BIA Form 6248 OMB No. 1076-0122

OMB No. 1076-0122 rrcs/rev. 05/2016 Exp. 05/2021

Grade Level:	Bureau of Indian Education	
Dorm:	Rough Rock Community School	
Day-Bus:	Student Enrollment Application	School Year: 2020-2021

Entry Date:									Withd	rawa	I Date:		
Native Ame	rican S	tudent Inform	nation System	(NASIS)	ID NO.								
Student Name: L	LAST	First	Midd	dle:		Gender		Date of Birth:		Census	s Number:		Degree of Indian Blood
						Female	e: Male:						
Student Address:		City:		State:	Zip Co	de.	Birth Place:		Tribal Affiliation:			Chapte	r Affiliation:
										-	_		
Home Location:							Language most Spo			_	age most Spoke		
With whom does	s the stude	ent live?					Navajo: Did student particip	English: Pate in English Lai		Nava		Engl	isn: in Special Education?
Both Pa	rents I	Father Mother	Grandparents	Guardian	Other		, ,				,	,	,
Guardianship o	or Custod	lial issues must in	clude proper nota	rized/court	docume	ntation,	unless we recei	ive copies that	assigns custo	ody to	one parent,	we mu	st assume that
both parents ca	an visit/pa	<mark>arents can visit/pi</mark>	ck up the student	from schoo	ol. Who h	nas lega	<mark>al guardianship d</mark>	of the student?)				
Father:			Tri	ibal Affiliatior	n:		Mother: Tribal Affiliation:				tion:		
Address (city,sta	ate,zip):						Address (city,stat	te,zip):					
Home Location:							Home Location:						
Home Phone:			Work Phon	e:			Home Phone:				Work Phone:		
Email:		Cell/Pager:			Email: Cell/Pager:								
Employer:			Census N	0:			Employer: Census No:						
Contact Allowed:	:		Receive student r	mailings?			Contact Allowed: Receive student mailings?						
Guardian Name):						Contact Allowed:			Receiv	ve student ma	ilings?	
Address (city,sta	ate,zip):						Home Location:						
Home Phone:			Work Phor	ne:			Cell/Pager:				Other:		
Employer:							Email:						
Emergency Information: (other than parent/guardian):			Emergency Information: (other than parent/guardian):										
Relationship to S	Student:	nt: May Pick up Student?		Relationship to Student: May Pick u			ick up \$	Student?					
Home Phone:			Work Phon	e:			Home Phone: Work Phone:						
Cell/Pager:			Othe	er:			Cell/Pager:				Other:		

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SCHOOL HISTORY:				
For students whose last academic year was	8th grade:			
Name of School:		Address:		
Phone Number:		Grade Completed:	Dates Attended:	
List all schools you have attended (Transfer	students only):			
Previous School Attended:	P.	ddress	Phon	ne No.
Reason for transferring:		Grade Completed:	Dates Attended:	
Previous School Attended:	A	ddress	Phon	ne No.
Reason for transferring:		Grade Completed:	Dates Attended:	
I recognize that this is a public document and that information contained herein is true and correct. Print name of Parent/Legal Guardian	t falsification of information I understand that any legal	-		· · ·
Trint hame of Farenviegal Guardian	Signature of r	areniv Legar Guardian	Date	
OFFICIAL USE (DNLY		Verified by	/ :
I certify that the above named student is enr				
Degree of Indian	Blood.	Enrollment/Census No	umber.	Agency.
APPROVAL OF SCHOOL APPLICATION:	Approved	Not A	pproved	
_				
Signature of Principal or Registrar	Date	Signature of Educat	ion Program Administrator	Date