

<b>Office Only</b> School Name/Code: _____		School Entry date: ____/____/____	
Student Name: _____		Student District ID: _____	
Grade: _____ School Year: _____		Student State ID (SSID): _____	
Homeroom Teacher: _____		Rm# _____	



**ANCHORAGE SCHOOL DISTRICT K-12 ENROLLMENT FORM**  
 Parent/Guardian to complete Sections I-V. Please print legibly using black or blue pen

I. STUDENT INFORMATION				
1. Student Last name (LEGAL NAME ONLY)		Student First name (LEGAL NAME ONLY)		Student Middle name
2. Student date of birth:MM/DD/YY ____/____/____	3. Grade level:	4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No 5a. Regardless of response to #5, select <b>one or more</b> of the race categories: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> AK Native <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander	
6. Student home language:			7. Student primary language:	
8. Student home phone: ( )	9. Complete residence address of student:			City, State: ZIP + 4:
8a. <input type="checkbox"/> Unlisted 8b. <input type="checkbox"/> Message Only	10. Daytime emergency phone: (For automated emergency calls – <i>direct lines only, required</i> ) ( )			
			11. Additional notification phone: (For automated emergency and informational calls; <i>not required</i> ) ( )	
12. Student mailing address if other than residence:			City, State:	ZIP + 4:
13. Student email address(Required if HS student is taking on-line courses)			15. Student lives with (check <b>one</b> ): <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Agency _____ <input type="checkbox"/> Other: _____	
14. Birth place:				
16. AM Bus Number: (If known)	AM bus pick-up address – if <b>other than</b> student home address:		AM bus pick-up contact phone number: ( )	
17. PM Bus Number: (If known)	PM bus drop-off address – if <b>other than</b> student home address:		PM bus drop-off contact phone number: ( )	

II. QUESTIONS FOR PARENT/GUARDIAN	
Please complete Questions 18-27.	
18. Previously enrolled in the Anchorage School District? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, school name _____ Last year attended _____	
19. Please list previous out of Anchorage School District history: (If additional space is needed, please see the registrar.) School name: _____ Address: _____ City: _____ St _____ Zip _____ School phone number ( ) _____ Date last attended: ____/____/____ Years Attended: _____	
20. Is student currently enrolled in ELL (English Language Learner)? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Has student participated in any other Special Education Services (OT/PT,DPT,Speech) <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is a language other than English spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Does student have a current 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does student have a current or past IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Has student been double promoted? If yes, list grade skipped <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has student ever repeated a grade? If yes, list grade _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Is there a court order in effect for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish a copy of the legal documentation to the school office.	

**CONTINUE COMPLETING PARENT/GUARDIAN SECTIONS III – V ON REVERSE SIDE**

The information provided in Sections I-V is true to the best of my knowledge

<b>X</b>	
Parent/Guardian signature (required)	Date (required)

**FOR OFFICE USE ONLY**

Address/Boundary Information	
1. Home address verified: <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes: Date: ____/____/____ Address verification document: _____	
2. Birth verification basis: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Affidavit (3 required) _____	
3. School of residence: _____	4. District of residence: _____
5. Boundary exception: Transfer Type: <input type="checkbox"/> In-District <input type="checkbox"/> Out-of-District Reason: <input type="checkbox"/> Continuing Current Exemption <input type="checkbox"/> Educational Program <input type="checkbox"/> Grandfathered <input type="checkbox"/> Medical/Extenuating <input type="checkbox"/> NCLB School Choice <input type="checkbox"/> NCLB Victim <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Special Education	
Entry Information	
6. Entry reason (check one): <input type="checkbox"/> Track Transfer within ASD.....(TT) <input type="checkbox"/> Entry from a private school.....(05E) <input type="checkbox"/> Initial entry for school year..... (09E) <input type="checkbox"/> Entry from another AK dist.....(02E) <input type="checkbox"/> Entry from an institution with an educational program...(06E) <input type="checkbox"/> Returning student.....(10E) <input type="checkbox"/> Entry from other state/country.....(03E) <input type="checkbox"/> Re-entry/Voluntary withdrawal same school.....(07E) <input type="checkbox"/> Grade level change.....(G) <input type="checkbox"/> Entry from home schooling.....(04E) <input type="checkbox"/> Re-entry/Involuntary withdrawal same school.....(08E) <input type="checkbox"/> Dual Enrollment.....(DE)	
Records Acquisition Information	
7. Records requested: Date: ____/____/____ From(In-district) _____ Received Date: ____/____/____ From (Out-of-district) _____ Received Date: ____/____/____	
8. Copy of court order legal documentation was provided by parent/guardian (see #27). <input type="checkbox"/> Yes <input type="checkbox"/> No Received Date: ____/____/____	

III. PRIMARY CONTACT INFORMATION		
	CONTACT 1 28. PARENT/GUARDIAN	CONTACT 2 29. OTHER PARENT/GUARDIAN
Title (check one):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Contact full name (last, first):		
Type of contact:	Check only <i>one</i> : <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Check only <i>one</i> : <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Relationship to student:	Check only <i>one</i> : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____	Check only <i>one</i> : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____
Contact lives with student:	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, print complete residence address here: (No. & Street name) _____ (City, State, Zip + 4) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, print complete residence address here: _____ _____
Contact employer name:		
Contact exact work address:		
Contact work phone#:	( ) ( ) ( )	( ) ( ) ( )
Contact home phone#:	( ) ( ) ( )	( ) ( ) ( )
Contact cell phone#:	( ) ( ) ( )	( ) ( ) ( )
Contact primary language:		
Contact email address:		
Contact receives school mail and needs access to the following student records:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <i>all</i> that apply: <input type="checkbox"/> Report Card <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (ParentConnect)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <i>all</i> that apply: <input type="checkbox"/> Report Card <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (ParentConnect) (Do <i>not</i> check boxes in this column if student lives w/both contacts)
Active Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, print: Rank: _____ Branch of Service: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, print: Rank: _____ Branch of Service: _____
Name of Federal Property / Military Installation		

Please provide additional contact information below. We will use this if we are unable to reach Primary Contact(s).

IV. SECONDARY CONTACT INFORMATION			
30.	CONTACT 3	CONTACT 4	CONTACT 5
Contact full name:			
Contact address (No. & Street name) (City, State, Zip + 4)			
Type of contact:	Check only <i>one</i> : <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	Check only <i>one</i> : <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	Check only <i>one</i> : <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Relationship to Student:	Check only <i>one</i> : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Gmother <input type="checkbox"/> Gfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Doctor <input type="checkbox"/> Family Friend <input type="checkbox"/> Host Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____	Check only <i>one</i> : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Gmother <input type="checkbox"/> Gfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Doctor <input type="checkbox"/> Family Friend <input type="checkbox"/> Host Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____	Check only <i>one</i> : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Gmother <input type="checkbox"/> Gfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Doctor <input type="checkbox"/> Family Friend <input type="checkbox"/> Host Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____
Contact home phone#:	( ) ( ) ( )	( ) ( ) ( )	( ) ( ) ( )
Contact cell phone#:	( ) ( ) ( )	( ) ( ) ( )	( ) ( ) ( )
Contact work phone#:	( ) ( ) ( )	( ) ( ) ( )	( ) ( ) ( )
Contact receives school mail and needs access to the following student records:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <i>all</i> that apply: <input type="checkbox"/> Report Card <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> WebAccess(ParentConnect)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <i>all</i> that apply: <input type="checkbox"/> Report Card <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (ParentConnect)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <i>all</i> that apply: <input type="checkbox"/> Report Card <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (ParentConnect)

V. SIBLING INFORMATION (ADDITIONAL SHEET AVAILABLE)

31. Complete this section only if applicable. Include only siblings who are currently enrolled in Grades K-12 in the Anchorage School District.

Sibling 1 full name:	Grade:	School name:
Sibling 2 full name:	Grade:	School name:
Sibling 3 full name:	Grade:	School name: