

Office Use Only School Name/Code: _____	School Entry Date: ____/____/____
Student District ID: _____ Student State ID (SSID): _____	
Copy of court order legal documentation was provided by parent/guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Date: ____/____/____

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's Legal Last Name:		Student's Legal First Name:		Student Middle Name:		Suffix:		Other Name Student Uses:	
2. Grade level:	3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. Select one or more 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				5. Student Birthdate: MM / DD / YY		6. Birth place:	
7. Student primary language:				8. Student home language:					
9. Student Residence address:						City, State:		ZIP + 4:	
10. Student mailing address (if other than residence):						City, State:		ZIP + 4:	
11. Student Email address and Phone Number (For HS student is taking on-line or King Tech courses)									
Student Email:									
Student Phone:									
12. 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.)									
13. Is student: Non-ASD Home Schooled? <input type="checkbox"/> Yes <input type="checkbox"/> No Attending a Private School? <input type="checkbox"/> Yes <input type="checkbox"/> No A Foreign Exchange Student? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of Private/Home School: _____									
14. Please list previous out of Anchorage School District history including Preschool: (If additional space is needed, please see the registrar.)									
School name: _____ Address: _____ City: _____ St: _____ Zip: _____									
School phone number (____) _____ Date last attended: ____/____/____ Years Attended: _____ Grade level last year: _____									
15. Previously enrolled in the ASD (including Preschool)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
*If yes , school name _____ Last year attended _____									
16. Does student have a current or past IEP ? <input type="checkbox"/> Yes <input type="checkbox"/> No					17. Does student have a current 504 plan ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
18. If your student was not born in the United States (including the District of Columbia and Puerto Rico), please provide the first known date that they began attending school in the United States: ____/____/____									

II. SIBLING INFORMATION (If additional space is needed, please see the registrar.)

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:	
Sibling 4 full name:		Grade:		School name:	
Sibling 5 full name:		Grade:		School name:	

The information provided is true to the best of my knowledge

X Parent/Guardian signature (required) _____ **Date:** _____

III. PRIMARY CONTACT INFORMATION

	CONTACT	PARENT/GUARDIAN	CONTACT	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 one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> *Other		Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> *Other	
Relationship to Student:	Check only one: <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"/> Guardian ad Litem <input type="checkbox"/> Court Appointed Special Advocate <input type="checkbox"/> OCS Caseworker		Check only one: <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"/> Guardian ad Litem <input type="checkbox"/> Court Appointed Special Advocate <input type="checkbox"/> OCS Caseworker	
Contact lives with student: At least one must be "Yes" (No. & Street name) (City, State, Zip + 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residential address: _____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residential address: _____ _____	
Military Affiliation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes" complete this section.	<input type="checkbox"/> Active Rank: _____ Branch of Service: _____ <input type="checkbox"/> Nat.Guard Active/A.D.O.S <input type="checkbox"/> Nat. Guard Traditional <input type="checkbox"/> Reserves Active/Title X <input type="checkbox"/> Reserves Traditional <input type="checkbox"/> Inactive or Retired		<input type="checkbox"/> Active Rank: _____ Branch of Service: _____ <input type="checkbox"/> Nat.Guard Active/A.D.O.S <input type="checkbox"/> Nat. Guard Traditional <input type="checkbox"/> Reserves Active/Title X <input type="checkbox"/> Reserves Traditional <input type="checkbox"/> Inactive or Retired	
Contact employer name:				
Contact work address: (Required if on a Federal Property)				
	City:	State:	Zip:	
Name of Federal Property (e.g. JBER, BLM, courthouse)				
1st Phone # to Call:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
2nd Phone # to Call:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
3rd Phone # to Call:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Contact preferred language:				
Contact email address:				
Contact needs access to the following student records:	<input type="checkbox"/> Web Access (ParentConnect)		<input type="checkbox"/> Web Access (ParentConnect) <input type="checkbox"/> DO NOT RELEASE (Please provide court order)	

Emergency Contacts are utilized when school staff is unable to reach Primary Contact(s).

Please provide additional contact information below. (Not Primary Contacts)

My child may be released to the contacts below.

IV. EMERGENCY CONTACT INFORMATION

	EMERGENCY CONTACT	EMERGENCY CONTACT
Contact full name:		
Contact relation:		
Contact phone #:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact phone #:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

	EMERGENCY CONTACT	EMERGENCY CONTACT
Contact full name:		
Contact relation:		
Contact phone #:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact phone #:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

The information provided is true to the best of my knowledge

X Parent/Guardian signature (required) _____ Date: _____



Anchorage School District

Media Release Form

We need student and parent permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you.

- Yes – I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Anchorage School District to print, broadcast or Internet media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Anchorage School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name, and the use, sale, editing and release to media outlets.
- No – I do not consent** to non-ASD use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at your school.

Date: _____
(day, month, year)

Student name: _____

Student signature: _____

Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name: _____

Parent or legal guardian signature: _____

Student Media-Release Forms

Parent-signed media releases are NOT needed when:

- Photographing or videotaping anonymous students engaged in normal classroom/school activities.
- Photographing, videotaping or interviewing students at events that are open to the public, such as music, theater or athletic events.

Parent-signed media releases are ALWAYS needed when:

- Students are interviewed or will be identified by name in a photograph/news article.
- An individual student(s) is the focus of the story.
- Photographing, videotaping or interviewing students who are in special education classes/services or certain specialized programs (drug/alcohol, detention/work detail, etc.).
- You feel the photograph, videotape or interview may be used in a negative way.



Anchorage School District

Release of Student Directory Information

5530 E. Northern Lights Blvd.
Anchorage, AK 99504-3135 (907) 742-4607

Dear Parents/Guardians,

As a parent (or a student 18 or over), you have the right to prohibit the Release of Student Directory Information about your student.

What is Student Directory Information?

“Student Directory Information” is information about students that may be disclosed by the Anchorage School District (ASD) to identify enrollment and to publicize student accomplishments and activities. Examples of publication include:

- A playbill showing your student’s role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, such as for wrestling, showing weight and height of team members

Directory information may also be requested from ASD by education-related vendors, colleges, or military recruiters who want contact information for ASD high school students. Disclosure to outside organizations includes, but is not limited to, companies that manufacture class rings or publish yearbooks.

What Categories of Information Are Included?

The District has identified the following information as directory information. (See School Board Policy 5125 for more details)

- Student’s Name
- Address
- Telephone Number
- E-mail Address
- Year of Birth
- Enrollment Status
- Dates of Attendance
- Grade Level
- Degrees, Honors and Awards
- Scholarship Eligibility
- Name of school most recently attended
- Participation in officially recognized activities and sports
- Height and weight of members of athletic team members

What Are Your Rights as a Parent (or Student 18 or Over)?

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that ASD, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student’s education records. However, ASD may disclose appropriately designated “directory information” without written consent, ***unless you decline by completing this form.***

In addition, federal law requires ASD to provide military recruiters, upon request, with three pieces of directory information – names, addresses and telephone listings, ***unless you decline by completing this form.*** State law requires ASD to provide contact information for students who have dropped out of high school to the Alaska Military Youth Academy, a program for students to finish their education and obtain a high school diploma or GED. ***You can decline this disclosure by completing this form.***

Release of Scholarship Eligibility Information

State law requires ASD to provide information about the eligibility of high school seniors for University of Alaska Scholarships including the names and addresses of those students who qualify for a scholarship. ***However, you can decline to have eligibility information disclosed to the University of Alaska Scholarship program by completing this form.***

School officials may release directory information, as set forth above, about a student without first obtaining parental consent, unless you decline by signing and returning this Release of Student Directory Information form.

Anchorage School District

Release of Student Directory Information

All Students K-12

____ YES ____ NO Grant **Directory Information Release** for the following types of publications:

- A playbill showing your student's role in a drama production
- Annual yearbook
- Sports activity sheets, such as for wrestling, showing weight and height of team members and athletic programs
- For awards recognition, achievements, certificates or Honor Roll

All High School Students

____ YES ____ NO Grant Directory Information Release for the following types of **graduation related activities**:

- Publicized Graduation lists
- Vendors for Class Rings and Photos
- Requests from outside agencies acknowledging Graduates with letters or certificates.

____ YES ____ NO Grant Directory Information Release (student contact information) to **College/Universities**

____ YES ____ NO Grant Directory Information Release (contact information for students who have dropped out) to **Alaska Military Youth Academy**

____ YES ____ NO Grant Directory Information Release (student contact information) to **Military Recruiters**

____ YES ____ NO Grant Release of **Scholarship Eligibility** information to the University of Alaska. Unless you select YES, your student's eligibility for the University of Alaska Scholarships cannot be disclosed to the organization that administers this scholarship program.

Student Information: Required fields (*)

*Student Name (Please Print) _____

*Parent/Guardian Name (Please Print) _____

*Parent/Guardian Signature _____

*Signature Date _____



Anchorage School District

Educating All Students for Success in Life

2021-22 Income Declaration Form

Each year the Anchorage School District must collect an income declaration form from families in order to follow state rules. This information is collected so ASD can accurately count the number of families who are economically disadvantaged.

Reporting this data may help schools receive discounts on phone and internet use and may help schools qualify for grants.

This information is NOT used to determine if a child may receive free or reduced price lunch. This form is confidential and individual family information will NOT be shared with anyone.

Student Name: _____ ASD ID# _____ Grade: _____

Directions:

1. Circle the number of people who live in your household.
2. Look at the amount to the right of the number you circled.
3. Check the "**is less than**" box if your family income is less than this amount.
4. Check the "**is more than**" box if your family income is more than this amount.

Circle the number of people who live in your home	Total Income	Check if your family income is "less than"	Check if your family income is "more than"
1	\$29,767	<input type="radio"/>	<input type="radio"/>
2	\$40,275	<input type="radio"/>	<input type="radio"/>
3	\$50,783	<input type="radio"/>	<input type="radio"/>
4	\$61,291	<input type="radio"/>	<input type="radio"/>
5	\$71,799	<input type="radio"/>	<input type="radio"/>
6	\$82,307	<input type="radio"/>	<input type="radio"/>
7	\$92,815	<input type="radio"/>	<input type="radio"/>
8	\$103,323	<input type="radio"/>	<input type="radio"/>
9	\$113,831	<input type="radio"/>	<input type="radio"/>

Example: A family of 3 with an income of less than \$50,228

Circle the number of people who live in your home	Total Income	Check if your family income is "less than"	Check if your family income is "more than"
1	\$29,508	<input type="radio"/>	<input type="radio"/>
2	\$39,868	<input type="radio"/>	<input type="radio"/>
3	\$50,228	<input type="radio"/>	<input type="radio"/>
4	\$60,588	<input type="radio"/>	<input type="radio"/>
5	\$70,948	<input type="radio"/>	<input type="radio"/>
6	\$81,308	<input type="radio"/>	<input type="radio"/>
7	\$91,668	<input type="radio"/>	<input type="radio"/>
8	\$102,028	<input type="radio"/>	<input type="radio"/>
9	\$112,388	<input type="radio"/>	<input type="radio"/>

I attest that the information provided on this form is true and accurate.

Signature: _____ Date: _____

Anchorage School District and Alaska Public Library - Library Card Project

Anchorage Public Library (APL) in partnership with the Anchorage School District will give parents/guardians the choice to get a public library card for their student when they register for school in the Anchorage School District. The ASD library card number will serve as the APL library card.

In order for students to use their ASD library card at APL, ASD will need to disclose the following information to APL:

- Student's Name, Gender and DOB
- School
- Address
- Parent/Guardian Name, Email and Phone
- ASD Library Card Number and PIN

Student Name (Please Print):

Parent/Guardian Name (Please Print):

Parent/Guardian Signature:

Date:

___YES, I give consent for ASD to disclose this information to APL

___NO, I do not give my consent for ASD to disclose this information to APL

Explore the world with a library card!

An Anchorage Public Library card gives your student access to:

Online resources

- 20,000+ downloadable ebooks and eaudiobooks
- Tumblebooks: ebooks & online learning portal for K-6th grade
- Lynda.com online learning and training
- Bookflix: read and watch nonfiction and picture books
- Downloadable music from Freegal
- Research databases & more!
- No fines or fees ever associated with online materials

Print and more resources at your library

- Almost a million books, DVDs, CDs, audiobooks, & more!
- Check out 3 items at any public library
- Use a computer to access the internet and do school work at the library
- Anchorage Public Library does not charge overdue fees but does charge for lost/damaged items.
- Events and activities for youth of all ages

For more information visit the APL web site: <http://www.anchoragelibrary.org/about/using-the-library/library-cards-borrowing/>

CUR #004

Updated 3/1/21

**Anchorage School District School Year 2021/22
Student Housing Questionnaire**

Parent/Guardian name: _____

Current address: _____

Phone number: _____

School: _____

Your child or children may be eligible for additional educational services through the Title I, Part A, Federal McKinney-Vento Homeless Assistance Act. Eligibility can be determined by completing this questionnaire.

Since July 1, of this year has there been a period of time when you have NOT rented or owned a home?

YES **NO** **REFUSED**

If yes, please check all of the following living situations you have used since July 1. If no, nothing else needs to be completed.

- Shelter
- Car/RV
- Temporarily living with another family/friend due to loss of housing or economic hardship (doubled-up)
- Campground
- Motel
- Couch surfing
- Unaccompanied Youth not living in the physical custody of parent or legal guardian

If you checked yes, please list all the preschool and school-aged children currently living with you.

Name: _____ Date of Birth: _____ School: _____ Grade: _____

Name: _____ Date of Birth: _____ School: _____ Grade: _____

Name: _____ Date of Birth: _____ School: _____ Grade: _____

Name: _____ Date of Birth: _____ School: _____ Grade: _____

Name: _____ Date of Birth: _____ School: _____ Grade: _____

-----**FOR OFFICE USE ONLY**-----

Please return all forms to the Child in Transition Office by either fax, scan or inter-district mail

crane_kirsten@asdk12.org

742-3830 FAX

ASD Student Handbook Acknowledgement

The Anchorage School District is committed to providing families and students with the most up-to-date information about its schools, programs, activities, and student behavior expectations.

Our Student Handbooks are now available online at <http://www.asdk12.org/students/handbooks/>. It is the responsibility of students and families to read and follow the guidance contained in the handbook. Questions about the handbook can be forwarded to your school's administrators. Please see your school's office staff to request a paper copy of the Student Handbook.

By checking this box, I acknowledge that the ASD Student Handbook is available to read online and that I can request a copy from my student's school at any time.

Student Name

Date of Birth

Parent/Guardian Name

Signature

Date



Anchorage School District Student Internet User Agreement

5530 E. Northern Lights Blvd.
Anchorage, AK 99504-3135

Dear Parent or Guardian,

We are pleased to offer students in the Anchorage School District access to the District computer network for Internet access. ASD requires this agreement form be filled out annually for students to obtain Internet access.

District Internet Use Responsibilities

Students are expected to act in a considerate and responsible manner when accessing network services.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply. The network is provided to students for educational use only. Parent permission is required and students who do not have such permission are responsible for not accessing the Internet at school. Access is a privilege, not a right, and entails responsibility.

Individual users of the District computer networks are responsible for their behavior and communications over those networks. It is expected that all users will comply with School Board policy E 6161.4 *Resources, Access and Internet Use Agreement* and will honor the agreements they have signed.

Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that students are using the system responsibly. Students should not expect that files stored on District servers will always be private.

Within reason, freedom of speech and access to information will be honored. During school, teachers of younger students will guide students toward appropriate materials.

The following are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting, or attacking others
- Violating copyright laws
- Trespassing in another's folders, work or files
- Employing the network for commercial purposes
- Deliberate damage to hardware or software
- Use of District computers for illegal activities
- Using another's password

Violation may result in a loss of access as well as other disciplinary or legal action. For more information, see the School Board Policies and the ASD Student Rights and Responsibilities document.

District G Suite Access

All students with permission to access the Internet are also given a G Suite account. This account does not include a district email but does give students access to:

1. Google Drive
2. Google Docs
3. Google Sheets
4. Google Slides
5. Google Classroom

This account is intended to give students the ability to seamlessly work between home and school. More info about G Suite security and privacy can be found at <https://edu.google.com/k-12-solutions/privacy-security/>

Anchorage School District Student Internet User Agreement

The Anchorage School District is not liable for any harm or injury that a user may suffer as a consequence of any inaccurate information the user may obtain through the Internet. By entering into this User Agreement, the user agrees to be bound by this release of liability and waives any and all rights to assert claims which may arise due to use of the Internet. (2 AAC 96.400-420)

As a user of the Anchorage School District Computer network, I hereby agree to comply with the rules stated on the reverse side of this form regarding communications over the network, while honoring all relevant laws and restrictions.

Student Information:

Student ID#	Grade
Student Name (Please print)	
Student Signature	Date

I have read the Student Internet User Agreement and as a parent or legal guardian of the minor student above, I grant permission for my student to access networked computer services such as electronic mail and the Internet. I recognize it is impossible for the Anchorage School District to restrict access to all controversial materials. I hereby give permission for my child to access the Internet and to publish information on web pages (except for home addresses and phone numbers) and certify that the information contained on this form is correct. I may at any time revoke this permission by notifying the student's school in writing.

Parent/Guardian Information:

Parent/Guardian Name (Please print)	
Parent/Guardian Signature	Date

Parent/Guardian of Elementary-Aged Student:

I agree to discuss the expectations and responsibilities outlined in this agreement with my elementary-aged student in lieu of his/her signature. _____ (Initial)

Agreement Authorizing Student Use of an ASD Owned Device

Your student is enrolled in an ASD program/school and may be provided with a Technological Device, going forward referred to as “Device”. Accepting this Device comes with expectations and responsibilities. Please review the following:

1. **Acceptable Use of a Device.** Use of the Device, whether at home or at school, is for educational purposes consistent with the curricular goals of ASD and with Board of Education policies. The student may not use (or allow others to use) the Device loaned to him/her in a way that violates the Board’s Acceptable Use Policy or its policies on student discipline, bullying, or student harassment. By using the Device, you and the student agree to abide by Board Policies, as well as all other applicable policies and guidelines in this document. As such, violation of any of these policies or guidelines could result in loss of use of the Device; discipline, up to and including suspension or expulsion; and referral to law enforcement.
2. **Responsibility for Lost or Damaged Device.** In the event your student’s Device is lost or damaged, you will be responsible for replacement or repairs under the following guidelines:
 - a. If the Device is stolen, you will be required to pay in full for the replacement unless the theft was not due to your child’s negligence or intentional misuse and you have submitted a complete and accurate police report of the theft.
 - b. If the damage is due to student’s negligence or intentional misuse or destruction, or if the Device is lost, you will be required to pay in full for the repair or replacement of the equipment.

In accordance with School Board Policy 5125.3, willful damage of or failure to return your Device may result in the withholding of grades, diploma or transcripts.

3. **Caring for the Device.** The Device assigned to the student remains the property of ASD and must be cared for. In addition to the manufacturer’s instructions included with the Device, if any, the student must care for the Device as follows:
 - a. Only use a clean, soft cloth to clean the device’s screen; don’t use cleansers of any type.
 - b. Insert and remove cords and cables carefully to prevent damage to connectors.
 - c. Do not write or draw on, apply stickers or labels to, or otherwise mark up or deface the Device.
 - d. Handle the device carefully. Screens can crack not only when dropped, but also when twisted or subjected to pressure from stepping or leaning on them. Don’t stack other objects (books, binders, etc.) on top of the Device.
 - e. Don’t leave the Device in places of extreme temperature, humidity, or limited ventilation (e.g., in a car) for an extended period of time.
 - f. Keep food and beverages away from the Device.

- g. Make sure the Device is secure when it is out of the sight. Don't leave it in an unlocked locker, a desk, car or other location where someone might take it.
 - h. While not provided, a protective carrying case is recommended.
 - i. Don't "jailbreak," "root," or otherwise disrupt the configuration of the Device. In other words, do not replace the manufacturer's operating system with custom software.
- 4. **Using the Device at School.** Unless otherwise instructed, the Device is intended for daily use at school and home. The student is responsible for bringing it to school every day, fully-charged. ASD may not supply loaner devices to students who neglect to bring their fully-charged device to school.
- 5. **Using the Device Outside of ASD.** In the event the student uses the Device outside of ASD, he/she is bound by the same policies, procedures, and guidelines as at school.
 - a. **Guardian Responsibility for Supervision Outside of ASD.** Students and their parents/guardians bear sole responsibility for exercising appropriate device and internet use and for abiding by local, state and federal laws and regulations. While there is limited internet content filtering, students are required to follow the district's Internet Use Agreement. Appropriate use of the district issued Device at home and outside of school is subject to the district's student discipline guidelines as outlined in the ASD Student Handbook.
 - b. **Technical Support.** ASD cannot guarantee that the Device will function outside ASD at the same level as inside ASD. Configuration of any home network connection is the guardian's responsibility and not the responsibility of ASD. However, should you need support for your Device, contact your school. Any configuration applied to the Device that impairs its performance in school may be removed by District staff.
- 6. **Managing Your Files and Saving Your Work.** Work performed on a Device is typically saved to Google Drive or to the Device itself. It is the student's responsibility to make sure his/her work is not lost due to a failure or loss of the Device. Students are encouraged to use Google Drive so that their files may be accessed anywhere there is access to Google.
- 7. **Software.** ASD will provide all required software. Should the student decide to install additional software on the device, that software may be removed by District staff at any time should it be deemed unnecessary or malicious.
- 8. **No Expectation of Privacy.** There is no expectation of privacy for any communication made using the Device or for any content created or stored on the device. ASD reserves the right to inspect the Device and its contents at any time and for any reason.
- 9. **Personal Content.** The student should be aware that any content (including, but not limited to, documents, audio files, and photographs) stored on the Device or in the cloud is subject to access by third parties pursuant to law or subject to discovery in a legal proceeding. In addition, personal content may be deleted in the course of routine maintenance and/or troubleshooting. It is the responsibility of the student to backup all personal content stored locally on the Device or in the cloud.
- 10. **Device Data as Records.** Data saved to the Device or to Internet-based storage space (i.e., the "cloud") via the Device are not maintained by the District as public records or as student records. In the event data stored on a Device or stored in the cloud via a Device needs to be maintained by the District for any reason, the District will take affirmative steps to preserve it.

11. Returning the Device. Unless instructed otherwise, the Device (and any related accessories) must be returned to ASD by the last day of the school year. If the student withdraws from ASD, the Device must be returned prior to the last day of attendance. The device and accessories must be returned in operable condition, with all parts intact. If the Device and any related accessories are not returned, ASD may, in addition to seeking reimbursement, file a theft report with the appropriate law enforcement agency.

In accordance with School Board Policy 5125.3, willful damage of or failure to return your Device may result in the withholding of grades, diploma or transcripts.

12. Waiver of Device-Related Claims. By signing the “Device Acknowledgement” below, you acknowledge that you and the student have read, understand, and agree to follow all guidelines and policies outlined or referenced in this Agreement and agree to be bound by this Agreement. You also agree and represent that the Device (including any related accessories) was delivered in good working order and that it must be returned to ASD in good working order. By signing this Agreement, you waive any and all claims you or the student (and each of your respective heirs, successors, and assigns) may have against ASD, its Board of Education, and its individual Board members, officers, employees, and agents relating to, connected with or arising from the use of the Device or this Agreement.

13. Indemnification for Device-Related Claims. To the fullest extent allowed by law, you agree to indemnify, defend, and hold harmless ASD, its School Board of Education, and its individual Board members, officers, employees, and agents from any and all claims, damages, losses, causes of action, and the like relating to, connected with or arising from the use of the Device or this Agreement.

Please sign the Acknowledgement form on the next page and return it to your teacher as soon as possible.

DEVICE ACKNOWLEDGEMENT

STUDENT'S NAME: _____ **Grade:** _____
Date of Birth: _____ **Student ID** _____

GUARDIAN AGREEMENT: I am the guardian of the student listed above, and I acknowledge that I received, read, and understand the *Agreement Authorizing Student Use of an ASD Owned Device*, including its waiver and indemnification provisions. Further, I understand that:

- My student is responsible for bringing the Device issued to him/her to school every day, fully charged, and for taking care of and properly using the Device.
- My student's failure to care for the Device or his/her improper use of the Device may subject him/her to disciplinary action, loss of the privilege of using the Device, and/or referral to law enforcement.
- I am responsible for monitoring and supervising my student's use of the Device, including its access to the Internet, outside of school.
- I am financially responsible for any damage to or loss of the Device assigned to my student.
- I am responsible for ensuring my student's compliance with the terms of the *Agreement Authorizing Student Use of an ASD Owned Device*.

Guardian's Name (Printed)

Guardian's Signature

Date

STUDENT AGREEMENT: I agree that I received, read, and understand the *Agreement Authorizing Student Use of an ASD Owned Device*. I understand that:

- I will bring the Device to school every day, fully charged.
- I will take care of the Device and use it properly.
- If I do not care for the Device or I use it improperly, I may not be allowed to use the Device any more, may be disciplined at school, and may be referred to the police in serious cases.
- I am responsible for using the Device and the Internet appropriately, both at school and outside of school.
- My guardian(s) will have to pay for any damage to my Device or to replace my Device if it is lost.
- I will follow all directions in the *Agreement Authorizing Student Use of an ASD Owned Device*.

Student's Name (Printed)

Student's Signature

Date



Student ID _____

Anchorage School District Migrant Education Program Seasonal Work/Activity Eligibility Screener

Student's Legal Name: _____ Date of Birth: _____

Current Phone Number: _____

1. Within the past three years has anyone in your family engaged in any of the following activities:

_____ Commerical fishing or other fishing activites (including shrimping, crabbing, & clamming) for the purpose of producing food for your family's use and needs?

_____ Agriculture (may include berry picking)

_____ Logging (with a logging company)

_____ Fish processing (cannery work)

_____ None of the above

.....
If you did not check at least one activity above please stop. 

.....
2. Did the activity require staying overnight away from your residence and outside the Anchorage School District area?

YES NO

3. Is the activity an economic necessity for your family, meaning you need the income, harvest, or catch meet your household's basic needs?

YES NO

**This form does not enroll your child(ren) in the ASD Migrant Education Program.
Eligibility is determined based on an interview with a Migrant Education Recruiter.
Please be prepared to provide details regarding the activity, including dates, location, gear, catch/harvest.**

ASD School Front Office Staff only

Do not file in CUM

Front Office Staff: Enter information into Q upon new student enrollment and return all completed forms to the Migrant Education Program by inter-departmental mail. Thank you.

2021 Alaska Youth Risk Behavior Survey

Parent/Guardian Permission Form

The Anchorage School District is participating in the Alaska Youth Risk Behavior Survey (YRBS). The survey is sponsored by the Alaska Department of Health and Social Services. It will be given sometime between **October through December 2021**.

The YRBS is an anonymous survey that is conducted in high schools throughout Alaska and the United States. Students complete the survey on paper or electronically. The U.S. Centers for Disease Control and Prevention (CDC) developed the survey to collect information about behaviors related to the health and well-being of students. The survey results will be used to learn about and address the health concerns of Alaska teenagers. School districts and community organizations use YRBS results to identify emerging health issues and track changes in the health behaviors of the overall Alaska adolescent population over time. The results also help school districts and other organizations create and obtain funding for programs for youth.

After the results are analyzed, reports are provided to the school districts. School districts are given 30 days to review the results. After review, the results are shared with the public upon request. Survey results for individual students are **never** identified, analyzed or reported.

The survey is given in a way that protects your student's privacy. Students will not put their names or any other identifying information on the survey. Students are allowed to skip any questions they do not want to answer. All students' responses will remain anonymous. Individual student responses are never studied or shared with others. Results from the survey are only ever reported out in aggregate, for example by school district or borough/census area.

The link below will allow you to review the 2021 YRBS survey questions, view frequently asked questions, and review the 2019 YRBS results.

yrbs.dhss.alaska.gov

We would like all selected students to participate to ensure meaningful results from the survey. It is your decision whether your student participates. Your written consent is **required** for your student to participate. There will be no actions against you or your student if your student does not participate.

Please read the section below. Check the appropriate box and return the form to your student's school. If you have any questions, please contact the Alaska YRBS Statewide Coordinator, Gina Agron at (907)-269-8030. gina.agron@alaska.gov / <http://yrbs.dhss.alaska.gov/>

2021 Alaska Youth Risk Behavior Survey

YES, my student may participate in the survey.

NO, my student may not participate in the survey.

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____



Anchorage School District

English Language Learner Program

5530 E Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4452 • www.asdk12.org/ELL

Dear Parent or Guardian,

Welcome! The Anchorage School District is committed to supporting students who speak or understand languages other than English. Specially trained teachers and tutors who understand, respect and appreciate different languages and cultures will work with eligible students.

In order to help us determine which students may qualify for our program, please take a minute to complete the attached form. If a language other than English is indicated, language assessments will be done and families will be notified of the results.

If you have questions, or need help with the form, we will be happy to assist you.

Sincerely,

Christine Garbe
Director English Language Learner Program
907-742-4452

Educating All Students for Success in Life

Anchorage School Board Starr Marsett, President

Deena Mitchell, Vice President

Alisha Hilde, Clerk

Elisa Snelling, Treasurer

Dave Donley

Mark A. Foster

Andy Holleman

Superintendent Dr. Deena Bishop



This form should be placed in the student's cumulative file.

EL staff, please initial:
Parent was given
an ELLP brochure.

PARENT LANGUAGE QUESTIONNAIRE
(Home Language Survey)

Anchorage School District

District ID #

grade:
(school)

Date of Birth

If a language other than English is part of a student's language background, state and federal law require us to test his/her English proficiency.

Student name: (last name, first name) Place of birth:

Has this student attended school outside of the U.S.? no yes, in (country)

Circle grades completed outside of the U.S.: K 1 2 3 4 5 6 7 8 9 10 11 12

Date student first entered a U.S. school Participating in an exchange student program? no yes

- 1. What is the primary language used in the home, regardless of the language spoken by the student? English other
2. What is the first language this student learned to speak? English other
3. What is the language most often spoken by the student? English other

If English is the only language above, please sign and date at the bottom of the form. If a language other than English is written above, please complete the entire form.

A. What language(s) does this student speak? English other
*Do NOT include languages that your child is learning/has learned in school.

B. What language(s) does this student understand? English other

C. What was the first language spoken by mother/guardian? English other

D. What was the first language spoken by father/guardian? English other

E. Is there another adult who influenced this student's language development? no yes
relationship to student language spoken

Parent/Guardian signature Date

Parent/Guardian printed name



Anchorage School District

Title VI Indian Education

5530 E Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4445 • <https://www.asdk12.org/titlevi>

Dear Parent/Guardian,

Your child may be eligible to enroll in the Title VI Indian Education Program if you, your child, or his/her grandparent are an enrolled member of an

- American Indian tribe, band or group
- Alaska Native tribe

or if you, your child or grandparent have a Certificate of Indian Blood (CIB).

Title VI Indian Education supports American Indian and Alaska Native students to meet and exceed state academic and cultural standards. Upon enrollment, your child will be eligible to participate in various

(K-12) programs including

- Academic Tutoring
- Cultural Enrichment
- Cultural Connection Activities
- Summer Programs
- Career and post-secondary training and exploration
- Native Advisory Committee (parents too)

Attached find a TITLE VI STUDENT ELIGIBILITY CERTIFICATION (506) FORM.

Complete ALL of the 506 form and return the signed original to your child's school office. Be sure to include an enrollment number or a copy of documentation (CIB, village or tribal ID, etc.). The address of the 'Organization maintaining membership' is needed.

The 506 form is needed for student eligibility and to generate funding for the Title VI Indian Education program. However, enrollment in the program does not obligate a student to participate.

Perhaps your family does not have documentation or declines eligibility for Title VI Indian Education services. Please write 'No documentation' or 'Decline' on the form, along with your student's name and date of birth. Then return it to your school office. If you change your mind or acquire documentation please contact the Title VI Indian Education office at 907-742-4449.

Sincerely,

Doreen Brown,
Sr. Director Title VI Indian Education Supervisor
Anchorage School District

Educating All Students for Success in Life

Anchorage School Board Margo Bellamy, President
Andy Holleman, Vice President Kelly Lessens, Treasurer
Carl Jacobs, Clerk Dave Donley

Pat Higgins
Dora Wilson

Superintendent Dr. Deena Bishop

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District Anchorage School District

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



Anchorage School District HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT, PRESCHOOL, KINDERGARTEN, 5TH, AND 9TH GRADE STUDENTS
OR AS NEEDED FOR OTHER GRADES TO UPDATE NEW / EXISTING HEALTH CONCERNS

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH (MM/DD/YYYY)
SCHOOL			GRADE

MEDICAL HISTORY

- YES NO **Does your child have any health concerns?**
If yes, please describe: _____
- YES NO **Does your child have restrictions to participate in any activities?**
If yes, please describe: _____
- YES NO **Does your child have any allergies?**
If yes, please list allergies: _____
What does the allergic reaction look like? _____
- YES NO **Is your child prescribed an EpiPen? For what allergies?** _____
- YES NO **Does your child have asthma?**
If yes, please describe type or triggers: _____
- YES NO **Does your child have diabetes?**
Type: _____ Self manage Needs supervision Uses insulin pump Uses CGM
- YES NO **Does your child have a heart condition?**
If yes, please describe: _____
- YES NO **Does your child have a bleeding disorder?**
If yes, please describe: _____
- YES NO **Does your child have an orthopedic condition?**
If yes, please describe: _____
- YES NO **Does your child have a history of seizures or another type of neurological disorder?**
If yes, please describe: _____
- YES NO **Does your child have any gastrointestinal concerns or issues with eating?**
If yes, please describe: _____
- YES NO **Does your child have any bowel or bladder concerns?**
If yes, please describe: _____
- YES NO **Does your child have behavioral, emotional, or mental health concerns?**
If yes, please describe: _____
- YES NO **Does your child have any vision concerns?** GLASSES Other: _____
- YES NO **Does your child have any hearing concerns?** HEARING AID Other: _____
- YES NO **Does your child currently take medications?**
If yes, please list: _____

DO ANY PRESCRIBED MEDICATIONS OR TREATMENT PLANS NEED TO BE ADMINISTERED/AVAILABLE AT SCHOOL?

- Diabetic medications/Diabetic Care Plan EpiPen/Allergy/Anaphylaxis Care Plan Inhaler/ Asthma Care Plan
- Prescribed medications Seizure medications/Seizure Care Plan
- Other Treatments (describe) _____

The ASD Nurse must be notified if any medications need to be given during the school day. State law requires written authorization from a health care provider and parent before any prescription medication can be given at school, including self-carry medication. All types of medication require an authorization/consent form AND the medication(s) must be delivered to the school by a parent/guardian in a pharmacy labeled container. Homeopathic and herbal remedies cannot be given at school.

Please continue to the second page to complete this form.



Anchorage School District

HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT OR AS NEEDED

MEDICAL PROVIDER / PEDIATRIC GROUP: _____ Phone _____

OTHER PROVIDER: _____ Phone _____

PARENT / GUARDIAN CONSENT AND AUTHORIZATION

PERMISSION TO ACCESS STATE IMMUNIZATION REGISTRY

I CONSENT

I DO NOT CONSENT

...for the nurse to review my child's immunization information in the State of Alaska immunization registry (VacTrak).
The parent/guardian can remove permissions at any time by submitting your request in writing.

PARENT ACKNOWLEDGEMENT

My signature below is acknowledgement that the information provided is current and correct. I have reviewed the health history form and understand that it is my responsibility to notify the school when my child's health information has changed. I agree to provide any medications or supplies needed for care of my child in school if needed. I will notify the school if my consent for the above items needs to be updated or changed, per my preference.

PARENT / GUARDIAN NAME (PRINTED)	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
PARENT / GUARDIAN (SIGNATURE)		DATE

Anchorage School District
2021-2022
School Year Preschool
Questionnaire

Student's Legal Name: _____

Date of Birth: _____

1. In what type of setting did your child receive early care between the ages of 3 and 5?

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> ASD Special Education Preschool | <input type="checkbox"/> Private Preschool Setting |
| <input type="checkbox"/> ASD General Education Preschool | <input type="checkbox"/> Licensed Center-Based Childcare |
| <input type="checkbox"/> Kids' Corps, Inc. (KCI) Head Start | <input type="checkbox"/> Licensed Home-Based Childcare |
| <input type="checkbox"/> RurALCAP Head Start | <input type="checkbox"/> Non-Relative Care |
| <input type="checkbox"/> Cook Inlet Native Head Start | <input type="checkbox"/> Parent/Guardian Care |
| <input type="checkbox"/> Chugiak Children's Services (CCS)
Head Start | <input type="checkbox"/> Other: |

2. Did your child attend a formal preschool setting between the ages of three and five years old?

Yes No

IF YOU ANSWERED **YES** TO QUESTION 2, PLEASE CONTINUE.

3. How many years did your child attend preschool? *(select one)*

- Less than 1 year
 1-2 years
 2+ years

4. The year prior to kindergarten, how many hours per week did your child attend preschool?

(select one)

- Less than 5 hours per week
 5-15 hours per week
 16-20 hours per week
 21+ hours per week

Attended regularly?

- Yes
 No

Parent Signature: _____

Date: _____

ASD Front Office Staff Only

File in CUM

Front office staff enter this information into Q upon new student enrollment.



Anchorage School District
5th and 6th Grade
Human Growth and Development Permission Form



Parents or Guardians of 5th and 6th Grade Students:

The intent of this form is to gather permission, in advance, from parents who are already familiar with the ASD curriculum materials and methods of delivery or who otherwise have no objections to developmentally appropriate human growth and development content for 5th and 6th grade students.

Undecided parents can select to postpone their decisions until a later date.

Beginning in February/March and continuing through April, the Elementary Health curriculum, The Great Body Shop, will cover Human Growth and Development and Diseases. These units provide basic, relevant information about growing up, including the onset of puberty and the stages of growth. The meaning of friendship and mutual respect are examined. Emotional maturity is defined, decision-making steps for responsible behaviors are discussed, refusal skills for unhealthy and risky behaviors are reinforced, and the importance of setting goals focused on responsibility are emphasized. Our health program encourages your child to turn to **you** for further information.

The **5th grade** units are “Growing Up” and “About Blood and HIV.”

The **6th grades** units are “The Reproductive System” and “HIV/AIDS: What You Need to Know Now.”

Your child’s Health Specialist will offer a preview opportunity of the materials at your school prior to the beginning of instruction.

Student’s name _____ **Grade** _____

Teacher’s name _____

___ Yes. I give permission for my child to participate in the Human Growth & Development and HIV/AIDS portions of the health curriculum. I believe that I have enough information.

___ No, not at this time. I realize **my child’s teacher** will be in contact to discern if more information is needed or if I am resolute in my decision. I understand that more information will be forthcoming and that I can contact the Health Specialist if I have questions.

Parent Signature _____ **Date** _____