



# TOHONO O'ODHAM HIGH SCHOOL

HC 01 BOX 8513 SELLS, ARIZONA 85634  
PHONE: (520) 362-2400 FAX: (520) 362-2256

## APPLICATION FOR ADMISSION

*To complete the application packet, please attach copies of the following documents:*

- Birth Certificate
- Certificate of Indian Blood (CIB) or letter of enrollment
- Immunization Record updated with a July 2023 stamp
- Copy of your 8<sup>th</sup> Grade Certificate
- Official Grades from the last school attended
- Court Orders of Guardianship
- Official Withdrawal Notice

*This packet contains the following items which are necessary for admission at Tohono O'odham High School:*

- Student Enrollment Application (2 pages)
- Emergency & Release Information Form
- Physical Location of Home with Map Form completed
- Tribal Enrollment Release of information Form
- Permission to Publish Pictures Form
- Request for Transcripts Form
- Primary Home Language Other Than English Form
- Consent for Indian Health to Provide Services
- Tohono O'odham Nation Health Care Form

*Complete all parts of the application. If there are questions or need assistance in completing the application packet, please contact the school. A Parent/Guardian signature is required on several of the pages. Sign all pages that requests a signature.*

## Instructions for Completing the Student Enrollment Application Form

**Paperwork Reduction Act Statement:** This information is collected to identify each student’s instructional and residential program classification. It will be used to allocate appropriated funds on a weighted student unit formula. The information is supplied by the respondent to obtain or retain a benefit, that is, to provide appropriate schooling and the needed funding. It is estimated that this form will take an average of 15 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to Attn: Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. The control number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB control number.

<b>1. IDENTIFICATION</b>	
Name:	Enter the name of the student by last, first, and middle. Example: Green, Frances Jean
Address:	Enter the address where student receives mail.
Date of Birth:	Enter the student’s date of birth.
Place of Birth:	Enter the location, name of city or town, and state where the student was born.
Sex:	Indicate whether the student is male or female.
Have a IEP :	Special Education Services ( Individual Education Plan)
Tribal Affiliation:	List the tribe(s) in which the student is enrolled.
Home Agency:	Enter the name of government office which has the responsibility or list of enrolled members which includes the student’s name.
Census Number:	Enter the census number or roll number assigned to the student by the governing Tribe or Agency in which he/she is a member/enrolled.
Degree Indian:	Indicate such as: 4/4, 3/4, 1/2, 1/4, etc.
Dominant language spoken in the home:	Enter dominant language spoken in the home.
<b>2. FAMILY AND BACKGROUND INFORMATION</b>	
Father’s Address:	Enter father’s address if different from student’s address.
Tribal Affiliation:	Enter father’s Tribe.
Home Agency:	Enter Agency where father is enrolled.
Enrollment Number:	Enter father’s census number.
Living / Deceased:	Indicate whether father is alive or deceased, entering date if deceased.
Employer:	Enter the name of father’s employer or where he works.
Telephone Numbers:	Please list father’s home telephone, work number, an emergency number or other numbers where father can be reached, in case of an emergency. If other, indicate friend, aunt, uncle, etc.
Email:	Enter fathers email
Mother:	Same instructions as above.
Legal Guardian:	Same instructions as above.
3. <b>SCHOOLS PREVIOUSLY ATTENDED:</b> List the names, addresses, dates, grades completed and reasons for leaving all the schools the student previously attended. Please fill out as accurately as possible.	
4. <b>FOR BUREAU USE ONLY:</b> Self-Explanatory.	

# Tohono O'odham High School

School Year 2023-2024

## STUDENT ENROLLMENT APPLICATION FOR STUDENTS ENROLLED IN BUREAU-FUNDED SCHOOLS

<b>Type:</b> Day School <input checked="" type="checkbox"/> <i>Tohono O'odham High</i> Boarding School <input type="checkbox"/> Peripheral Dormitory <input type="checkbox"/>		<b>Funding</b> Pub. Law 100-297 Grant <input type="checkbox"/> Pub. Law 93-638 Contract <input type="checkbox"/> BIA Operated <input checked="" type="checkbox"/>		
<b>1. STUDENT IDENTIFICATION</b>				
Name: Last		First	Middle	
Address:	Street:	City:	State:      Zip Code:	
Village and Miles from home to school:			Grade:	
Date of Birth:	Place of Birth:	Sex:	Does your student have an IEP?	
Month    Day    Year	City            State	<input type="checkbox"/> Male <input type="checkbox"/> Female	YES            NO	
Tribal Affiliation:		Home Agency:		
Enrollment Number:		Degree Indian:		
Dominant language spoken in the home:				
(1)		(2)		
<b>2. FAMILY INFORMATION</b>				
Father's Name:		Mother's Name:		
Address:		Address:		
Tribal Affiliation:	Home Agency:	Tribal Affiliation:	Home Agency	
Enrollment Number:	Living:      Deceased:	Enrollment Number:	Living:      Deceased:	
	( )            ( )		( )            ( )	
Employer:		Employer:		
Home Phone:	Work Phone:	Home Phone:	Work Phone:	
Cell Phone:	Emergency Phone:	Cell Phone:	Emergency Phone:	
Email:		Email:		
<b>GUARDIAN INFORMATION</b>				
Legal Guardian:		Relationship: (Grandparent, Case manager etc.)		
Address:				
Employer:		Email:		
Home Phone:	Work Phone:	Cell Phone:	Other:	

Any information the school should be aware of:

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**3. SCHOOL(S) PREVIOUSLY ATTENDED:**

School Name:		Dates Attended:		Grade(s) Completed:	
Address:			Reason for Leaving:		
City:	State:	Zip Code:	Phone Number:		
School Name:		Dates Attended:		Grade(s) Completed:	
Address:			Reason for Leaving:		
City:	State:	Zip Code:	Phone Number:		

**I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is officially enrolled.**

<i>Signature of Parent/Legal Guardian:</i>			<i>Date:</i>		
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**FOR OFFICAL USE:**

Approved: <input type="checkbox"/>	Date:	Principal:	Date:
Not Approved: <input type="checkbox"/>	Date:		
Input to System:	Date:	Registrar:	Date:

# Tohono O'odham High School

## EMERGENCY & RELEASE INFORMATION

### SCHOOL YEAR 2023-2024

STUDENT NAME		BIRTHDATE	
FATHER NAME		EMAIL:	
ADDRESS		HOME#	WORK #
		CELL#	
MOTHER NAME		EMAIL:	
ADDRESS		HOME#	WORK #
		CELL#	
LEGAL GUARDIAN NAME		EMAIL:	
ADDRESS		HOME#	WORK #
		CELL#	
STUDENT LIVES WITH		RELATIONSHIP	
WHO CAN WE CONTACT IN CASE OF EMERGENCY IF PARENT/GUARDIAN IS NOT AVAILABLE?			
NAME	RELATIONSHIP	HOME#	CELLE#
EMAIL			
<i>Local Emergency Contacts (the individuals listed below are authorized to check out my student from school):</i>			
NAME	RELATIONSHIP	EMAIL	HOME/CELL/WORK#S

\_\_\_\_\_

*Signature of parent or legal guardian*

\_\_\_\_\_

*Date*

***PLEASE NOTIFY THE SCHOOL OFFICE OF ANY CHANGES REGARDING THIS INFORMATION.***

**Tohono O'odham High**  
**School Year 2023-2024**

**Village and Physical Location of Home:** *(Use Specific Description)*

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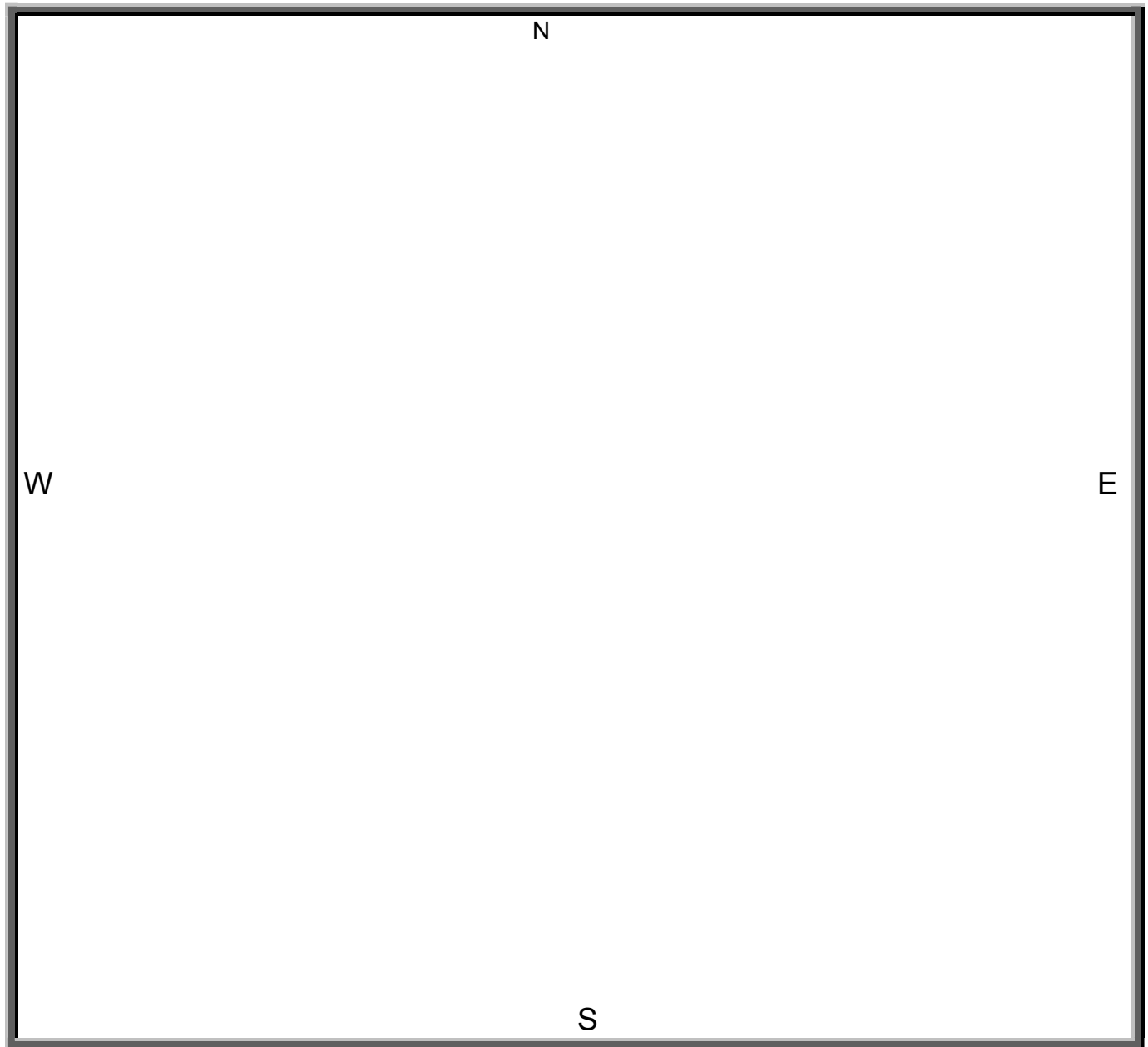
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**Map – Please draw the location of your home.**



*United States Department of the Interior*  
**BUREAU OF INDIAN EDUCATION**  
*Education Resource Center – Phoenix*  
*2600 N. Central Avenue, Suite 800*  
*Phoenix, Arizona 85004*

**IN REPLY REFER TO:**

**Tohono O’odham High  
HC 01 Box 8513  
Sells, AZ 85634**

**Permission to Publish Pictures**

I \_\_\_\_\_ hereby

\_\_\_\_\_ **DO NOT** give permission to Tohono O’odham High School

\_\_\_\_\_ **Give permission**

to publish pictures of my child in appropriate media sources for purposes relating to school functions.

<i>Student Name: (Please Print)</i>	
<i>Parent or Guardian Name: (Please Print)</i>	
<i>Parent or Guardian Signature:</i>	<i>Date:</i>

# Tohono O'odham High School

"HOME OF THE EAGELS"

HC 01 Box 8513

Sells, Arizona 85634

Telephone: (520) 362-2400

FAX: (520) 362-2256

## **REQUEST FOR TRANSCRIPTS**

<i>Name:</i>	<i>D.O.B:</i>	<i>Date of Request:</i>
<p><i>This document requests the release of: (This would include any and all information or records relating to discipline records, etc)</i></p> <ol style="list-style-type: none"><li>1. Transcript Official/Unofficial</li><li>2. Report Card</li><li>3. Cumulative Records</li><li>4. Standardized Test Results</li><li>5. Attendance Records</li><li>6. Immunizations Records</li><li>7. Health Records</li><li>8. Behavior Record</li><li>9. Special Education IEP</li><li>10. Gifted and Talented IEP</li></ol> <p><i>Please send information on this student to:</i></p> <p style="text-align: center;"><i>Tohono O'odham High School</i> Attention: Ms. Maldonado, Registrar HC 01 Box 8513 Sells, AZ 85634 Email: <a href="mailto:camilla.maldonado@bie.edu">camilla.maldonado@bie.edu</a> FAX: (520) 362-2256</p>		
<i>Name of Last School Attended:</i>	<i>Address:</i>	
<i>Phone Number:</i>	<i>Fax Number:</i>	

\_\_\_\_\_  
Parent or Guardian Signature  
(If student is under 18 yrs of age)

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



*United States Department of the Interior*

**BUREAU OF INDIAN EDUCATION**  
*Education Resource Center – Phoenix*  
*2600 N. Central Avenue, Suite 800*  
*Phoenix, Arizona 85004*

**IN REPLY REFER TO:**

*Tohono O’odham High School*  
*HC 01 Box 8513*  
*Sells, AZ 85634*

**Permission to Release Tribal Enrollment Verification**

I \_\_\_\_\_ hereby

\_\_\_\_\_ Give permission to Tohono O’odham High School

\_\_\_\_\_ **DO NOT** give permission to Tohono O’odham High School  
to request for Tribal Enrollment verification information for my child for purposes relating  
to school enrollment.

<i>Student Name: (Please Print)</i>	
<i>Date of Birth:</i>	<i>District:</i>
<i>Enrollment Number:</i>	
<i>Parent or Guardian Name: (Please Print)</i>	
<i>Parent or Guardian Signature:</i>	<i>Date:</i>