



Nazlini Community School, Inc.
 HC 58 PO BOX 35
 Ganado, AZ 86505
 Phone (928) 755-6125
 Fax (928) 755-3729



**FACE Program
 Enrollment Checklist
 School Year 2024-2025**

Child's Name: _____ Date: _____

Check off program you are applying for:

____ Family Enrichment (Home-based)

____ Center-based

New Student Enrollment Checklist:

____ Enrollment Package

____ Updated Immunization Record

____ Original Birth Certificate

____ Original Certificate of Indian Blood (CIB)

____ Original Social Security Card

____ Legal Guardianship or custody papers, if applicable

____ Navajo Nation Background Check (School purpose)

FACE PROGRAM CONTACT INFO:

FAMILY ENRICHMENT (HOME-BASED)

Ext. 1017/1016

CENTER-BASED

Ext. 1014/1015

<i>FOR OFFICE USE ONLY</i>	
Received by:	_____
Date:	_____

INCOMPLETE PACKETS WILL DELAY ENROLLMENT