

**NAVAJO JH & HS 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 Aptegy 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 Aptegy for emails, texts and phone calls. YES/NO: Parent Signature: _____

Emergency Contact (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 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.