

Dear Siletz Tribal Head Start Applicant,

Thank you for your interest in the Siletz Tribal Head Start program. **We are currently accepting applications for the Fall 2011 - 2012 school year.** Siletz Tribal Head Start has classrooms in: **Siletz, Salem, Portland and Lincoln City.** Please complete the attached enrollment application and return it as soon as possible. **You will be notified during June 2011** if your child was accepted into the program or placed on our waiting list. Please turn in your application as soon as possible.

Every effort is made to provide daily transportation for all children enrolled in our program. However, due to considerations such as distance, time and appropriate practice, **you could be asked to self-transport should it be necessary to maintain a safe, efficient bus route.**

**Please return the following documents with your completed application:**

1. **Documentation of family income from all sources**, it may consist of: **a.** Current payroll check stub(s) for one month; **b.** TANF award statement or copy of current check; **c.** Foster care award statement or copy of check; **d.** Annual income tax or W-2 statement(s); **e.** Self employment or business statement; **f.** Social Security or SSI award statement; **g.** Unemployment benefit statement or copy of check. **h.** Zero Income Statement is included on the back of the application form (**Income Verification is Mandatory for all families and your child's application cannot be processed without it**)
2. If applicable, **documentation of child's enrollment or descendency in a federally recognized Indian Tribe**, it may consist of: **a.** Copy of Tribal I.D; **b.** Certificate of Indian Blood (CIB); **c.** For descendency copy of Tribal ID, CIB or other documentation that verifies enrollment of parent, grandparent, great-grandparent, etc. and birth records which show lineage back to child. (**Indian Preference cannot be given unless verified**)
3. If applicable, **documentation of child's diagnosed disability**, it may consist of: **a.** Copy of Individual Family Service Plan (IFSP); **b.** Letter or statement from qualifying agency stating your child's meets this definition; **c.** Letter or note from physician or other qualified health provider. (**Disability preference cannot be given unless verified**)
4. **Copy of Child's Immunization Record.** (Note: This is required before any child could attend class.)
5. **Completed health & physical exam summary**, signed and dated by physician. (Note: This is required within 45 days -AFTER- the child is enrolled.)

If you have any questions please feel free to contact me by telephone at 1-800-922-1399 and ask for Head Start or 541-444-2450.

In Partnership with Children and Families,

DeAnn Brown, Director  
Siletz Tribal Head Start