



SANTA FE INDIAN SCHOOL  
ADMISSIONS OFFICE

P.O. BOX 5340 SANTA FE, NM 87505 • 1501 CERRILLOS ROAD SANTA FE NM, 87502  
TELEPHONE: (505) 989-6370 • FAX: (505) 989-6338 • www.sfindiainschool.org

Thank you for your interest in Santa Fe Indian School (SFIS). Admission to SFIS is based on the number of spaces available in the classrooms and in the dormitories by grade level and by gender. Consideration is given to the applicant's academic abilities, character and the contributions made to his/her previous school communities. The admission committee also seeks evidence of independence, community involvement and concern for others.

To complete an application, applicants must include:

**Complete Application Packet**

- Application
- Letter of Commitment
- Parent Information
- Legal Custody Form
  - Custody document (if applicable)
  - Restraining order (if applicable)
  - Guardianship papers (if applicable)
- Parent Permission
- Health and Social History Form
- Medical Examination Form (**Must be dated after April 1**)
- Recommendation Forms
  - Current teacher (Math, reading or Language Arts teacher)
  - Tribal leadership or community member (No Relatives)

**Submit Required Documentation**

- Current Transcripts (high school)
- Current Report Card for (middle school)
- NMSBA test score, state assessment test or MAPS test
- Affidavit of Birth/Baptismal Certificate
- Certificate of Indian Blood (CIB)
- Updated Immunization Records
- Other Required Documents – etc. Educational Plan, Current Evaluation, Special Education, Gifted and Talented, 504, Next Step Plan or Equivalent Plan (High School)
- Language Survey

**Complete Entrance Exam**

Entrance exams are offered in February and March  
Check on SFIS website or contact the Admissions Office for exam dates.  
The entrance exam includes a computer-based assessment and a writing composition of interest to attend SFIS.

***Please note: Incomplete application packets will not be reviewed.***

*Application packets are reviewed for admission in the order that they are completed.*

*Falsification or withholding any information in this application will be grounds for non-acceptance or immediate dismissal of you child.*



# SANTA FE INDIAN SCHOOL ADMISSIONS APPLICATION

### ADMINISTRATIVE USE ONLY

Grade: \_\_\_\_\_

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

NASIS ID: \_\_\_\_\_

APPLICATION TYPE:  Day Student  Dorm Student

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
First Middle Last

Tribe: \_\_\_\_\_ Degree of Indian Blood: \_\_\_\_\_ Census #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Language (Primary Spoken): \_\_\_\_\_  
City State County

Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip

Telephone: \_\_\_\_\_  
Home Work Cell

Name of Person with Whom the Applicant Lives: \_\_\_\_\_  
First Last Relationship

Parent  Guardian  Legal Guardian

Previous Schools:	School Name (Begin with most recent)	City, State	Grade(s)	Year(s)	Reason for Leaving
High School					
High School					
Junior High School					
Elementary School					

List names/relationship of family that attended or currently attend SFIS: \_\_\_\_\_

Did you visit the SFIS campus this school year? If so, for what: \_\_\_\_\_

Did you attend any SFIS community meetings? If so, where: \_\_\_\_\_

How did you hear about SFIS?

- At my school       Visits to SFIS       Friends       Alumni  
 Family       Radio       Newspaper       Other:

# SANTA FE INDIAN SCHOOL LETTER OF COMMITMENT



The Santa Fe Indian School is a potential site for your child's education. Be assured that we will do all that we can to care for and guide her/him with love, compassion and firmness with a continuing commitment of providing a quality educational experience. Here at Santa Fe Indian School we believe in the concept of "loco parentis" (in place of a parent); therefore, we hold ourselves to a high degree of accountability. You are making a commitment to work with us and to hold yourself and your student to a high degree of accountability as well.

As part of our strategic initiative to address the needs of our students, we are promoting a "Partnership for Success" education must be a shared responsibility between the school, the parent, and the tribal community. We must all be involved when it comes to our children's education. Only in working through collaborative partnerships will we improve our children's chances for success. All parents must be willing to donate 10 hours of time to Santa Fe Indian School. We will provide the opportunity for you to participate in a number of ways. The research demonstrates that students are more likely to achieve academically when the parents are involved in the educational process.

Our children cannot fully realize success without us working together. We ask you to engage with us as powerful partners to make SFIS the best school possible and to fulfill our vision to make SFIS the true leader in Native American education.

By signing this document, you, as the *parent*, are acknowledging the following:

- Santa Fe Indian School has high academic and behavioral expectations of my child
- I am a key player in the academic and behavioral success of my student
- I will do my best to provide 10 hours of time as part of the Partnership for Success initiative
- I will hold myself to a high level of accountability in the education of my child/children
- I am legally responsible for any actions of my child that are in violation of the student code
- and that I shall be responsible for any warranted restitution.

By signing this document, you, as the *student*, are acknowledging the following:

- Santa Fe Indian School has high academic and behavioral expectations of me
- I am a key player in my academic success
- I will be a responsible and respectful member of the Santa Fe Indian School community

By signing this document, I, as an *administrator*, am acknowledging the following:

- Santa Fe Indian School will hold itself to a high level of accountability in the education of this child
- Santa Fe Indian School will work with this child to impart the core values of the Pueblo people

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Santa Fe Indian School Representative





# LEGAL CUSTODY FORM



Student Name: \_\_\_\_\_

Is the child currently under Tribal or State custody?  Yes  No

*If yes, please complete the following section:*

I, \_\_\_\_\_ have legal custody of \_\_\_\_\_  
Print Parent/Guardian Name Print Student Name

as set forth by \_\_\_\_\_  
Name of Agency

Please attach a copy of one of the custody documents below and return with application:

- Birth Certificate
- Divorce Decree
- Tribal Court
- Other \_\_\_\_\_

Is there a restraining order in place?  Yes  No

*If yes, please provide a copy of the restraining order.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian



# HEALTH AND SOCIAL HISTORY FORM



Student Name: \_\_\_\_\_

## EDUCATIONAL INFORMATION

1. Did the student miss 15 or more days in the last year (circle one): ..... Yes No
2. Has the student ever been suspended: ..... Yes No  
 Expelled/Dismissed: ..... Yes No  
 If yes, date and reason must be given \_\_\_\_\_
3. Please answer the following questions regarding special programs:
  - Has the student ever received special education services? ..... Yes No  
 Date of current IEP: \_\_\_\_\_  
 Date of current Diagnostic Evaluation: \_\_\_\_\_  
 If yes, current Individual Education Plan and current evaluation(s) are required with this application
  - Has the student ever had a Section 504 plan in school? ..... Yes No  
 If yes, current 504 Plan and current evaluation(s) are required with this application
  - Has the student ever received Gifted and Talented services? ..... Yes No

## MEDICAL INFORMATION

1. Does the student have a medical/health care plan, which might impact school attendance? ..... Yes No  
 If yes, please explain: \_\_\_\_\_
2. Does the student need or have?
  - Current Medication: \_\_\_\_\_
  - Previous reaction to drugs/medication/immunizations: \_\_\_\_\_
  - Hospitalization/surgeries: \_\_\_\_\_
  - Does student wear glasses or contacts? ..... Yes No
  - Hearing and/or ear problems: ..... Yes No
  - In Patient Mental Health Treatment: ..... Yes No
  - Substance Abuse Problems or Referrals: ..... Yes No

## SOCIAL INFORMATION

1. Is student a ward of the Court? ..... Yes No  
 If yes, a copy of court documents must be submitted
2. Has student ever been arrested? ..... Yes No  
 If yes, what was/were the violation(s): \_\_\_\_\_
3. Has student ever been in jail or a detention center? ..... Yes No  
 If yes, how many times: \_\_\_\_\_
4. Does student have a probation officer? ..... Yes No  
 Name: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone: \_\_\_\_\_
5. Has student ever received counseling or therapy: ..... Yes No  
 Name: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

I, the parent/legal guardian of the above mentioned student hereby certify that the information provided is true to the best of my knowledge and I understand that Santa Fe Indian School will verify all information. **Any false statement or misrepresentation or omission of required information in application will result in denial of application or immediate dismissal.**

Signed: \_\_\_\_\_ Student Signed: \_\_\_\_\_ Parent/Guardian

# MEDICAL EXAMINATION FORM



Student Name: \_\_\_\_\_  
First Middle Last

Student Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip

Parent/Legal Guardian Name: \_\_\_\_\_  
First Middle Last

**Athletic Eligibility (if applicable):**

*Note to Parents: In order for the best plans to be made for your child, it is necessary that we have your cooperation in filing out this questionnaire accurately before your child can participate in interscholastic competition sports. After conferring with your child, please check before each sport in which you permit your child to participate.*

- Baseball       Basketball       Cross Country       Football  
 Soccer       Softball       Track & Field       Volleyball

**Medical Examination (to be filled out by physician only):**

	Normal	Abnormal	Remarks
EENT			
Respiratory			
Cardiovascular			
Abdomen			
Hernia			
Genitalia			
Musculoskeletal			
Neurological			
Deformities			
Surgical Scars			
Skin			
Urinalysis (Sugar)			
Immunizations			
DPT/TD/DT			
POLIO			
MMR			
TB TEST			

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Eyes (Uncorrected): R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Eyes (Corrected): R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

I certify that I have on this date reviewed the above history and examined this the information provided above is true.

\_\_\_\_\_  
Name of Attending Physician (Please Print) Address Phone Number Date of Examination

I certify that I have on this date found him/her physically able to compete in interscholastic events. (if applicable)

\_\_\_\_\_  
Name of Attending Physician (Please Print) Signature

**INTERSCHOLASTIC ATHLETICS  
PARENTAL CONSENT FORM (OPTIONAL)**



*Please read the following statements concerning the participation of your child/ward in interscholastic athletics. Please respond below with your signature.*

**PARENTAL CONSENT**

I hereby give my consent for \_\_\_\_\_ to participate in interscholastic athletics at the Santa Fe Indian School and authorize the Santa Fe Indian School to provide the information on this form to the New Mexico Activities Association. The financial responsibility for securing care of athletic injuries is a matter between the parent and / or legal guardian and physician or dentist of the parent/guardian selection. Santa Fe Indian School may not pay doctors, dentists or hospitals for any treatment on any child. The Santa Fe Indian School does have \$10,000 coverage for school activities. Please identify your personal health insurance company: \_\_\_\_\_, along with your current policy number: \_\_\_\_\_.

**MEDICAL HISTORY**

I hereby state that I have reviewed the medical history of my child and find the answers to the questions are correct to the best of my knowledge (Required for legal minors).

**AUTHORIZATION FOR MEDICAL SERVICES**

We, request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event we cannot be reached, I/we parent(s)/guardian(s) hereby designate the Athletic Director, Team Coach, Athletic Trainer or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention and surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward. I/we hereby assume financial responsibility for hospitalization medical attention and surgery provided, over and above Santa Fe Indian School's Insurance coverage.

**PERSONAL MEDICATION NOTIFICATION**

For my own protection, I the student athlete will inform the athletic trainer and/or medical doctors if I am taking any medication or using any ointment, liniments, balms or have a metal implant in my body BEFORE receiving therapy or treatment of any kind in the training room. Any combination of the above and deep heat therapy could cause serious complications. Parent(s) and the student athlete have READ and UNDERSTAND the proceeding statements and agree to their content.

**ACKNOWLEDGEMENT OF INJURY RISKS**

We, the parent(s)/guardian(s) and student athlete are aware that preparation for and participation in interscholastic athletics involves many risks of serious and/or permanent injury to the student athlete. We understand and acknowledge the danger of severe injuries is inherent in physical activity, which may involve vigorous physical contact.

We, the parent(s)/guardian(s) and student athlete have completely read and fully understand and voluntarily accept and agree to all of the above terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian



SCHOOL PERSONNEL RECOMMENDATION FORM



Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_  
First Middle Last

Present School: \_\_\_\_\_

Name of class/course: \_\_\_\_\_ How often does class meet? \_\_\_\_\_

This student's grade in your class: \_\_\_\_\_ Does the student attend class regularly (circle one): Yes No

Please give a brief assessment of this applicant's academic performance and potential:

Please describe the personal strengths and weaknesses of the applicant (motivation, enthusiasm, integrity, social adjustments with peers, self-confidence, initiative, sense of humor):

Please identify and describe non-academic strengths this applicant possesses, such as in athletics, drama, music, art or in other endeavors:

How well does the student accept advice or criticism:

The Applicant:	Rarely (25% of the time)	Occasionally (50% of the time)	Usually (75% of the time)	Consistently (90% of the time)	Always (100% of the time)
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes time/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribute to the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about his/her studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the applicant:	Below Average (Bottom 25%)	Average (Middle of Class 50%)	Above Average (Top 25%)	Outstanding (Top 15%)	Exceptional (Top 5%)
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ School Name \_\_\_\_\_ School Phone \_\_\_\_\_

*Thank you for taking the time to support this student. Please return the form to the applicant or mail to the SFIS Admissions Department.*





**TRIBAL LEADERSHIP AND COMMUNITY MEMBERS  
RECOMMENDATION FORM**

(This form should *not* be completed by a relative, i.e. Aunt, Uncle, Godparent)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_  
First Middle Last

Community/Tribe: \_\_\_\_\_

Please describe the personal strengths and weaknesses of the applicant (motivation, enthusiasm, integrity, social adjustments with peers, self-confidence, initiative, sense of humor):

Please identify and describe the strengths this applicant possesses with regard to traditional activities, art/crafts, music:

The applicant:	Rarely (25% of the time)	Occasionally (50% of the time)	Usually (75% of the time)	Consistently (90% of the time)	Always (100% of the time)
Participates in tribal activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest to learn traditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a role model for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about community welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the applicant:	Below Average (Bottom 25%)	Average (Middle of Class 50%)	Above Average (Top 25%)	Outstanding (Top 15%)	Exceptional (Top 5%)
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name Community Name Phone

*Thank you for taking the time to support this student. Please return the form to the applicant or mail to the SFIS Admissions Department.*

