

Please return Zangle forms to:

Anchorage School District
5530 E. Northern Lights Blvd.
Anchorage, Alaska 99504

Fax: (907) 742-4417

E-mail: ZangleHelpDesk@asdk12.org

You may also bring them with you to your child's school registration but the district would like to get them earlier for data entry purposes.

This is page one of three. Forms are attached below.

ANCHORAGE SCHOOL DISTRICT K-12 CONTACT & STUDENT INFORMATION FORM



CONTACT NUMBER 1	Title		Contact Full Name			Contact Type (Please select one)				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Family <input type="checkbox"/> Physician <input type="checkbox"/> Case Worker <input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Guardian <input type="checkbox"/> Release Contact <input type="checkbox"/> Public Agency
Home Address	Street Address:									
	Apt., Unit or Suite Number:									
	City:			State:			Zip Code + 4:			
Work Address	Employer Name:						Occupation:			
	Street Address:									
	Apt., Unit or Suite Number:									
	City:			State:			Zip Code + 4:			
Phone Numbers	Home	()				<input type="checkbox"/> Message		<input type="checkbox"/> Unlisted		
	Cellular	()				<input type="checkbox"/> Message		<input type="checkbox"/> Unlisted		
	Work	()				<input type="checkbox"/> Message		<input type="checkbox"/> Unlisted		
Email Address							Primary Language			
ParentConnect Web Access Privilege –Contact #1- Yes	Contact #1 <u>automatically</u> receives access privileges to reports cards, test results, behavior, health, school communications and emergency notifications.									

STUDENT INFORMATION FOR CONTACT NUMBER 1

Complete all the following information for each student currently enrolled in the Anchorage School District and associated with Contact #1. See key below.

Student full legal name	Relationship	Grade	School student attends	Student lives with contact 1?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT NUMBER 2	Title		Contact Full Name			Contact Type (Please select one)				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Family <input type="checkbox"/> Physician <input type="checkbox"/> Case Worker <input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Guardian <input type="checkbox"/> Release Contact <input type="checkbox"/> Public Agency
Home Address	Street Address:									
	Apt., Unit or Suite Number:									
	City:			State:			Zip Code + 4:			
Work Address	Employer Name:						Occupation:			
	Street Address:									
	Apt., Unit or Suite Number:									
	City:			State:			Zip Code + 4:			
Phone Numbers	Home	()				<input type="checkbox"/> Message		<input type="checkbox"/> Unlisted		
	Cellular	()				<input type="checkbox"/> Message		<input type="checkbox"/> Unlisted		
	Work	()				<input type="checkbox"/> Message		<input type="checkbox"/> Unlisted		
Email Address							Primary Language			
ParentConnect Web Access Privilege – <input type="checkbox"/> Yes or <input type="checkbox"/> No	Additional Access Privileges Given to Contact #2:			<input type="checkbox"/> Report Card	<input type="checkbox"/> Behavior	<input type="checkbox"/> Health				
				<input type="checkbox"/> Test Results	<input type="checkbox"/> School Communications	<input type="checkbox"/> Emergency Notifications				

STUDENT INFORMATION FOR CONTACT NUMBER 2

Complete all the following information for each student currently enrolled in the Anchorage School District and associated with Contact #2. See key below.

Student full legal name	Relationship	Grade	School student attends	Student lives with contact 2?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship Key: Select one letter. Write letter under relationship tab for each student listed. Relationship is between the contact and student.

A Father	D Stepmother	G Foster Father	J Aunt	M Family Friend	P Court Appointed Guardian
B Mother	E Grandfather	H Foster Mother	K Host Parent	N Surrogate Parent	O Agency Representative
C Stepfather	F Grandmother	I Uncle	L Neighbor	O Other Relative	R Other Relationship

SIGNATURE REQUIRED ON REVERSE SIDE

CONTACT NUMBER 3	Title		Contact Full Name			Contact Type (Please select one)			
	<input type="checkbox"/> Mr.		Last Name		First Name	MI	<input type="checkbox"/> Family	<input type="checkbox"/> Guardian	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Mrs.						<input type="checkbox"/> Physician	<input type="checkbox"/> Release Contact	<input type="checkbox"/> Child Care Provider
	<input type="checkbox"/> Ms.						<input type="checkbox"/> Case Worker	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Probation Officer
							<input type="checkbox"/> Power of Attorney		
Home Address	Street Address:								
	Apt., Unit or Suite Number:								
	City:			State:			Zip Code + 4:		
Work Address	Employer Name:						Occupation:		
	Street Address:								
	Apt., Unit or Suite Number:								
	City:			State:			Zip Code + 4:		
Phone Numbers	Home	()					<input type="checkbox"/> Message	<input type="checkbox"/> Unlisted	
	Cellular	()					<input type="checkbox"/> Message	<input type="checkbox"/> Unlisted	
	Work	()					<input type="checkbox"/> Message	<input type="checkbox"/> Unlisted	
Email Address							Primary Language		
ParentConnect Web Access Privilege – <input type="checkbox"/> Yes or <input type="checkbox"/> No	Additional Access Privileges Given to Contact #3:		<input type="checkbox"/> Report Card	<input type="checkbox"/> Behavior	<input type="checkbox"/> Health				
			<input type="checkbox"/> Test Results	<input type="checkbox"/> School Communications	<input type="checkbox"/> Emergency Notifications				

STUDENT INFORMATION FOR CONTACT NUMBER 3

Complete all the following information for each student currently enrolled in the Anchorage School District and associated with Contact #3. See key page 1.

Student full legal name	Relationship	Grade	School student attends	Student lives with contact 3?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT NUMBER 4	Title		Contact Full Name			Contact Type (Please select one)			
	<input type="checkbox"/> Mr.		Last Name		First Name	MI	<input type="checkbox"/> Family	<input type="checkbox"/> Guardian	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Mrs.						<input type="checkbox"/> Physician	<input type="checkbox"/> Release Contact	<input type="checkbox"/> Child Care Provider
	<input type="checkbox"/> Ms.						<input type="checkbox"/> Case Worker	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Probation Officer
							<input type="checkbox"/> Power of Attorney		
Home Address	Street Address:								
	Apt., Unit or Suite Number:								
	City:			State:			Zip Code + 4:		
Work Address	Employer Name:						Occupation:		
	Street Address:								
	Apt., Unit or Suite Number:								
	City:			State:			Zip Code + 4:		
Phone Numbers	Home	()					<input type="checkbox"/> Message	<input type="checkbox"/> Unlisted	
	Cellular	()					<input type="checkbox"/> Message	<input type="checkbox"/> Unlisted	
	Work	()					<input type="checkbox"/> Message	<input type="checkbox"/> Unlisted	
Email Address							Primary Language		
ParentConnect Web Access Privilege – <input type="checkbox"/> Yes or <input type="checkbox"/> No	Additional Access Privileges Given to Contact #4:		<input type="checkbox"/> Report Card	<input type="checkbox"/> Behavior	<input type="checkbox"/> Health				
			<input type="checkbox"/> Test Results	<input type="checkbox"/> School Communications	<input type="checkbox"/> Emergency Notifications				

STUDENT INFORMATION FOR CONTACT NUMBER 4

Complete all the following information for each student currently enrolled in the Anchorage School District and associated with Contact #4. See key page 1.

Student full legal name	Relationship	Grade	School student attends	Student lives with contact 4?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

The above information supplied is true to the best of my knowledge.

X _____
Parent/Guardian Signature (required)

Date