



Salt River Elementary School Application SY: 2015-2016

Teacher Assignment: _____
(For Office Use Only)

Bus Rider: Yes ___ No ___ **Route:** ___am ___pm
Walker: Yes ___ No ___

Student Information

Nasis #: _____

Start Date: _____

Last Name: _____ First Name: _____ MI: ___ M ___ F ___ Grade: _____

DOB: _____ Tribe: _____ Tribal Enrollment #: _____

Services Student Receives: ___ Speech ___ Sp.Ed. ___ Gifted ___ Other (Activity) _____

Has your child ever attended the Early Childhood Education Center (ECEC)? ___ YES ___ NO

Primary Language Spoken at home: ___ English ___ Other: _____

Check boxes (all that apply): Student lives with: Mother Father Legal Guardian(s)

Student does not live with: Mother Father Legal Guardian(s)

Directions/Location to student's home: _____

School Student Previously Attended	Reason for Leaving	School Phone Number
_____	_____	_____

Parent/Guardian Information

Mother Father Legal Guardian: Last Name: _____ First Name: _____

Home #: _____ Cell #: _____ Work #: _____ Ext #: _____

Legal Home Address: _____

Legal Mailing Address (if different): _____

E-Mail Address: _____

Employer: _____ Hours: _____ am/pm to _____ am/pm

Employer Address: _____

Mother Father Legal Guardian: Last Name: _____ First Name: _____

Home #: _____ Cell #: _____ Work #: _____ Ext #: _____

Legal Home Address: _____

Legal Mailing Address (if different): _____

E-Mail Address: _____

Employer: _____ Hours: _____ am/pm to _____ am/pm

Employer Address: _____

Other Siblings in household:

PERSON(S) NOT AUTHORIZED TO CHECK OUT /PICK UP MY CHILD

1. _____

2. _____

PERSON(S) AUTHORIZED TO CHECK OUT/PICK UP MY CHILD OTHER THAN PARENT/LEGAL GUARDIAN:

Name (Must be 18 yrs. or Older with picture I.D.)

Relationship

Phone Number

1. _____

2. _____

3. _____

Medical Information

Is your child currently on daily medication? If yes, what & how often: _____

Allergies/ Special Conditions: _____

Reactions: _____

Student Residency Questions

These questions are intended to address the McKinney-Vento Act U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

- Is your current address a temporary living arrangement due to a crisis? Yes No
- Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
- Are you a youth (under 18) not currently living with a parent or legal guardian? Yes No

If you answered YES to any of the above questions, the School's McKinney-Vento Liaison, Mrs. Chavez, will contact you.

I affirm all Registration information and Authorized Persons to pick up my child on this form is accurate and I have read and understand the information provided to me in this registration packet.

Signature Parent/Guardian _____ Date _____

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	YES	NO		YES	NO
Birth Certificate	___	___	Out of Boundary Form	___	___
Tribal I.D. Card	___	___	PHLOTE Survey	___	___
Proof of Residence	___	___	Photographic Release	___	___
Current Immun. Record	___	___	Health Forms	___	___
Court Orders (if Necessary)	___	___	Attendance Agreement	___	___
			Home to School Compact	___	___

Registrar Signature: _____ Date: _____

Principal/Asst. Principal Signature: _____ Date: _____