

**St. Augustine Indian Mission School
FAMILY CONTACT / STUDENT CHECKLIST**

Date

Student Name		Grade
Address		Birthdate
City/State	Zip	
1. Parent/Guardian #1 Name		
Cell #	Home #	Work #
Email		
Relation to student		
2. Parent/Guardian # 2Name		
Cell #	Home #	Work #
Relation to student		
Email		
Siblings attending SAIM:		
Emergency Contact:		Emergency Contact:
Home/Cell #		Home/Cell #
Work #		Work #
Relation		Relation
Student has an IEP: ___Yes ___No		Student has food allergies:___Yes ___No
Student has special medical needs: ___Yes ___No; briefly explain:		
REPORTS	DATE RECEIVED	
Requirements:		
Copy of Birth Certificate		
Current Immunization Record		
Current Eye Exam (Due Dec. 31st)		
Current Physical		
Tribal Enrollment # (if applicable)		
Forms to Complete:		
Family Contact/Student Checklist Form		
Free/Reduced Lunch Application		
School Registration/Deposit Form		
Intent to Re-Enroll Form		
Request for Transcripts Form		
Field Trip Consent Form		
Media Release Form		
Counseling Curriculum Form		
Dental Patient Consent Form		
Diabetes Screening Form		
Religion Information Form		

