

SILETZ TRIBAL HEAD START ENROLLMENT APPLICATION

RETURN THIS APPLICATION TO: Siletz Tribal Head Start, PO Box 549, Siletz, OR 97380 / For more information call 1-800-922-1399 ext. 264 or any of the Confederated Tribes of Siletz Indians Area Offices in Salem, Eugene or Portland

1. **CHILD'S NAME** _____ 2. **SSN** _____ - _____ - _____
3. **Returning Student** Yes NO 4. **Child's Sex:** M F (circle one) 5. **Child's Date of Birth:** ____/____/____
6. Does child have any condition which may be considered a **disability or special need** ? No YES If Yes, please explain below

(Please attach verification)
7. Is child **descendent/member of a federally recognized Indian Tribe?** NO YES
Roll # _____ Tribe(s) _____ (Please attach verification)

8. PARENT/GUARDIAN NAME(S):

1. _____ SSN _____ - _____ - _____
Street Address: _____ **City:** _____ **Zip Code:** _____
Mailing Address: _____ **City:** _____ **Zip Code:** _____
Telephone #'s: Home _____ Work _____ Message _____
2. _____ SSN _____ - _____ - _____
Street Address: _____ **City:** _____ **Zip Code:** _____
Mailing Address: _____ **City:** _____ **Zip Code:** _____
Telephone #'s: Home _____ Work _____ Message _____

9. A preference for enrollment can be given to families which face any of the following conditions: single parent household, parents separated or divorced, child is a victim of abuse or neglect, sibling attended the program, child is in an out-of-home placement or child suffers a non-handicapping medical condition. If your family meets this criteria and you would like to claim that preference, **please list the qualifying condition(s) here:**

10. LIST ALL OTHER HOUSEHOLD MEMBERS BY NAME & RELATIONSHIP (son, daughter, cousin, etc.):

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

11. FINANCIAL STATEMENT Check all that apply: (YOU MUST attach verification of these benefits.)

Employed Unemployment General Assistance Child Support TANF Disability Social Security
Veteran's Benefits College Grants/Scholarships Other, explain _____

12. **TOTAL GROSS MONTHLY INCOME** \$ _____ (Please attach verification)

13. **With my signature I certify that the above information is complete and accurate:**

Signature: _____ Date: _____

Siletz Tribal Head Start is an equal opportunity program and open to all children regardless of race, color, age, sex, handicap, or national origin. Any person who believes she/he has been discriminated against should write to the Secretary of Agriculture, Washington, DC, 20250.