



SHIPROCK ASSOCIATED SCHOOLS, INC.
 P.O. Box 1809
 Shiprock, New Mexico 87420
 Business (505) 368-2100
 Fax (505) 368-2076
 www.sasischools.net

STUDENT ENROLLMENT APPLICATION

Any changes/updates must be made with the Registrar.
 Confidential Information will be protected by the Family Educational Rights and Privacy Act (FERPA)

SELECT SCHOOL: <input type="checkbox"/> ABCS <input type="checkbox"/> NWH/MS	STUDENT STATUS: <input type="checkbox"/> RETURNING <input type="checkbox"/> NEW/TRANSFER	OTHER SCHOOL PROGRAMS: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> SPECIAL EDUCATION
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STUDENT INFORMATION: (Full Name as shown on Birth Certificate)

First: _____ Middle: _____ Last: _____
 Mailing Address: Street: _____ Apt. # _____
 City: _____ State _____ Zip Code: _____
 Physical Address: Street: _____ Apt. # _____
 Gender: ___F ___M City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Tribe/Ethnicity: _____
 Census #: _____ Chapter Affiliation: _____ Enrolled Agency: _____
 Last School Attended: _____ Grade: _____ Date of Withdrawal: _____
 Mailing Address: Street: _____
 City: _____ State _____ Zip Code: _____
 Phone: _____ Fax: _____ Public School Private School BIE School

TRANSFER STUDENT: Suspension: Date: _____
 Reason: _____
NOTE: Failure to notify of serious infractions from previous school(s) will affect enrollment status.
 Expulsion: Date: _____
 Reason: _____
 Other: Date: _____
 Reason: _____

EDUCATIONAL SERVICES: (Provided by other school districts)
 Special Education Program(IEP) Yes No Area of Disability: _____
 Gifted & Talented Yes No Area of Category: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1
 Father First: _____ M/I: _____ Last: _____
 Mother Street: _____ Apt. # _____
 Stepfather City: _____ State _____ Zip Code: _____
 Stepmother Phone: _____ Cell: _____ Email: _____
 Legal Guardian Employer Name: _____ Phone: _____ Work Hours: _____

Parent/Guardian #2
 Father Street: _____ Apt. # _____
 Mother City: _____ State _____ Zip Code: _____
 Stepfather Phone: _____ Cell: _____ Email: _____
 Stepmother Employer Name: _____ Phone: _____ Work Hours: _____
 Legal Guardian

AUTHORIZED STUDENT CHECK-OUT INFORMATION: (Immediate Family Members Only – Must be at least 21 years with proper I.D.)

	Name	Relationship to Student	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Parent/Legal Guardian's Signature: _____ Date: _____
 Principal's Signature: _____ Date: _____