

Faith+Family+Culture

# **Choctaw Nation of Oklahoma**

Jones Academy 909 Jones Academy Road • Hartshorne, OK 74547 (888) 767-2518 • Fax (918) 297-2364 **Gary Batton** *Chief* 

Jack Austin, Jr. Assistant Chief

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You will also need to submit the following documents as part of our admission process.

- ✓ COPY OF CDIB CARD/MEMBERSHIP
- ✓ **BIRTH CERTIFICATE (state certified copy only)**
- ✓ COPY OF SOCIAL SECURITY CARD (if none, please apply)
- ✓ COPY OF IMMUNIZATION RECORD (up to date)
- ✓ REPORT CARD/SCHOOL TRANSCRIPT
- ✓ COPY OF CURRENT IEP (Individualized Education Plan) AND CURRENT TESTING (if applicable)
- ✓ CURRENT INSURANCE OR MEDICAID CARD (Application)
- ✓ CURRENT LIST OF PRESCRIPTION MEDICATIONS AND EXPLANATION
- ✓ CURRENT LIST OF OVER THE COUNTER MEDICATIONS (used regularly)
- ✓ DOCUMENT(S) SHOWING GUARDIANSHIP AND/OR LEGAL CUSTODY (if applicable)

Dear Parent/Guardian,

We are asking that this application for admission to Jones Academy be completed and returned to Jones Academy as soon as you are able. We will review it and a decision will be made by the admissions committee. You will receive notification of the decision and if your child is accepted, an enrollment packet will be sent from Jones Academy to be completed and sent back.

We need pages eight and nine notarized. Notary Publics may be found at the local bank, tribal offices, public schools, municipal offices, and/or courthouse.

Thank you for your interest in enrolling your child in Jones Academy.

Jones Academy 909 Jones Academy Rd. Hartshorne, OK 74547

Jay McAdams, Superintendent

Rev. 03/18

#### JONES ACADEMY Student Enrollment Application Peripheral Dormitory Grant School

School Year <u>20</u>		STUDENT INFOR	MATION
Full Name			Grade Applying For:
Address:		City:	State: Zip:
Student's Cell Phone:			Age of Student:
Date of Birth:		Place of Birth:	
Social Security #:			Sex: Male Female
Tribal Affiliation:			Degree of Indian Blood:
Home Agency:			Enrollment Number:
Do you live with: Mother	Father	Legal Guardian	Other (Specify)
Dominant Language Spoken in Home			

## PARENT OR LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION

Father's Name:	Tribal Affiliation:		
Tribal Affiliation:			
Address:			
City:State: Zip:			
Father's Cell Phone:	Mother's Cell Phone:		
Home Phone:			
E-mail address:	E-mail address:		
Father's Work Phone:	Mother's Work Phone:		
Work Place:			
Legal Guardian(s) if not Parent:			
	City: State: Zip:		
Tribal Affiliation:	Home Agency:		
Cell Phone:	Home Phone:		
E-mail address:			

If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may not list himself/herself as a guardian even if he/she is 18 years of age or older.

# EMERGENCY CONTACT INFORMATION – Other than Legal Guardian

Name:	Relationship:
Address:	City:State:Zip:
Phone:	Work Place:
Work Phone:	E-mail address:

# NAME OF BROTHERS AND SISTERS

Please name: 1	_ male	_ female	_ DOB
2	_ male	_ female	_ DOB
3	_ male	_ female	_ DOB
4	_ male	_ female	_ DOB

I am the custodial parent or legal guardian of this student and hereby apply for his/her admissions to this school. I understand that the school may request additional information before the student is admitted. Failure to provide inclusive and accurate information could result in refusal of admission.

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SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

SCHOOLS PREVIOUSLY ATTENDED					
SCHOOL NAME:		Grade	Completed:		
Address:	City:	State:	Zip Code:		
Phone:	Fax Number:				
Date Attended:	Reason for Leaving:				
Student Participated in Special Education Program:	Yes No				
Student Participated in Gifted and Talented Program	n: Yes No				
SCHOOL NAME:		Grade C	Completed:		
Address:	City:	State	Zip Code:		
Phone:	Fax Number:				
Date Attended:	Reason for Leaving:				
Student Participated in Special Education Program:	Yes No				
Student Participated in Gifted and Talented Program	n: Yes No				



## Jones Academy 909 Jones Academy Road • Hartshorne, OK 74547

# **FERPA** Authorization

#### **Release of Student Records**

Pursuant to the Family Education Rights and Privacy Act of 1974, as amended.

#### Instructions:

The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students, parents and/or legal guardians concerning the privacy of, and access to, their education records. Students (aged 18 and above), parents and/or legal guardians may choose to complete and submit this form to the Jones Academy registrar allowing the release of their education records to specified third parties. While this form authorizes Jones Academy to obtain and/or release education records, it does not require or obligate Jones Academy to do so. Jones Academy reserves the right to review and respond to requests for release of education records on a case-by-case basis.

#### Mail to: Jones Academy (address above) Attn: Registrar

LAST NAME OF STUDENT	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	

Please enter the name of the individuals to whom the authorization is provided. You may enter more than one name. Enter only ONE name per space. If additional names are needed, please provide an additional form.

Person(s) to whom access to education records may be provided:				
Name(s) of person(s) to whom access to records may be provided	Date			
Name(s) of person(s) to whom access to records may be provided Authorization:	Date			
I hereby authorize Jones Academy of the Choctaw Nation of Oklahoma to obtain and/or disclo	ose my educational record(s) including but not limited			
to personally identifiable information contained in my records. Initials				
Name of Educational Organization				
Student's Signature	Date			
Parent or Guardian Signature (if under 18 years of age)	Date			

Authorization:

I hereby authorize		to disclose my educational record(s) to Jones Academy of the Choctaw Nation
of Oklahoma.	(Name of Educational Institution)	Initials

Student's Signature	Date
Parent or Guardian Signature ( if under 18 years of age)	Date

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to Jones Academy of the Choctaw Nation of Oklahoma. Initials \_\_\_\_\_\_

Student's Signature	Date		
Parent or Guardian Signature (if under 18 years of age)	Date		
Note: Forms will not be accepted without a signature			

Note: Forms will not be accepted without a signature.

This information is released subject to the confidentiality provisions of appropriate federal laws and Choctaw Nation of Oklahoma regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted.

SOCIAL INFORMATION STUDENT'S NAME:
1. State your reason for wanting your child to attend Jones Academy at this time.
2. Does your child want to come? Yes No
3. What are your child's interests, talents, or special abilities?
4. Has your child any specific problems which you think the school personnel should know about so they can be prepared to help in the best way they can?
5. Do you agree to leave the child in school and only check the child out on non-school days? Yes No
6. Did the student miss 10 or more days of school in the last year? Yes No
7. Has the student ever been suspended? Yes No Expelled? Yes No
If yes, give date and reason for disciplinary action:
8. Does student have an IEP? Yes No If yes, please submit the latest.
9. Is student a ward of the court? Yes No If yes, a copy of the court order must be submitted.
10. Has student ever been arrested? Yes No I choose not to answer
If yes, what was/were the violation(s)?
11. Has student ever been detained? Yes No I choose not to answer
12. Does student have a probation officer? Yes No Name:
County: Phone:
13. Has student used or abused alcohol, tobacco, and/or drugs? Yes No I choose not to answer
If yes, what is substance of choice?
14. To your knowledge, has student practiced self-harm (cutting, burning, etc.)? Yes No
15. Is student receiving therapeutic support services? Yes No I choose not to answer
Name of counselor or clinic:
Phone:

I, the parent/legal guardian of the above mentioned student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Jones Academy 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.

Signature of Parent/Guardian

Date

## **Behavioral Health Survey**

Students Name:	Grade:	Age:
<pre>{} Motivation {} Drop in grades {} Anxiety { } Hyperactivity {} Withdrawn {} Drug/Alcohol {} Ho {} Depression {} Peer relationship {} Family Difficu What difficulties do you feel your child has experienced please explain below):</pre>	mesick { }Anger { }Grie Ities { } Bullying {	f { }Fear { }Sadness } Other:
Is your child currently seeing a counselor or has seen a conselor or		3-6 months? (please list counselor's
Has your child experienced any changes in their life with If yes, please explain:		{ } YES { } NO
Family:		
Social:		
School:		

What attempts have been made to help your child overcome these life difficulties?						
What do you believe will help your child in overcoming these difficulties?						
Has your child ever expressed thoughts of hurting themselves or someone else? {}YES {}NO If yes, please explain:						
Are you or have you ever been afraid of your child?) { } YES { } NO If yes, please explain:						
Do you as a parent/guardian have any concerns that are not mentioned above? { } YES { } NO If yes, please explain:						
What is your relationship to the student:						
Please provide a good contact number that you can be reached at: Custodial parent/legal guardian, please print and sign name below:						
PRINT:						
SIGN:						

# **Consent for Treatment**

This form	is to document that	I give my permi	ssion and cons	sent for my child t	o receive psy	chotherapeutic
treatment	(if deemed needed)	to			;	

(Name of Student)

who is my \_\_\_\_\_

Relationship to Student)

I understand that conversations with the therapist will usually be confidential. I further understand that therapists, by law, must report actual or suspected child or elder abuse to appropriate authorities. In addition, the therapist has legal responsibility to protect anyone who may feel threatened with violence, harmful or dangerous actions and may break confidentiality of communications if such a situation arises. I understand that the therapist will attempt to resolve these situations before breaking confidentiality.

I know of no reasons why this therapy should not be undertaken for my child and agree to participation.

By:	_
(Parent/Legal Custodian signature)	-
Date:	-
STATE OF	)
COUNTY OF	) SS:

# ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, personally appeared \_\_\_\_\_\_ the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of notarial officer)		
(Seal, if any)	My commission number is:	_
(Title and Rank)	My commission expires:	_

### POWER OF ATTORNEY TO DELEGATE PARENTAL OR LEGAL AUTHORITY OVER CHILD

I,,	certify	that I	am	the	custodial	parent	or	legal	custodian	of th	e following	minor	child:
	(full lega	al name	e), bo	orn tl	he	day of	·			(mont	h),	_ (year)	).

I designate the Choctaw Nation of Oklahoma c/o Jones Academy, on behalf of which the authority granted herein may be exercised by the superintendent of Jones Academy or his/her designee, as the attorney-in-fact of the minor child named above. Jones Academy is located at 909 Jones Academy Rd., Hartshorne, OK 74547. The telephone number is 888-767-2518.

I delegate to the attorney-in-fact (Jones Academy Representative) all of my power and authority regarding the care, custody and property of the minor child named above, including but not limited to the right to enroll the child in school, to provide educational services, to apply for any educational, financial, or social benefit for the child and to agree to any terms necessary to secure such benefit, to inspect and obtain copies of education and medical records and other records concerning the child, the right to schedule or consent to school activities and other functions concerning the child, the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment (including but not limited to routine or emergency care, drug/alcohol treatment, administration of inoculations or other preventive treatments, and mental or behavioral health treatment) and any other activity, function or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

Additionally, I hereby authorize, and delegate to the attorney-in-fact (Jones Academy Representative) the authority to authorize and receive, the disclosure and exchange of any information Jones Academy deems reasonable or necessary for medical, dental, behavioral health, drug/alcohol treatment of the child. This information may be shared between healthcare providers, insurance companies, health professionals, and Jones Academy. I further authorize Jones Academy to disclose or exchange any financial or other information about me and/or the minor child in connection with the application for, or other means of securing, educational, financial, medical, or social benefits for the minor child.

This document is effective for a period not to exceed one year, beginning the school year August \_\_\_\_\_\_ to August \_\_\_\_\_\_. I reserve the right to revoke this authority at any time. The attorney-in-fact (Jones Academy Representative) may elect to cease to serve as attorney-in-fact at any time and for any reason, and in such case, the attorney-in-fact will send written notice to me.

By:	
(Parent/Legal Custodian signature)	
Date:	
STATE OF	)
COUNTY OF	) SS:

#### ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_, personally appeared \_\_\_\_\_\_\_ the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of notarial officer)

(Seal, if any)

My commission number is \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Title and Rank)

(Attorney-in-fact signature) Jones Academy Representative

Date:

STATE OF OKLAHOMA

 COUNTY OF \_\_\_\_\_\_
 )
 SS:

#### ACKNOWLEDGEMENT

)

Before me, the undersigned, a Notary Public, in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared \_\_\_\_\_\_ the attorney-in-fact (Jones Academy Representative), to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of notarial officer)

(Seal, if any)

My commission number is: \_\_\_\_\_

(Title and Rank)

My commission expires: \_\_\_\_\_

# **Health History Assessment**

Jones Academy Student:

Last Name			First Name			Middle Name		
Date of Birth	Sex		Grade					
PLEASE ANSWER THE FOLL	OWIN	G QUI	ESTIONS CAREFUL			CURATELY.		
						I be wearing while at Jones:		
3. Name of clinic(s) or private prac	ctices st	udent	has previously been se	en, ple	ease in	clude phone number:		
4. Has the student ever had any s	erious i	Iness	or been hospitalized?	If	Yes, p	lease explain:		
5. Has student had any medical tr	eatmen	ts, test	s, or surgeries?	If Yes,	please	explain:		
6. Has the student ever had any o	f the fol	lowing	conditions?					
	Yes	No		Yes	No		Yes	No
1. Respiratory disease			11. Anemia			20. Arthritis		
2. Heart problems or disease			12. Asthma			21. Epilepsy (seizures)		
3. Heart murmur			13. Allergies/sinus			22. STD's (sexually transmitted disease)		
4. High blood pressure			14. Tuberculosis			23. Kidney disorders		
5. Stroke			15. Hepatitis			24. Circulation problems		
6. Rheumatic fever			16. Jaundice			25. Skin disorders		
7. Diabetes (type 1 or 2)			17. Liver disease			26. Stomach disorders		
8. High cholesterol			18. Anxiety			27. Acid Reflux (heartburn)		
9. Bladder problems			19. Depression			28. Thyroid Problems		
10. Bed wetting			20. Have an EpiPen			29. Concussion(s)		
<ol> <li>8. Is student allergic to any drug o drug, medication, etc. student has</li> </ol>						vocain, lidocaine, etc.? If Yes	s, please	list th
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Was stud	dent pres	scribed
<ul><li>an EpiPen because of this incid</li><li>9. Is student allergic to anything (i please list the food, insect, etc.</li></ul>	ncluding	g food,		-	-	in swelling, hives, asthma, etc.? n:	If Y	es,
						Was stud	dent pres	scribed
an EpiPen because of this incid 10. Has student ever had excessiv		ling the	at required treatment?	If	Yes, I	please explain:		
11. Has student ever had a blood	transfus	sion or	blood products?	If Yes,	please	e explain:		
12. Does the student have any wo	unds or	injurie	es that heal slowly or h	ave oth	er com	nplications? If Yes, please early and the second sec	xplain: _	
13. Any joint replacements?	If Yes	s, plea	se explain:					
14. Does student have any artificia	l limbs o	or eye	lens implants?	If Yes,	please	explain:		
15. Has the student ever fainted o	r been u	ncons	cious? If Yes,	please	explair	ח:		
17. Does the student have any dis please explain:	sease, c	onditic	n, or problem that you	think tl	he doc	tor or dentist should know about?	If	Yes,
	ciated w	ith der	ntal treatment?	If Yes,	please	e explain:		
-					-	ny psychiatric treatment?		
Explain	-							

20. Has the student had thoughts of hi Explain	urting himself/herself, suicide or made an attempt to commit suicide?
medication is given:	ons (including over-the-counter, herbal, etc.)? List ALL medications, dosage, and time(s) when Dosage:
	Reason medication is given:
ledication Name:	Dosage:
ime(s) given:	Reason medication is given:
edication Name:	Dosage:
me(s) given:	Reason medication is given:
edication Name:	Dosage:
me(s) given:	Reason medication is given:
edication Name:	Dosage:
me(s) given:	Reason medication is given:
edication Name:	Dosage:
	Reason medication is given:
edication Name:	Dosage:
me(s) given:	Reason medication is given:
edication Name:	Dosage:
	Reason medication is given:
2. Any other health information or exp	planation of health history, please list here:
Signature of Parent or Guardian	Date

### CONSENT AND RELEASE FOR EXTRA CURRICULAR ACTIVITIES, COMPETITIVE SPORTS, AND FIELD TRIPS

## Student's Name: \_\_\_\_\_\_

### Parent/Guardian Name: \_\_\_\_\_

By signing this form, I warrant that I am the custodial parent or legal guardian of the named student and that I have the legal authority to sign this document.

I (we) hereby grant permission/authorization for my child to participate in any organized Hartshorne Public School or Jones Academy Elementary School/Residential Program sponsored **extra-curricular activity, competitive sports, and field trips** as approved by Jones Academy administration. This includes all transportation necessary to facilitate my child's participation in the extracurricular activity. I (we) understand, agree not to hold the Hartshorne Public Schools or Jones Academy liable in the event of an accident.

I understand and agree that certain extra-curricular activities, **competitive sports**, and field trips may present a risk of injury or other bodily harm and, on behalf of myself and my child, I assume all risk and responsibility for this risk. I represent that I am familiar with the extra-curricular activities offered and that I am familiar with my child's mental and physical limitations, if any. I further represent that my child has no mental or physical limitations that would preclude his/her participation in extra-curricular activities, except as may be specifically identified by me in this document.

The list of approved activities, **competitive sports, and field trips** at Jones Academy/Hartshorne Public School include, but are not limited to:

Archery Livestock Shows PACE 5K/10K and h	Ropes Course Tae Kwon Do alf marathon runs	Swimming Crossfit	Weight-Lifting Theme/Wate	
Football Weight lifting	Basketball Marching band	Baseball Stickball	Softball Soccer	Track
Museums Pow-wows College tours	Seasonal, agricultura FFA/FCCLA/KTC con Aquariums, Planetari		xcursions Archeological sites Youth Camps	

If there is an activity or program I do not wish for my child to participate in, I have disclosed it below. If my child has any physical or mental limitations pertaining to these activities, I have recorded them below:

Child may NOT participate in:

Physical or mental limitations:

l agree to HOLD THE CHOCTAW NATION OF OKLAHOMA and its employees, elected officials, agents, and representatives ("Choctaw Indemnified Parties") HARMLESS FROM, AND

FOREVER WAIVE AND RELEASE the Choctaw Indemnified Parties, from and against all injuries, loss, liability, damage or cost that may arise from my child's participation in extracurricular activities EVEN IF CAUSED BY THE NEGLIGENCE OF THE CHOCTAW NATION OF OKLAHOMA. Additionally, I AGREE TO INDEMNIFY THE CHOCTAW INDEMNIFIED PARTIES from and against all injuries, loss, liability, damage, or cost they may incur due to my child's participation in extracurricular activities. I intend that the waivers and releases and indemnities in this document to be construed as broadly and all-inclusively as permitted under the laws of both the State of Oklahoma and the Choctaw Nation of Oklahoma. If any portion of this document is held to be invalid, the remainder of the document will be given full force and effect. I UNDERSTAND THAT THIS IS A RELEASE OF ALL CLAIMS AGAINST THE CHOCTAW NATION OF OKLAHOMA AND ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS, AND REPRESENTATIVES.

Parent/Guardian Signature	Date							
PERMISSION	IS							
CULTURAL								
I give permission for my child to attend spiritual services on and/or off campus.								
Yes	No							
Parent or Legal Guardian	Date							
I give permission for my child to attend on and/or off campus spiritual activities.								
Yes	No							
Parent or Legal Guardian	Date							
HAIRCUTS								
I give permission for my child to get reg	jularly scheduled haircuts.							
Yes	No							
Parent or Legal Guardian	Date							

### AUTHORIZATION TO INITIATE DETENTION ORDER (To be completed by parent or guardian)

Date:	
l,	being the real parent/guardian of
, hereby give Jones Academy staff authorization/responsibility to initiate proceeding for Detention Order, Missing Persons Report, Runaway Juvenile Report and/or any document/procedure needed in the event my child leaves Jones Academy or Hartshorne Public Schools, or; any Jones Academy or Hartshorne Public School activity without express permission from Jones Academy Staff.	
The permission is given so that my child may be located and returned to a safe environment as soon as possible.	
Signature of Parent or Guardian	Date
DESCRIPTION OF CHILD (To be completed by Parent or Guardian.)	
PLE	EASE PRINT
Name:	Sex:
Nickname:SS #:	
Height: Weight Hair color	Hair length
Eye color: Tattoos:	Scars:
Remarks/Details:	
CONSENT FOR SEARCH	
I, Parent/Guardian's Name	, give consent to Jones Academy staff to search
Student's Name	_, his/her room, and/or personal belongings if there is
reasonable belief that the student has an illegal substance, weapon, or an item that is considered a danger to him/her or someone else. I understand that periodically on a random basis a drug dog may be used to search the campus area (including students' rooms) for illegal drugs.	

Parent/Guardian

Date

## PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-597 (Privacy Act of 1974), December 31, 1974 and the Paper work Reduction Act (44 U.S.C. 3501, et seq)

The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 114, Public Law 67-86, 42 Stat. 208 (25 U.S.C. 13) and Public Law 95-561

In accordance with the accountability required for the administration of funds appropriated for educational programs, certain types of information are required. All records are maintained in strictest confidence and all information contained therein is considered privileged. Information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals.

This information is being collected to obtain information on students, such as schools previously attended, tribal affiliation, degree of Indian blood, and language spoken in the home. This information will be used to determine a student's eligibility to enroll in bureau operated or bureau funded schools. Response to this request is mandatory in order to obtain a benefit.

### Use of Social Security Number

The request for a social security number is voluntary. If supplied, it will be used as one identifier in the Bureau's management information system's student enrollment system.

### Estimated Burden Statement

Public reporting burden for this form is estimated to average one-half hour per response, which includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. The public may make additional comments on the accuracy of our burden estimates (which are explained in detail in the preamble to the proposed rule published on February 25, 2004, at 69 FR 8752) and any suggestions for reducing this burden to the OMB Interior Desk Officer, Docket Number 1076–AE49, Office of Information and Regulatory Affairs, 202-395-6566 (facsimile); email: *OIRA\_DOCKET@omb.eop.gov.*