



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 2023 -2024

☐

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:

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 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.

Date _____

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
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APPROVAL OF SCHOOL APPLICATION: ☐ Approved ☐ Not Approved

Date _____