

Hanáádlí Community School/Dormitory, Inc.

School Year 2020-2021

Kindergarten/First Grade Enrollment Application

CHILD INFORMATION: *(Students must be enrolled with an Indian Tribe or at least have ¼% Indian Blood to be eligible for BIE enrollment.)*

CHILD'S NAME: _____
Last First Middle

Date of Birth: _____
Month Day Year

GENDER: Male _____ Female _____ **Place of Birth:** _____

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:** _____

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HOUSEHOLD INFORMATION: *Parents live in one household? Yes _____ No _____*

FATHER: _____

Address: _____

Email Address: _____

Employer: _____

TELEPHONE: Home: _____

Work: _____

Cell: _____

Message: _____

MOTHER: _____

Address: _____

Email Address: _____

Employer: _____

TELEPHONE: Home: _____

Work: _____

Cell: _____

Message: _____

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

Guardian's Name: _____
Address: _____
Employer: _____
Email Address: _____

Relationship: _____
Home Telephone: _____
Work Telephone: _____
Cell Phone: _____

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Emergency Contacts/Medical Information

Parents will be called *FIRST*. If no one is available, the Emergency Contacts will be called. All Emergency Contacts have permission to pick up this child.

Emergency Contact (1)

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Emergency Contact (2)

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Additional Information:

Did your child attend preschool? Yes ___ No ___

Name & address of preschool _____

How do you feel about your child's preschool experience? _____

What are your child's strength/interests? _____

Has your child participated in organized pre-school activities? If so, please describe _____

Does your child have any medical condition that may impact school performance? _____

Please describe your child's personality _____

What concerns, if any, do you have about your child starting Kindergarten? _____

What additional information would you like the Kindergarten teacher or other school staff to know? _____

Dominant Language spoken in the home:

What language did your child speak first? _____

What language is spoken most by adults living in the home? _____

What language does your child speak most at home? _____

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