



Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

Dear Parent/Guardian(s),

Welcome! We are happy that you have chosen to apply to our school. Following are some items that we need on file with your application:

- **COMPLETED APPLICATION** with Parent or Legal guardian signatures.
- **COPY** of your student's **BIRTH CERTIFICATE**. This document will prove age and relationship, in case the student is not enrolled with a U. S. Federally Recognized Tribe. *The state of Idaho requires this to be on file before your student can attend a school.*
- **COPY** of the applicant's **CERTIFICATE OF INDIAN BLOOD (CIB/CDIB) OR** both sides of a **TRIBAL IDENTIFICATION CARD**. **IF** the student is **NOT** enrolled with a U.S. Federally Recognized Tribe, then we will need one or both of the enrolled parents to provide their Tribal affiliation documentation. *IF you cannot provide proof of your student's tribal affiliation or descent, then this application must be taken to the SB School Board for approval of enrollment.*
- **COPY** of your student's **UPDATED IMMUNIZATION RECORD**. *The state of Idaho requires this to be on file before your student can attend a school.*

After we receive the completed application for your student we will follow the process explained below:

- 1). Registrar will fax a request for preliminary records (grades, attendance, behavior, etc) from the last school attended, as listed on application. Please allow the previous school time to respond to our request.
- 2). Once all documents above and the preliminary school records are received then the Registrar, or designee, schedules a date and time for a meeting with the Admissions Panel or School Board. *The Admissions Panel consists of the Registrar/Attendance Clerk, Guidance Counselor and School Administrator. (See Student Handbook for further details)*

If at any time you should need assistance or have questions, please call our Registrar, Shelly Honena at (208) 238-4200 ext. 1009 or 243-0915 or by email: shonena@sbd537.org.

Thank you again for choosing our Shoshone-Bannock Junior/Senior High School!



Shoshone-Bannock Jr./Sr. High School

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Fort Hall, ID 83203

STU NO.: _____ ED: _____ RED: _____ RED: _____ RED: _____

STUDENT APPLICATION FOR ENROLLMENT

Student Legal Name: _____			Grade Level: _____
_____	_____	_____	
	Last	First	Middle
Other names used: _____			Gender: Male or Female (circle one)
Place of Birth (City & State): _____		Date of Birth: _____	Age: _____
Mailing address, City, State, Zip: _____			
Home/cell Phone No.: _____		Msg/Cell No.: _____	Who: _____
Physical Directions to home: _____			
FH Reservation Area: FtHall Gibson Ross Fork Buffalo Lodge Lincoln Creek Bannock Cree or Off Reservation			
CONTACT EMAIL, if applicable: _____			

Who does student live with? Mother Father Other: _____
PARENT/GUARDIAN(S) INFORMATION: (These are the people who are legally responsible for the student named above)

Mother of Legal Guardian Information:

 Last Name First name Middle Initial Relationship to student
 Tribal Affiliation: _____ Agency/City/State: _____
 Place of Employment: _____ Phone No.: _____

Father or Legal Guardian information:

 Last Name First Name Middle Initial Relationship to student
 Tribal Affiliation: _____ Agency/City/State: _____
 Place of Employment: _____ Phone No.: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Home Phone No.: _____ Mess. No.: _____
 Place of employment/city: _____ Phone No.: _____

CONSENT FOR STUDENT TO ATTEND SCHOOL

I willingly allow my student to attend Shoshone-Bannock Jr./Sr. High School and I affirm that the above is true and accurate to the best of my knowledge.

Parent/Legal Guardian Signature: _____ Date: _____

I accept the above named student for enrollment into our school district.

Administrator or designee: _____ Date: _____

STUDENT TRIBAL AFFILIATION INFORMATION:

Is the student an enrolled member of a U.S. Federally Recognized Tribe? (circle one) YES NO
If YES, please indicate tribe here: _____ City & State were information is located: _____

EDUCATION INFORMATION:

Is your student currently enrolled with a school? (circle one) YES NO
Please list the current school and last 3 schools your student has attended: (current or most recent first)

Name of School	Address, City, State	Phone No./Fax No.

Currently or past school year, did your student miss more than 10 days of school? YES NO
Currently or past school year did your student miss more than 20 days of school? YES NO
Currently or past school year did your student miss more than 30 days of school? YES NO
Did your student receive any summer school credit(s) this summer? YES NO

If yes, please give school name, city, state, where acquired: _____

Has your student ever received services in the following areas: (circle all that apply)

SPECIAL EDUCATION GIFTED & TALENTED AFTER SCHOOL TUTORING

Has your student ever experienced difficulty in: (circle all that apply)

MATH READING WRITTEN LANGUAGE BEHAVIOR ATTENDANCE

Has your student ever been expelled from a school? (circle one) YES NO

If YES, then name of school, city & state: _____

HOME LANGUAGE:

Our school is interested in knowing what language(s) are spoken and heard at home by each student. This is needed in order for us to provide the best instruction possible for each student.

- 1. What Language(s) has your student learned to speak? _____
- 2. What language(s) does your student use most often? _____
- 3. What language(s) are regularly used when speaking to your student? _____

ETHNICITY:

Is your student Hispanic or Latino? YES NO

Is your student from one (1) or more of the following races? (Circle all that may apply)

AM INDIAN OR ALASKA NATIVE ASIAN BLACK/AFRICAN AMERICAN
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

CUSTODIAL INFORMATION: (For students under the age of 18)

(If custody/guardianship has been decided by a court you MUST provide court documentation. Otherwise, we cannot deny the other parent's request or enforce yours.)

Who has primary physical custody of this student? Name: _____

Relationship to student: _____

Does this student reside with you by court order? (circle one) YES NO

Which Court: _____ City: _____ State: _____

Is this residence different from the mailing & physical address described previously? YES NO

Non-Custodial parent: _____

Are there any restrictions in the court order denying the non-custodial parent the right to review/receive records or speak with teachers/staff regarding this student? (circle one) YES NO

Does the non-custodial parent have your permission to visit your student at school? (circle one) Y N

Do you wish to be contacted of any visit by the non-custodial parent? (circle one) Y N

Phone number where you can be reached: _____

Are there restrictions on visitations/communications by person(s) with this student? (circle one)

YES NO Name of person(s): _____

Any additional comments: _____

BUS TRANSPORTATION:

Will your student ride the bus? (circle one) YES NO

Please draw a map to the physical location of your home.

THE BUS DRIVER MAY NOT CONTINUE PICK-UP IF YOUR STUDENT DOESN'T RIDE FOR (3) THREE CONSECUTIVE DAYS. If this occurs, you need to call our school.

MEDICAL INFORMATION:

Has your student ever had problems with: (circle all that apply) If no problems then mark this box

EARS EYES ASTHMA SPEECH A.D.D.
A.D.H.D HEAD INJURY EPILEPSY ALLERGIES SEIZURES

CONVULSIONS ANY SERIOUS ACCIDENTS: _____

DOES YOUR STUDENT HAVE ANY SPECIAL MEDICAL CONDITIONS TO BE AWARE OF? (circle one) YES NO
IF YES, PLEASE EXPLAIN: _____

Emergency Medical Treatment - *Authorization to contact the local E.M.T's or transport my student/child to the Indian Health Service/PHS, Portneuf Medical Centers or nearest hospital emergency room for treatment, as the situation deems necessary.*

If you have a certain doctor or treating facility, please indicate here: _____

Address & City: _____ Phone No.: _____

Parent/Legal Guardian Signature for the above items: _____

Date signed: _____ Home/Message No.: _____

PARENTAL PERMISSION SLIP:

As the parent/guardian of, _____, I give my permission for my student to take part in ANY AND ALL field trips scheduled by the school. These field trips are to be taken during regular school hours and I will not hold the School liable for any accidents that may occur.

ANY OVERNIGHT AND OUT-OF-STATE FIELD TRIPS WILL REQUIRE A SEPARATE PERMISSION SLIP

PERSON TO CONTACT IN CASE OF EMERGENCY
Name: _____ Home Phone No.: _____ Mess. No.: _____
Place of employment/city: _____ Phone No.: _____

MULTIMEDIA/PHOTOGRAPHIC, ETC. RELEASE

I hereby, grant permission to the Shoshone-Bannock Jr./Sr. High School for use of my student(s) photograph, name, school projects/artwork, for public information, internet, promotional or exhibit purposes as deemed appropriate by Shoshone-Bannock Jr./Sr. High school, until revoked in writing.

It is clearly understood that no royalty fee or other compensation of any character will become payable to me by reason of such use or release. Parent/Guardian signature:

_____ **Date:** _____

A COPY OF THIS PAGE WILL BE GIVEN TO THE FIELD TRIP ADVISOR FOR FIELD TRIPS, as needed.

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School SHOSHONE-BANNOCK SCHOOL

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

CONSENT FOR **OTHER** INDIVIDUALS TO CHECK OUT MY STUDENT

Normally we ask that you physically come into the school building and check out your student for appointments, etc. However, we understand that sometimes Parent/Guardian(s) are not able to do this OR if we are unable to contact him/her, in case of an emergency. Therefore, we ask you to please list the name(s) of others that may check out your student on your behalf, if ever needed. The person(s) listed below **MUST BE AT LEAST 19 YEARS OLD.**

Your student's name: _____

REMINDER:

We ask that if you have court order(s) pertaining to your student's custodial arrangement, please bring us a copy for our records. This will help to alleviate any problem(s) that may arise.

Name	Relationship to student	Contact Number	Stipulations/Comments

Parent/Guardian(s) signature & Date: _____

The Bureau of Indian Education (BIE) Computer/Internet Usage Policy, per correspondence from T. Pfeiffer, 7/21/17. This is the policy we interjected into the BIE handbook we have in place going on the second year.

Computer/Internet Usage Policy

The primary purpose of the Internet connection is for educational pursuits. In formulating this policy, the School recognizes that students have a constitutional right to freedom of speech. However, that right is not unlimited, and we encourage students to be thoughtful about their words and actions.

The system administrator and the school principal have determined what constitutes inappropriate use of the school's computer system and equipment. Inappropriate use includes but is not limited to the following activities:

- * a) Sending or displaying offensive/ pornographic/threatening/subversive images and messages;
- * b) Accessing, viewing, or transmitting material related to drugs, alcohol, gangs, sexual activity, or hate groups;
- * c) Tampering with or damaging school computer equipment and/or system;
- * d) Violating copyright laws;
- * e) Allowing others access to username and password;
- * f) Using another user's username and password. Trespassing in another user's account, folders,

and/or files;

- * g) Intentionally wasting limited resources, such as forwarding chain letters; streaming internet radio

or video; downloading music, video, or software;

- * h) Using a proxy server to bypass system network filters and controls;
- * i) Using the schools BIE Internet system for commercial activities, or making personal purchases;
- * j) Participating in chat rooms or other live communication;
- * k) Cyberbullying which may include mean text messages or emails, rumors sent by email or posted

on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

Violations will result in loss of access, confiscation of equipment, and/or further disciplinary or legal action, and:

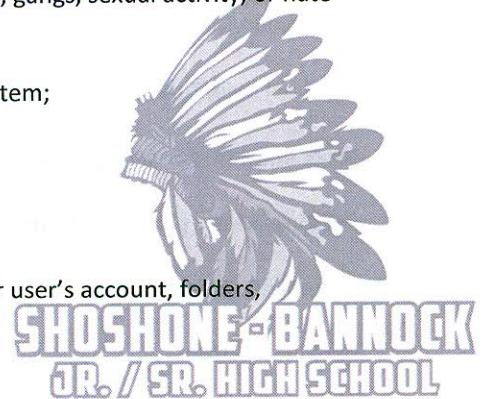
- * a) Any cost/expense incurred by the user becomes the liability of the user.
- * b) The user will be billed by the school for loss/damage to the computer system and/or equipment

as a result of inappropriate use as listed above.

All computer network usage is subject to BIE/Federal filtering and monitoring. Therefore, be reminded there is no expectation of privacy.

Date Rec'd: _____

By: _____



Students must have a current signed Student Computer/Internet Usage Policy and Agreement on file before they can use the Internet on any of the school computers. The school's Wi-Fi network is limited to school-purchased devices.

VI. Electronic Device Policy

Electronic devices include but are not limited to the following:

- * Cell Phone
- * Digital Camera
- * Electronic game devices (e.g., Gameboy, PSP)
- * Handheld Video Camera
- * Personal iPad/Tablet
- * Laser Pointer--For safety reasons, laser lights are prohibited from the school campus.
- * Personal Music player/iPod/Speakers
- * Portable DVD Player
- * Personal Laptop



Electronic devices and accessories must be turned off and kept out of sight during instructional hours, and during fire drills or other organized school activities for the duration of the school day. Devices may be used in the classroom with teacher permission only if they are part of an organized classroom activity. Violations will result in the electronic device being confiscated, turned in to the front office/school security, or designated school administrator, and returned to the student/parent at a designated time as determined by the school administrator. Violations may also result in disciplinary action as determined by the school administrator. The school is not responsible for loss or damage to students' personal property brought onto the school campus.

By signing this waiver, the student and his/her guardian understand that Shoshone-Bannock Jr./Sr. High School makes no guarantees of any kind, whether expressed or implied, for the network services it is providing. The Shoshone-Bannock Jr./Sr. High School will not be responsible for any damages a user may suffer.

We acknowledge that we have read the Acceptable Use Policy for the **Computer/Internet Usage Policy & Electronic Device Policy Agreement** and will comply with its requirements. This consent will continue in effect as long as the student is continuously enrolled at SBS.

Legal Parent/Guardian Name (please print) _____

Signature of Legal Parent/Guardian _____ Date: _____

Student/User Legal Name (please print) _____

Signature of Student/User: _____ Date: _____

Date Rec'd: _____
By: _____

BIE McKinney-Vento Enrollment/Referral Form

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

(please circle)

- 1. Is your current address a temporary living arrangement? YES NO
- 2. Is your temporary address due to loss of housing or economic hardship? YES NO

If answer to both questions is "YES", please continue. Otherwise, stop here. Thank you.

Student Information

Student Name(s) _____
 Age(s) _____
 Parent/Guardian Names(s) _____
 School Site(s) _____
 Grade Level(s) _____
 Parent/Guardian/Youth phone number () _____

(Please circle those that apply) Cellular phone Work Phone Shelter Phone Family/Friends Residence

Residency Information

Are you a high school student who is currently living on your own? YES NO (Please circle one)

Where does the student stay at night? (Please circle and/or explain)

Shelter Temporary Housing Other: _____

Address/Directions _____

Shelter Contact Person _____

The family/youth has been residing within the school district boundaries and intend to stay. _____ (please initial)

Does the student wish to continue at school or origin? YES NO (Please circle)

Is school or origin a boarding school? YES NO (Please circle one)

If present school is a boarding school will student be enrolled in residential dorm? YES NO (Please circle)

Agreed Upon Services

Educational Services
Description _____

After School Services
Description _____

Transportation Services
 Pick-up location _____
 Drop -off location (if different) _____
 Health Services _____
 Immunizations _____
 Dental _____
 Food/Clothing _____
 Free lunch _____
 Counseling _____

The parent/guardian/youth understand that the agreed upon services are supplemental to the regular instructional day and will be re-evaluated to determine which need to be continued. In the event that the family/youth residency changes, it is their responsibility to notify School Liaison/Designee immediately.

Parent/Guardian/Youth date School Liaison/Designee date

Shoshone-Bannock Tribes
PARTICIPANT'S HOLD HARMLESS AGREEMENT

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY, THE UNDERSIGNED STATES AS FOLLOWS:

I, _____, Parent and/or Guardian of, _____, Participant/Student, give permission to participate in activities sponsored by the SHOSHONE BANNOCK SCHOOL for the purposes of attending **ANY AND ALL FIELD TRIPS OR ACTIVITIES FOR THE EXTENT THAT MY STUDENT IS ENROLLED CONTINUOUSLY WITH THE SHOSHONE-BANNOCK SCHOOL DISTRICT.** I acknowledge by volunteering to participate in this activity that there may be risks of injury or damage to me personally, including but not limited to automobile accidents or injury accidents at the facilities. Knowing these facts, I nevertheless, agree to execute this agreement in consideration for receipt of my willingness to participate in this Activity.

In entering into this Agreement on behalf of myself, my heirs, executors and administrators and hereby waive, release and discharge and hold harmless the Shoshone-Bannock Tribes and the Fort Hall Business Council, including any officers and all individual members thereof and all other persons in any way connected with the Activity, their representatives, heirs, executors, administrators and assignees from any and all right, claim or liability for damages for any all claims of any kind of nature that I might have as a result of, or arising out of my participation in such Activity.

Further, I do hereby acknowledge that this release will extend to any accidents, damages or claims arising out of my participation, caused by my own act or the acts of anyone or any animal. I further agree that I will defend, indemnify and hold harmless the Shoshone-Bannock Tribes and the Fort Hall Business Council, including any officers or directors, staff/members and agents or any of them against all claims, demands and causes of action including court costs, and attorney fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature whatsoever whether it be known or unknown.

I do acknowledge that I have read the foregoing Agreement and know and understand the content thereof and agree to be bound by its terms.

STUDENT/PARTICIPANT Printed Name: _____

STUDENT/PARTICIPANT Signature: _____ Date: _____

****PARENTS OR LEGAL GARDIANS MUST EXECUTE THE FOLLOWING ON BEHALF OF THE MINOR CHILD.**

I/We, the undersigned Parent/Guardian of, _____; on behalf of and in consideration for my/our minor child's participation in the Activity hereby certify that I/We have read this agreement and expressly agree to be bound by the terms of the Agreement on behalf of my/our minor child. I/We, by signing this Agreement, also hereby certify that I/We are the legal Parents(s)/Guardian(s) of the aforementioned minor child and agree to indemnify and hold harmless any party protected by this Agreement on behalf of such minor child.

Parent(s)/Legal Guardians(s) Signature: _____ Date: _____

Printed Name: _____ Telephone No.: _____

Emergency Contact: _____ Telephone No.: _____



Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

AUTHORIZATION FOR RELEASE OF INFORMATION

(To be filled out if NO birth Certificate, Immunization Record or C.I.B./Tribal I.D. were given/received.)

TO:

Phone No.: _____

Fax No.: _____

To Whom It May Concern:

I hereby request and authorize you to release to the Shoshone-Bannock School, the information requested below regarding my child:

Student's Legal Name: _____ Date of Birth: _____

First

M.I.

Last

Mo./day/year

Information Requested:

_____ Birth Certificate (copy)

_____ Immunization Record

_____ Certificate of Indian Blood/Certificate of Degree of Indian Blood

_____ Special Education Records

_____ Other Information: _____

Parent/Legal Guardian Signature: _____

Date Signed: _____ Phone No.: _____



PLEASE MAIL / FAX REMITTANCE TO THE ABOVE ADDRESS OR FAX NUMBER.