

CEDAR UNIFIED SCHOOL DISTRICT #25

Jeddito Elementary School

Student Enrollment Form

~~SCHOOL YEAR 2019-2020~~

SY 2019/2020
JPS: _____

Grade: _____ Teacher: _____ Student #: _____ SAIS#: _____
 Entry Date: _____ Code: E _____ Withdrawal Date: _____ Code: W _____
 Entry Date: _____ Code: R _____ Withdrawal Date: _____ Code: W _____

Student Legal Name _____ Birth Date ____/____/____
First Middle Last 00 00 0000
 Social Security No. _____ Place of Birth _____
 Tribe _____ Enrollment No. _____ Gender: Male _____ Female _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Location _____ Cell/Home # () _____
 Affiliated **Chapter**: _____: **Village**: Shungopavi, Sichomovi, Kykotsmovi, Tewa, Walpi, Bacavi,
 Yuwehloo Pahki, , Hotevilla, Mishongnovi (circle one)

(*GUARDIANSHIP PAPERS MUST BE ATTACHED)

	Full Name	Lives with?	Employer	Phone
Father		Yes / No		
Mother		Yes / No		
Stepfather		Yes / No		
Stepmother		Yes / No		
*Guardian		Yes / No		

If there is a divorce or separation, please provide custody papers. Unless we receive a copy of a court document that assigns custody to one parent we must assume that both parents can pick up a student from school.

Name of Brothers	Date of Birth	Name of Sisters	Date of Birth
	/ /		/ /
	/ /		/ /

LAST SCHOOL INFORMATION

School last attended _____ Dates _____
 Address of School _____ City _____ State _____ Zip _____

Please indicate any services your child has received.

Title 1 Reading/Math [] Counseling [] Special Education [] Gifted [] Other []

Has student ever been retained? Yes [] If yes in what grade level _____ [] No

Student Directory Information

Please mark your preference:

YES _____, my child may have his/her photograph taken at school. Any artwork or literature he/she produces, with his/her photograph, may be published in school or public related media, including Internet Web pages.

NO _____ I **DO NOT** want allow my child's photo or information to be published in school or public relater media.

In Case of illness or emergency, notify:

Name: _____ Phone: _____ Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

****OFFICAL USE ONLY ****

Name of school employee enrolling child _____ Registration form is complete ___Yes ___No