

<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:		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 <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				
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:	<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	
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:	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



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

## 2020-21 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	\$29,508	<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"/>

**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 checked="" 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-6<sup>th</sup> grade
- Lynda.com online learning and training
- Hoopla: streaming movies, television, music, books, and more
- 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 3/10/20**

# Anchorage School District School Year 2020/21 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 2019 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

742-3830 FAX

mullins\_pattie@asdk12.org

# 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 users will comply with District standards 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. (6 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*)



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 January - March 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 45 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 2019 survey questionnaire is still being developed. Anchorage School District will let parents know when it is available for review. The 2017 YRBS questionnaire and results from past YRBS surveys are posted online at <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>. The 2019 questionnaire will be posted on this website when it is completed.

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, Tazlina Mannix, at (907)-269-8107.

## 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

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English Language Learner Program

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

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*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

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## Department Name

5530 E. Northern Lights Blvd • Anchorage, AK 9950 • 907-742-4445 • <http://www.asdk12.org/titlevi>

2020-21 School Year

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 a grandparent have a Certificate of Degree of Indian Blood.

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 federal 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 742-4449.

Sincerely,

*Doreen Brown*

Doreen Brown  
Senior Director  
Title VI Indian Education Program

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*Educating All Students for Success in Life*

**Anchorage School Board** Starr Marsett, President

Alisha Hilde, Vice President  
Margo Bellamy, Clerk

Elisa Vakalis, Treasurer  
Dave Donley

Andy Holleman  
Deena Mitchell

**Superintendent** Dr. Deena Bishop

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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** \*No Nicknames

Name of the Child Jimmy Neutron Date of Birth 07/20/2002 Grade 3  
(As shown on school enrollment records)  
Name of School Lindberg Elementary

**TRIBAL ENROLLMENT**

\*Write the name of person enrolled with the tribe

Name of the individual with tribal enrollment: Jimmy Neutron  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the:  Child  Child's Parent  Child's Grandparent \*Only check one box

Name of tribe or band for which individual above claims membership: White Mountain Apache Tribe  
\*Must write out full name of village or tribe

The Tribe or Band is (select only one):

- \*Only  Federally Recognized
- check  State Recognized
- one  Terminated Tribe (Documentation required. Must attach to form)
- box  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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is: \*Enrollment # must be provided

A. Membership or enrollment number (if readily available) 123-45-6789 OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) CIB  
\*Copy of documentation must be attached

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name Bureau of Indian Affairs Address 3601 C. St Suite 1100  
\*Address must be for the village or tribe  
Not personal address City Anchorage State AK Zip Code 99504

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

\*Form is void without signature

Name Parent/Guardian Judy Neutron Signature \_\_\_\_\_

Address 1234 A Street City Anchorage State AK Zip Code 99508

Email Address \_\_\_\_\_ Date 09/22/17

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 \_\_\_\_\_  
(As shown on school enrollment records)

Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** 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 and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.



# Anchorage School District HEALTH HISTORY FORM

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

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.

PERMISSION TO RELEASE AND/OR EXCHANGE MEDICAL INFORMATION

I CONSENT  I DO NOT CONSENT

...for the nurse to contact the healthcare provider listed above to clarify medical information provided on this form. The nurse will share health information with school staff on a need-to-know basis for your child's safety and to foster academic success. It is the responsibility of the parent/guardian to notify the nurse of any changes or updates in your child's health history.

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**  
**5<sup>th</sup> and 6<sup>th</sup> Grade**  
**Human Growth and Development Permission Form**



**Parents or Guardians of 5<sup>th</sup> and 6<sup>th</sup> 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 5<sup>th</sup> and 6<sup>th</sup> 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 **5<sup>th</sup> grade** units are “Growing Up” and “About Blood and HIV.”

The **6<sup>th</sup> 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 the Health Specialist 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** \_\_\_\_\_

Anchorage School District  
2020-2021 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)<br>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.