



Bureau of Indian Education-NN Navajo Central

OJO ENCINO DAY SCHOOL
HCR 79, BOX 7, CUBA, NM 87013
Phone: (505) 731-2333 Fax: (505) 731-2361
School Year 2024 -2025



Returning Student New Student Grade

IDENTIFICATION:

Please Print All Information

Name of Student: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Gender : Male Female

Physical Address: _____

Date of Birth: ____/____/____ Place of Birth: _____

Enrollment Number (CIB) _____ Degree of Blood _____

Tribal Affiliation: _____ Chapter Affiliation: _____

Is your child receiving Special Education Services: Yes (If Yes, Please provide copy of IEP) No

Language Spoken at Home: Navajo English Language spoken by student: Navajo English

With whom does the student live with: Both Parents Mother Father Other _____

Natural/Legal Parent Information:

Father/Guardian Name: _____

Mother/Guardian Name: _____

Tribal Affiliation: _____

Tribal Affiliation: _____

Enrollment Number: _____

Enrollment Number: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Physical Location: _____

Physical Location: _____

Home/Cell Phone#: _____

Home/Cell Phone#: _____

Work#: _____

Work#: _____

Email Address: _____

Email Address: _____

***PLEASE:** Keep your phone number updated:

NOTE: Any Guardianship or Custodial Arrangement must include proper Notarized/Court Documentation.

STUDENT PREVIOUSLY ATTENDED SCHOOL (If OEDS, leave it blank)

School Name: _____ Grade Completed: _____

Address/ City/ State: _____

Telephone: _____ Fax: _____

Reason for Leaving: _____

School Name: _____ Grade Completed: _____

Address/ City/ State: _____

Telephone: _____ Fax: _____

Reason for Leaving: _____

Has the student ever been removed or is the student in the process of being removed from previous school due to disciplinary action? Yes No

I / We are legally responsible for this student and hereby apply for his/her admission to Ojo Encino Day School. I understand that additional information may be required by the school before this student is enrolled: * **BIRTH CERTIFICATION**, * **CERTIFICATE OF INDIAN BLOOD (CIB)**, ***CURRENT COMPUTERIZED IMMUNIZATION RECORD IS REQUIRED.**

I recognize that this a public document and the falsification of the information on this document may constitute violation of the criminal law. I further hereby certify the information contained herein is true and correct. I understand the any legal update of the information of this enrollment is my/our responsibility.

Parent/Guardian Signature

Date

SCHOOL OFFICAL USE ONLY

NASIS ID#: _____ STATE ID#: _____

Birth Certification on File: CIB on File: Current Immunization Received:

I certify that the above name student is enrolled member with the Navajo Tribal Indian Census as being of:
_____ Degree of Indian Blood _____ Enrollment/Census Number: _____ Agency

APPROVAL OF SCHOOL APPLICATION: Approved Not Approved

Signature of Principal or Registrar Date