

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.  Yes  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="radio"/> Male <input type="radio"/> Female	4. Is student Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No 4a. Select <b>one or more</b> of the race categories: <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> AK Native <input type="radio"/> American Indian <input type="radio"/> Native Hawaiian or Pacific Islander	5. Student Birthdate: MM / DD / YY	6. Birth place:
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7. Student primary language:	8. Student home language:
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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?  Yes  No (If **yes**, please furnish a copy of the legal documentation to the school office.)

13. Is student: Non-ASD Home Schooled?  Yes  No Attending a Private School?  Yes  No A Foreign Exchange Student?  Yes  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)?  Yes  No

\*If **yes**, school name \_\_\_\_\_ Last year attended \_\_\_\_\_

16. Does student have a current or past IEP? <input type="radio"/> Yes <input type="radio"/> No	17. Does student have a current 504 plan? <input type="radio"/> Yes <input type="radio"/> No
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#### 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="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
Contact full name(last,first):		
Type of Contact:	<b>Check only one:</b> <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> *Other	<b>Check only one:</b> <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> *Other
Relationship to Student:	<b>Check only one:</b> <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Stepmother <input type="radio"/> Stepfather <input type="radio"/> Foster Mother <input type="radio"/> Foster Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Aunt <input type="radio"/> Uncle <input type="radio"/> Sibling <input type="radio"/> Guardian ad Litem <input type="radio"/> Court Appointed Special Advocate <input type="radio"/> OCS Caseworker	<b>Check only one:</b> <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Stepmother <input type="radio"/> Stepfather <input type="radio"/> Foster Mother <input type="radio"/> Foster Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Aunt <input type="radio"/> Uncle <input type="radio"/> Sibling <input type="radio"/> Guardian ad Litem <input type="radio"/> Court Appointed Special Advocate <input type="radio"/> OCS Caseworker
Contact lives with student: At least one must be "Yes" (No. & Street name) (City, State, Zip + 4)	<input type="radio"/> Yes <input type="radio"/> No* *If no, or if Co-custody, residential address: _____ _____	<input type="radio"/> Yes <input type="radio"/> No* *If no, or if Co-custody, residential address: _____ _____
<b>Military Affiliation</b> <input type="radio"/> Yes <input type="radio"/> No If "yes" complete this section.	<input type="radio"/> Active Rank: _____ Branch of Service: _____ <input type="radio"/> Nat.Guard Active/A.D.O.S <input type="radio"/> Nat. Guard Traditional <input type="radio"/> Reserves Active/Title X <input type="radio"/> Reserves Traditional <input type="radio"/> Inactive or Retired	<input type="radio"/> Active Rank: _____ Branch of Service: _____ <input type="radio"/> Nat.Guard Active/A.D.O.S <input type="radio"/> Nat. Guard Traditional <input type="radio"/> Reserves Active/Title X <input type="radio"/> Reserves Traditional <input type="radio"/> Inactive or Retired
Contact employer name:		
Contact work address:		
	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
<b>Federal Property (Required)</b> Do you work at one of the following locations?	<input type="checkbox"/> JBER (civilian workers only) <input type="checkbox"/> Anchorage International Airport <input type="checkbox"/> AK Native Heritage Center <input type="checkbox"/> Chugach Natl Forest <input type="checkbox"/> Federal Bldg/US Courthouse 222 W8th <input type="checkbox"/> Federal Bldg 222 W7th <input type="checkbox"/> Mirror Lake Middle School <input type="checkbox"/> Birchwood Elementary <input type="checkbox"/> Eagle River Elementary <input type="checkbox"/> Chugiak High School <input type="checkbox"/> I do not work at any of these locations	<input type="checkbox"/> JBER (civilian workers only) <input type="checkbox"/> Anchorage International Airport <input type="checkbox"/> AK Native Heritage Center <input type="checkbox"/> Chugach Natl Forest <input type="checkbox"/> Federal Bldg/US Courthouse 222 W8th <input type="checkbox"/> Federal Bldg 222 W7th <input type="checkbox"/> Mirror Lake Middle School <input type="checkbox"/> Birchwood Elementary <input type="checkbox"/> Eagle River Elementary <input type="checkbox"/> Chugiak High School <input type="checkbox"/> I do not work at any of these locations
1st Phone # to Call:	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work
2nd Phone # to Call:	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work
Contact preferred language:		
Contact email address:		
Contact needs access to the following student records:	<input type="radio"/> Web Access (ParentConnect)	<input type="radio"/> Web Access (ParentConnect) <input type="radio"/> 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="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work
Contact phone #:	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work
Contact full name:		
Contact relation:		
Contact phone #:	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work
Contact phone #:	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work

The information provided is true to the best of my knowledge

X Parent/Guardian signature (required) \_\_\_\_\_ Date: \_\_\_\_\_