



WINDOW ROCK UNIFIED SCHOOL DISTRICT NO. 8

Box 559; Fort Defiance, AZ 86504

STUDENT ENROLLMENT FORM

SY2009-10

GRADE _____

Birth Certificate _____

Lunch Application _____

Immunization Record _____

SS No. Card _____

506 Form _____

Certificate of Indian Blood _____

Official Withdrawal Form _____

Official Transcript, if any _____

Navajo Clothing Form _____

45 Day Screening _____

PHLOTE Form _____

New Student Returning Student

If Returning Student, Last Day Attended Window Rock School District: _____

Please Check Mark School your Student is attending:

- Window Rock Elementary (K-5)
- Tse'hootsooi' Elementary School (K-5)
- Tse'hootsooi' Middle School (6-8)
- Pre-school
- Sawmill School (K-4)
- Tse'hootsooi' Dine' Bi'olta (K-9)
- Window Rock High School

Updated: 06/03/09

School Official Use Only:

Date Entered into PowerSchool: _____ Staff Initials: _____ First Day of Student Attendance: _____

Bus Information: _____ Teacher Name: _____ Room #: _____

STUDENT INFORMATION

Student Name _____ Age _____ Sex _____ Birthdate _____ Birthplace _____

Tribe Enrolled _____ Chapter Enrolled _____ Census No. _____ Social Security No. _____

Home Phone: _____ Message Phone: _____ Child Lives with: Both Parents (or) Father Mother (or) Legal Guardian

PO Box Mailing Address: _____ City/State _____ Zip _____

Physical Location: _____ City/State _____ RA# _____

School Last Attended: _____ Grade: _____

School Address: _____

PARENT(S) OR LEGAL GUARDIAN(S)

Father: _____ Tribe: _____ Census No. _____

Employer: _____ Phone _____ E-mail Address: _____

Mother: _____ Tribe: _____ Census No. _____

Employer: _____ Phone _____ E-mail Address: _____

Guardian: _____ Relationship: _____ Tribe: _____ Census No. _____

Employer: _____ Phone _____ E-mail Address: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY (other than above)

Name _____ Relationship _____

Place of Residence: _____ Phone No(H). _____ Phone No (W) _____

THIS SECTION IS TO BE FILLED OUT FOR STUDENTS NEW TO THE DISTRICT ONLY!!

HISTORY OF STUDENT INSTRUCTIONAL NEEDS

- Special Education Remedial Reading Individual Counseling Bilingual Instruction ESL Class Gifted/Advanced 504 Plan

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

***** Please DRAW A MAP to your residence on the back of this sheet.*****

Note: If any changes, please notify the school immediately!