

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: _____