

<b>Office Use</b> 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. <b>Student's Legal</b> Last Name:		<b>Student's Legal</b> First Name:		<b>Student</b> Middle Name:	Suffix:
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 <b>one or more</b> 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. <b>Student</b> Birthdate: MM / DD / YY	
				6. Birth place:	
7. <b>Student</b> primary language:			8. <b>Student</b> home language:		
9. <b>Student</b> Residence address:				City, State:	
				ZIP + 4:	
10. <b>Student</b> mailing address (if other than residence):				City, State:	
				ZIP + 4:	
11. <b>Student</b> Email address and Phone Number ( <b>For HS</b> student is taking on-line or King Tech courses)					
<b>Student Email:</b>					
<b>Student Phone:</b>					
12. Is there a <b>court order</b> in effect for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>yes</b> , 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 <b>out</b> 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 <b>ASD</b> (including Preschool)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
*If <b>yes</b> , school name_____ Last year attended_____					
16. Does student have a current or past <b>IEP</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Does student have a current <b>504 plan</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
II. SIBLING INFORMATION (If additional space is needed, please see the registrar.)					
Complete this section only if applicable. Include only siblings who are <b>currently enrolled in Grades K-12 in the Anchorage School District.</b>					
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:
<b>The information provided is true to the best of my knowledge</b>					
<b>X Parent/Guardian signature (required)</b> _____ <b>Date:</b> _____					

### 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:	<b>Check only one:</b> <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		<b>Check only one:</b> <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: _____ _____	
<b>Military Affiliation</b> <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**

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

#### **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 and post-secondary institutions, upon request, with the name, address, school, student telephone number, and student email address of each high school student, ***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 Release of 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 Release of 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

## 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

Educating All Students for Success in Life

## 2022-23 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. Check the box next to 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	\$31,432	<input type="radio"/>	<input type="radio"/>
2	\$42,347	<input type="radio"/>	<input type="radio"/>
3	\$53,262	<input type="radio"/>	<input type="radio"/>
4	\$64,177	<input type="radio"/>	<input type="radio"/>
5	\$75,092	<input type="radio"/>	<input type="radio"/>
6	\$86,007	<input type="radio"/>	<input type="radio"/>
7	\$96,922	<input type="radio"/>	<input type="radio"/>
8	\$107,837	<input type="radio"/>	<input type="radio"/>
9	\$118,752	<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	\$31,432	<input type="radio"/>	<input type="radio"/>
2	\$42,347	<input type="radio"/>	<input type="radio"/>
3	\$53,262	<input type="radio"/>	<input type="radio"/>
4	\$64,177	<input type="radio"/>	<input type="radio"/>
5	\$75,092	<input type="radio"/>	<input type="radio"/>
6	\$86,007	<input type="radio"/>	<input type="radio"/>
7	\$96,922	<input type="radio"/>	<input type="radio"/>
8	\$107,837	<input type="radio"/>	<input type="radio"/>
9	\$118,752	<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):**

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**Parent/Guardian Signature:**

**Date:**

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\_\_\_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-6<sup>th</sup> grade
- Lynda.com online learning and training
- Bookflix: Read and watch nonfiction 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 2/1/2021**

## 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 Access to Technology Form

The Alaska Department of Education and Early Development requires districts collect the following information regarding your student's access to technology at home.

### Student Information: Required fields (\*)

\*Student Name (Please Print): \_\_\_\_\_ Student ID: \_\_\_\_\_

\*Student Date of Birth: \_\_\_\_\_ \*Grade: \_\_\_\_ \*Date: \_\_\_\_\_

### 1. Digital Device

What device does the student most often use to complete schoolwork at home?

- ☐ Chromebook
- ☐ Desktop Computer
- ☐ Laptop Computer
- ☐ Tablet
- ☐ Smartphone
- ☐ None
- ☐ Other\*: \_\_\_\_\_
- ☐ No Response

Note: If reporting "Other", please list the type of device.

### 2. Device Access

Is the primary learning device a personal device or school-provided? Is the primary learning device shared with anyone else in the household?

- ☐ Personal – Dedicated to the student
- ☐ Personal – Student shares with others
- ☐ School Provided – Dedicated to the student
- ☐ School Provided – Student shares with others
- ☐ None
- ☐ No Response

### 3. Internet Access in Residence

Can the student access the internet on their primary learning device at home?

- ☐ Yes
- ☐ No
- ☐ No Response



# Anchorage School District Transportation Services

3580 East Tudor Road  
Anchorage, Alaska 99507  
Phone: (907) 742-1200

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Student ID #: \_\_\_\_\_

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

Student Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

The transportation department needs to know the following information.

If you are eligible for home-to-school transportation, is it your intention to access transportation regularly?

Yes    No

☐☐

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are requesting Zone Exempt Transportation, please apply @ [www.asdk12.org](http://www.asdk12.org)  
Transportation Department->Services Offered-> Zone Exempt Application

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## -----FOR OFFICE USE ONLY-----

Please return all forms to the Transportation Department by either inter-district mail or scan to  
[Transportationsupport@asdk12.org](mailto:Transportationsupport@asdk12.org)