

What is your current marital status? <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	Are you a single parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you reside on your tribal reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you speak your tribal language? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you the first generation of your family to attend a post-secondary educational institution? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Select the highest level of education for each parent/guardian.

Mother's Education:

- Completed High School Diploma or GED Equivalent
- Completed a Certificate (approximately 1-year training)
- Completed an Associate's Degree (2-year college degree)
- Completed a Bachelor's Degree (4-year college degree)
- Completed a Graduate Degree
- Not Applicable

Father's Education:

- Completed High School Diploma or GED Equivalent
- Completed a Certificate (approximately 1-year training)
- Completed an Associate's Degree (2-year college degree)
- Completed a Bachelor's Degree (4-year college degree)
- Completed a Graduate Degree
- Not Applicable

ASSESSMENT SURVEY:

What is your current objective in attending SIPI? Please mark an "X" next to any or all of the statements that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> Obtain an Associate Degree | <input type="checkbox"/> Meet certification/licensure requirements |
| <input type="checkbox"/> Obtain a Certificate | <input type="checkbox"/> Personal interests |
| <input type="checkbox"/> Transfer to another college or university | <input type="checkbox"/> Explore courses |
| <input type="checkbox"/> Preparation to change careers | <input type="checkbox"/> Improve skills for present job |
| <input type="checkbox"/> Self-improvement and/or to improve basic skills | <input type="checkbox"/> Undecided/unknown |
| <input type="checkbox"/> Preparation to enter the job market | |

CERTIFICATION:

This verifies that all application information I submitted to Southwestern Indian Polytechnic Institute (SIPI) is complete and true. Reporting any false application information may be grounds for denying admission or suspension from the institution. I also agree to abide by all of the rules and regulations of SIPI.

Applicant Signature (sign)	Social Security Number	Date
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FOR PARENT/GUARDIAN OF A MINOR APPLICANT UNDER 18 YEARS OF AGE:

I am legally responsible for this applicant and hereby apply for his/her admission to SIPI. I give my consent to emergency operations, psychiatric treatment, and dental or minor surgery, if such procedures become necessary while the student is in college. I also approve inoculations and treatment in the field of preventive medicine as may be deemed necessary by medical personnel.

Parent/Legal Guardian Signature	Relationship	Date ()
Address (Number, Street, Rt., Box, City, State, Zip)		Telephone No.

STUDENTS WITH DISABILITIES

Southwestern Indian Polytechnic Institute ensures access to facilities and academic programs for students identified by the American Disabilities Act. Accommodations are determined on an individual basis and include, but not are limited to sign language interpreters, note takers, audio recording, tutorial services, priority registration, parking, and classroom modification. Please contact the Vocational Rehabilitation Counselor by email at vocehabcounselor@sipi.bia.edu or phone at (505) 346-2319, regarding your disability. The Counselor can arrange for and monitor services you need in compliance with the American Disabilities Act.

CLINICAL RECORD -- REPORT OF MEDICAL EXAMINATION OF SCHOOL CHILDREN

1. NAME (Last, first, middle)		2. NAME OF SCHOOL			3. REGISTRATION NO.	
4. OTHER NAMES USED (Last, first, middle)		5. DEGREE OF BLOOD	6. TRIBE	7. TRIBAL IDENTIFICATION NO.		
8. PERMANENT ADDRESS OF PARENT OR GUARDIAN					9. DATE OF EXAMINATION	
10. PLACE OF BIRTH		11. DATE OF BIRTH	12. AGE	13. SEX	14. OTHER CLINIC OR SCHOOL ATTENDED	
15. FATHER'S NAME		16. PLACE OF BIRTH		17. MOTHER'S MAIDEN NAME	18. PLACE OF BIRTH	
19. SIGNIFICANT FAMILY HISTORY (List tuberculosis, venereal disease, diabetes, epilepsy, trachoma in family. Also, if parents not living, indicate cause of death.)						

20. SIGNIFICANT PERSONAL HISTORY (List, with dates where possible, history of rheumatic fever, chorea, tuberculosis, asthma, convulsive disorder, diabetes, otitis media, pneumonia, trachoma, other serious illness or hospitalization and menstrual history.)

21. SIGNIFICANT SOCIAL HISTORY:

<p>22. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)</p> <p>0 - Restorable teeth X - Missing teeth (6 x 8) - Fixed bridge, brackets 1 - Non-restorable teeth XXX - Replaced by dentures to include abutments.</p> <table style="margin-left: 40px; border-collapse: collapse;"> <tr> <td style="text-align: right;">RIGHT</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td style="border: 1px solid black; padding: 2px;">8</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">10</td> <td style="border: 1px solid black; padding: 2px;">11</td> <td style="border: 1px solid black; padding: 2px;">12</td> <td style="border: 1px solid black; padding: 2px;">13</td> <td style="border: 1px solid black; padding: 2px;">14</td> <td style="border: 1px solid black; padding: 2px;">15</td> <td style="border: 1px solid black; padding: 2px;">16</td> <td style="text-align: left;">LEFT</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">32</td> <td style="border: 1px solid black; padding: 2px;">31</td> <td style="border: 1px solid black; padding: 2px;">30</td> <td style="border: 1px solid black; padding: 2px;">29</td> <td style="border: 1px solid black; padding: 2px;">28</td> <td style="border: 1px solid black; padding: 2px;">27</td> <td style="border: 1px solid black; padding: 2px;">26</td> <td style="border: 1px solid black; padding: 2px;">25</td> <td style="border: 1px solid black; padding: 2px;">24</td> <td style="border: 1px solid black; padding: 2px;">23</td> <td style="border: 1px solid black; padding: 2px;">22</td> <td style="border: 1px solid black; padding: 2px;">21</td> <td style="border: 1px solid black; padding: 2px;">20</td> <td style="border: 1px solid black; padding: 2px;">19</td> <td style="border: 1px solid black; padding: 2px;">18</td> <td style="border: 1px solid black; padding: 2px;">17</td> <td></td> </tr> </table>	RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		<p>REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES</p>
RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT																				
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																					

23. DATE OF DENTAL EXAMINATION	24. SIGNATURE OF EXAMINER
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LABORATORY FINDINGS

25. URINALYSIS		26. HEMATOCRIT OR HEMOGLOBIN	
A. SPECIFIC GRAVITY	D. MICROSCOPIC		
B. ALBUMIN			
C. SUGAR			
27. SEROLOGY (Specify test used and result.)	28. EKG	29. BLOOD TYPE AND RH FACTOR	30. OTHER TESTS
31. CHEST X-RAYS (Place, date, film number and result.)		32. NAME OF FACILITY OR CLINIC	

MEASUREMENTS AND OTHER FINDINGS

33. HEIGHT	34. WEIGHT	35. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	36. BLOOD PRESSURE (Arm at heart level) A. Systolic B. Diastolic
37. PULSE (Arm at heart level) A. Sitting B. After exercise		38. VISION Right 20/ Corr. to 20/ Left 20/ Corr. to 20/	39. DATE OF EXAMINATION AND SIGNATURE OF EXAMINER
40. HEARING (Indicate test used and findings) Right Left		41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score.)	
42. DATE OF EXAMINATION AND SIGNATURE OF EXAMINER		44. NOTES (Describe every abnormality in detail. Enter pertinent Item Letter before each comment.)	
43. CLINICAL EVALUATION (Check each item in appropriate column.)			

NORMAL	AB-NORMAL	NOT EVALUATED	ITEM
			A. HEAD, FACE, NECK AND SCALP
			B. NOSE
			C. SINUSES
			D. MOUTH AND THROAT
			E. EARS - GENERAL
			F. DRUMS (Perforation)
			G. EYES - GENERAL (Include examination for trachoma)
			H. OPHTHALMOSCOPIC
			I. PUPILS AND OCULAR MOTILITY
			J. LUNGS AND CHEST
			K. HEART AND VASCULAR SYSTEM
			L. ABDOMEN AND VISCERA (Include hernia)
			M. ANUS AND RECTUM
			N. ENDOCRINE SYSTEM (Include indication of puberty)
			O. G-U SYSTEM
			P. UPPER EXTREMITIES
			Q. FEET AND LOWER EXTREMITIES
			R. SPINE, OTHER MUSCULOSKELETAL
			S. IDENTIFYING BODY MARKS, SCARS, TATTOOS
			T. SKIN LYMPHATICS
			U. NEUROLOGIC (Equilibrium included)
			V. PSYCHIATRIC (Specify any known personality deviation)

45. SUMMARY OF DEFECTS AND DIAGNOSIS (List diagnoses with Item Letters. Include allergies, especially drug allergies.)

46. RECOMMENDATIONS (Further specialist examinations and follow-up indicated. Specify.)

47. SIGNATURE OF EXAMINING PHYSICIAN

48. DATE