

New Student _____
 Returning _____

Ganado Unified School District No. 20
Ganado, AZ 86505

Document Checklist	
IMMUN:	
Official W/:	
Trans Req:	
Birth Cert:	
Res. Affidavit	
CIB:	
Lang. Surv.	
506 Form	

FOR OFFICE USE ONLY:



Grade	
Entry Date	
ID#	
Teacher	
Counselor	

SECTION A: STUDENT INFORMATION

NAME OF STUDENT _____ GENDER _____ SS# _____

DATE OF BIRTH _____ AGE _____ Census # _____

PLACE OF BIRTH _____

Is this student Hispanic/Latino? (Circle only one)	No	Not Hispanic	Yes	(A person having origins in any of the original peoples of North & South America, incl Cental America, who maintains Tribal Affiliation		
	RACE: (Choose one or more)	Asian	American Indian / Alaskan Native	Black/ African American	White	Native Hawaiiin or Pacific Islander

PREVIOUS SCHOOL ATTENDED _____

PREVIOUS SCHOOL ADDRESS _____

STUDENT WILL: WALK **OR** RIDE BUS TO: _____

DIRECTION TO HOME: _____

LIVE W/ PARENTS YES _____ NO _____ RESIDENCE CHAPTER _____

GUARDIAN (COURT/POA Docs)	RELATIONSHIP TO CHILD
NAMES OF BROTHERS & SISTERS ATTENDING G.U.S.D. & GRADE	

SECTION B: PARENT INFORMATION

NAME OF FATHER _____ C# _____ TRIBE _____

MAILING ADDRESS _____

WORKPLACE _____ PRIMARY PH # _____

EMAIL ADDRESS:	WORK #
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NAME OF MOTHER _____ C# _____ TRIBE _____

MAILING ADDRESS _____

WORKPLACE _____ PRIMARY PH # _____

EMAIL ADDRESS:	WORK #
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SECTION C: OTHER INFORMATION

PRIMARY HOME LANGUAGE SURVEY: (Included w/ Enrollment Packet)

What is the primary language used in the home regardless of the language spoken by the student?

What is the Language most often spoken by the student?

What is the Language that the student first acquired?

ANY KNOWN ALLERGIES, GLASSES, OR MEDICAL PROBLEMS:

(CONTINUED ON BACK PAGE)

PERSON TO CONTACT IN CASE OF AN EMERGENCY

*This contact is allowed to checkout your child & must have a phone #

NAME _____ RELATIONSHIP _____ PHONE # _____
LOCATION OF HOME: _____

SECTION D: ADDITIONAL CONTACTS (Please Note: These contacts may be contacted in emergencies)

NAME OF CONTACT _____ PRIMARY PH # _____
OCCUPATION _____ WORK PH # _____
PHYSICAL ADDRESS: _____
*Please initial if allowed to checkout your child _____ Relationship _____

NAME OF CONTACT _____ PRIMARY PH # _____
OCCUPATION _____ WORK PH # _____
PHYSICAL ADDRESS: _____
*Please initial if allowed to checkout your child _____ Relationship _____

NAME OF CONTACT _____ PRIMARY PH # _____
OCCUPATION _____ WORK PH # _____
PHYSICAL ADDRESS: _____
*Please initial if allowed to checkout your child _____ Relationship _____

SECTION E: ADDITIONAL INFORMATION

Additional Information:
[Large empty box for additional information]

TO WHOM IT MAY CONCERN:

I, as legal parent/guardian, am responsible for this applicaton. I verify that the information I provided is true. I give my consent for any emergency medical or dental treatment.

Print Name: _____

Signature: _____

RELATIONSHIP: _____

WITNESS: _____

DATE: _____

DATE: _____

**Note: It is important to fill out all possible information; this information is used for your child's safety.

Office Use Only

4/21/2017

Stamp Date Entered into SM