents
 Single Parent
 Grandparents
 Guardian *fill out page 2.*

FATHER: _____
 Address: _____

Tribal Affiliation: _____
 Home Agency: _____
 Census Number: _____

Occupation: _____
Employer: _____
 Email: _____
TELEPHONE: Home: _____
 Work: _____
Emergency: _____

MOTHER: _____
 Address: _____

Tribal Affiliation: _____
 Home Agency: _____
 Census Number: _____

Occupation: _____
Employer: _____
 Email: _____
TELEPHONE: Home: _____
 Work: _____
Emergency: _____

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GUARDIAN INFORMATION: *(Complete only if you are a legal guardian, please attach guardianship documents)*

Legal Guardian: _____

Address: _____

Tribal Affiliation: _____

Home Agency: _____

Census Number: _____

Occupation: _____

Employer: _____

Other (i.e., group home, etc....)

Address: _____

Telephone: _____

Email: _____

Student Lives with: _____

TELEPHONE: Home: _____

Work: _____

Emergency: _____

Other (Specify): _____

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SCHOOL LAST PREVIOUSLY ATTENDED:

School Name: _____

Address: _____

City/State: _____

Dates

Attended: _____

Grades

Completed: _____

Reasons for Leaving: _____

School Name: _____

Address: _____

City/State: _____

Dates

Attended: _____

Grades

Completed: _____

Reasons for Leaving: _____

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Has student been in Special Education Program? Yes () No ()

Has student been expelled from school and/or dorm? Yes () No ()

Reason: _____

Suspended school and/or dorm? Yes () No ()

Reason: _____

(If you answered yes to above questions, you will need an administrator's approval before proceeding.)

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

Signature of Parent/Legal Guardian

Date

Office Use Only: Approved: _____ Disapproved: _____ Contract _____ Hold _____ Residential Manager: _____ Principal: _____
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