The Enrollment Department

Request Form

Enrollment #_____

____ **C.I.B**-Certificate of Indian Blood **(*name*):** _____

Reason: _____

____ **Income Verification (*name)***:_____

Reason: _____

____ **Birth Certificate** Copy **(*name)***:_____

Reason: _____

____ **Social Security Card** Copy **(*name)***:_____

Reason: _____

____ **High School Diploma** Copy **(*name*)**:_____

Reason: _____

____ **Other**:_____

Requesting Person

_____

Address **City** **State** **Zip**

_____ _____

Signature **Phone Number**

Office Use Only

Enrollment representative: _____ **Completed:** _____**Yes** _____ **No**

Notes: _____