

# Anchorage School District

## Add Contact Form

|                                                                                                      | CONTACT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title</b> (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.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Contact full name</b> (last, first):                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Type of contact:</b>                                                                              | <b>Check only one:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Check only one:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Relationship</b> to student:                                                                      | <b>Check only one:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother<br><input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother<br><input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling<br><input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other _____ | <b>Check only one:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother<br><input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother<br><input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling<br><input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other _____ |
| <b>Contact lives with student:</b><br>(No. & Street name)<br>(City, State, Zip + 4)                  | <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residence address:<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residence address:<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Active Military:</b>                                                                              | <input type="checkbox"/> Active<br>Rank: _____<br>Branch of Service: _____<br><input type="checkbox"/> Nat. Guard Active/A.D.O.S. <input type="checkbox"/> Nat. Guard Traditional<br><input type="checkbox"/> Reserves Active/Title X <input type="checkbox"/> Reserves Traditional<br><input type="checkbox"/> Inactive or Retired                                                                                                                                                                                                                  | <input type="checkbox"/> Active<br>Rank: _____<br>Branch of Service: _____<br><input type="checkbox"/> Nat. Guard Active/A.D.O.S. <input type="checkbox"/> Nat. Guard Traditional<br><input type="checkbox"/> Reserves Active/Title X <input type="checkbox"/> Reserves Traditional<br><input type="checkbox"/> Inactive or Retired                                                                                                                                                                                                                  |
| <b>Name of Federal Property</b><br>(e.g. military base, BLM, ANSCA, Court House, pump station, mine) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Contact employer name:</b>                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Contact work address:</b><br>(Required if on a Federal Property)                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                      | City: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Contact home phone #:</b>                                                                         | (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Contact cell phone #:</b>                                                                         | (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Contact work phone #:</b>                                                                         | (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Contact primary language:</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Contact email address:</b>                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Contact needs access</b> to the following student records:                                        | <input type="checkbox"/> Emergency Release Contact<br><input type="checkbox"/> Behavior <input type="checkbox"/> Health<br><input type="checkbox"/> School Communications<br><input type="checkbox"/> Web Access (ParentConnection)                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Emergency Release Contact<br><input type="checkbox"/> Behavior <input type="checkbox"/> Health<br><input type="checkbox"/> School Communications<br><input type="checkbox"/> Web Access (ParentConnection)                                                                                                                                                                                                                                                                                                                  |

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_