

**NAVAJO ELEMENTARY SCHOOL  
ENROLLMENT FORM 2018-2019**

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/ F

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Race (Circle yes for all that apply): African American: Yes/No.....American Indian: Yes/No Asian  
Yes/No.....Pacific Islander: Yes/No..... White/Caucasian: Yes/No

Is the student of Hispanic or Latino origin? YES/NO

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Is this residence on federal property? YES / NO

Is this residence in the Navajo district? YES / NO

Student lives with: Both Parents Mother Father Guardian Other: Specify \_\_\_\_\_

Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

MILITARY ACTIVE DUTY: YES/NO CIVILIAN FEDERAL EMPLOYEE: YES/NO RESERVE MEMBER: YES/NO NATIONAL GUARD: YES/NO

I authorize Navajo Public Schools to use my information in Apptegy for emails, texts and phone calls. YES/NO: Parent Signature: \_\_\_\_\_

Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

MILITARY ACTIVE DUTY: YES/NO CIVILIAN FEDERAL EMPLOYEE: YES/NO RESERVE MEMBER: YES/NO NATIONAL GUARD: YES/NO

I authorize Navajo Public Schools to use my information in Apptegy for emails, texts and phone calls. YES/NO: Parent Signature: \_\_\_\_\_

Emergency Contacts who will assume temporary responsibility of your child if you can not be reached (Other than those listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Please Circle One In Each Category: Public/Private Religious/Nonreligious

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Persons Restricted from picking up student: \_\_\_\_\_

(PLEASE CONTINUE ON BACK....)

**Is your child currently receiving special education services and/or pending placement through an IEP? YES/NO      Section 504? YES/NO**

**If yes, please circle all that apply:**      SPEECH      SPECIAL EDUCATION      OCCUPATIONAL THERAPY

**Medicine/Food Allergies:** \_\_\_\_\_

Is this allergy life-threatening? YES/NO      Reaction? \_\_\_\_\_

**I give permission for Navajo Public Schools to administer first aid to my child during school hours or while participating in school activities? YES/NO**

**List any CURRENT medical condition:** \_\_\_\_\_

**Does your child routinely take medication? YES/NO**

**If yes, please list:** \_\_\_\_\_

**Will it be administered at school? \_\_\_\_\_ Time of Day? \_\_\_\_\_ Amount: \_\_\_\_\_**

Any prescription medicine sent from home must be accompanied by the original labeled bottle and a signed note from the parent in order to be administered at school.

**Parent's Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Student's Doctor:** \_\_\_\_\_ **Phone #.:** \_\_\_\_\_

**Student's Dentist:** \_\_\_\_\_ **Phone #.:** \_\_\_\_\_

I undersigned do hereby authorize officials of the NAVAJO school district to directly contact the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of my child.

**Parent's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**How will your child normally get home from school? (Circle One):**

CAR-RIDER      BUS      **IF BUS, DRIVER'S NAME:** \_\_\_\_\_

**I authorize my child to access the Navajo School internet for educational purposes: YES / NO**

I grant Navajo Schools the right to take photographs/video of my child. I authorize Navajo Schools, its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that Navajo Schools may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

\_\_\_\_ **All media including yearbook, newspapers, social media, etc.**      \_\_\_\_ **Yearbook Only**

\_\_\_\_ **None**

**Parent Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE TO PARENT:** NAVAJO BOARD OF EDUCATION DISCIPLINE POLICY ALLOWS THE USE OF CORPORAL PUNISHMENT. ANY CONCERNS ABOUT THIS POLICY SHOULD BE DIRECTED TO THE PRINCIPAL. IF YOU CHOOSE TO OPT OUT OF THE USE OF CORPORAL PUNISHMENT AS A FORM OF DISCIPLINE FOR YOUR CHILD, PLEASE CONTACT THE SCHOOL OFFICE TO REQUEST AN OPT-OUT FORM.