



LUMMI NATION K-12 SCHOOL

2334 LUMMI VIEW DRIVE
BELLINGHAM, WASHINGTON 98226
PHONE: 360-758-4300, FAX: 360-758-4466



NEW STUDENT APPLICATION

Student Name: _____ Grade: _____

Contact Person: _____ Phone: _____

_____ Registration packet complete and signed

_____ Birth Certificate

_____ CDIB (Certificate of Degree of Indian Blood)

_____ Immunizations

_____ Court Orders in Effect? If so, attach copy.

Please note: Registration is considered INCOMPLETE if any above items are missing.

COMPLETED PAPERWORK TO:

- LNS MAIN OFFICE
- EMAILED TO: Nicole.phair@lummi-k12.org
- Or FAXED TO: 360-758-4466

OFFICE USE ONLY (below)

Signature / Date

- | | |
|--|-------|
| 1. Registrar: Complete packet received | _____ |
| 2. Registrar: Collection of school records | _____ |
| 3. Nurse: Medical/Health check | _____ |
| 4. Sp. Ed. Dir: SPED Check/Acceptance | _____ |
| 5. Principal: Acceptance | _____ |
| 6. Registrar: Activate in system | _____ |
| 7. Counselor: Create schedule | _____ |