



ANCHORAGE SCHOOL DISTRICT (ASD) K-12 ENROLLMENT FORM
 Parent / Guardian to complete Sections I-V. Please print legibly using black or blue pen

I. STUDENT INFORMATION

1. Student's Legal Last name:		Student's Legal First name:		Student Middle name:	Suffix:	Other name student uses:
2. Grade level:	3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. Select <u>one or more</u> of the race categories: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> AK Native <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander		5. Student birthdate: MM / DD / YY ____/____/____		6. Birth place: _____
7. Student home language: _____			8. Student primary language: _____			
9. Student Residence address: _____					City, State: _____	ZIP + 4: _____
10. Student mailing address (if other than residence): _____					City, State: _____	ZIP + 4: _____
11. Student Email address and Phone Number: (For HS students taking on-line or KCC courses) Email: _____ Phone: _____				12. Pickup Bus: _____ Dropoff Bus: _____ Transportation Notes: _____		

- 13.** Is there a **court order** in effect for the student? ☐ Yes ☐ No ****If yes, please furnish a copy of the legal documentation to the school office.**
- 14.** Is student: Non-ASD Home Schooled? ☐ Yes ☐ No Attending a Private School? ☐ Yes ☐ No A Foreign Exchange Student? ☐ Yes ☐ No
 Non-ASD Home School Name: _____ Private School Name: _____
- 15.** Please list previous out of Anchorage School District history including Preschool: (If additional space is needed, please see the registrar.)
 School name: _____ Address: _____ City: _____ St: _____ Zip: _____
 School phone number (____) (____) (____) Date last attended: ____/____/____ Years Attended: _____ Grade level last year: _____
- 16.** Previously enrolled in the **ASD** (including Preschool)? ☐ Yes* ☐ No ***If yes, school name:** _____ **Last year attended:** _____
- 17.** Does student have a current or past **IEP**? ☐ Yes ☐ No **18.** Does student have a current **504 plan**? ☐ Yes ☐ No
- 19.** 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: _____

The information provided is true to the best of my knowledge.

x Parent/Guardian signature (required) _____ **Date:** _____

FOR OFFICE USE ONLY

- 1.** Home address verified: ☐ Yes* ☐ No ***If yes: Date:** ____/____/____ **Address verification document:** _____
- 2.** Birth verification basis: ☐ Birth Certificate ☐ Affidavit (3 required) _____
- 3.** Immunizations verified: ☐ Yes* ☐ No ***If yes: Date:** ____/____/____
- 4.** School of residence: _____ **5.** District of residence: _____
- 6.** Boundary exception: Transfer Type: ☐ In-District ☐ Out-of-District
 Reason: ☐ Continuing Current Exemption ☐ Educational Program ☐ Grandfathered ☐ Medical/Extenuating
☐ Open Enrollment ☐ Special Education
- 7.** Copy of court order legal documentation was provided by parent/guardian. ☐ Yes ☐ No **Received Date:** ____/____/____
- 8.** Federal Impact data entered in Q? ☐ Yes ☐ No

III. PRIMARY CONTACT INFORMATION

	CONTACT 1 PARENT/GUARDIAN	CONTACT 2 PARENT/GUARDIAN
Title (check one):	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
Contact full name (last, first):		
Type of contact:	Check only one: <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> *Other	Check only one: <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> *Other
Relationship to student:	Check only one: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Stepmother <input type="radio"/> Stepfather <input type="radio"/> Foster mother <input type="radio"/> Foster father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Aunt <input type="radio"/> Uncle <input type="radio"/> Sibling <input type="radio"/> *Guardian ad Litem <input type="radio"/> OCS Caseworker <input type="radio"/> *Court Appointed Special Advocate	Check only one: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Stepmother <input type="radio"/> Stepfather <input type="radio"/> Foster mother <input type="radio"/> Foster father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Aunt <input type="radio"/> Uncle <input type="radio"/> Sibling <input type="radio"/> *Guardian ad Litem <input type="radio"/> OCS Caseworker <input type="radio"/> *Court Appointed Special Advocate
Contact lives with student: At least one must be "Yes" (No. & Street name) (City, State, Zip + 4)	<input type="radio"/> Yes <input type="radio"/> No* *If no, or if Co-custody, residence address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No* *If no, or if Co-custody, residence address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Military Affiliation <input type="radio"/> Yes <input type="radio"/> No If yes, complete this section.	<input type="checkbox"/> Active Rank: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> Branch of Service: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <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: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> Branch of Service: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <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 work on a Federal Property)		
	City: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> State: <div style="border: 1px solid black; width: 50px; height: 15px;"></div> Zip: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	City: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> State: <div style="border: 1px solid black; width: 50px; height: 15px;"></div> Zip: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Name of Federal Property (e.g. JBER, BLM, courthouse)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
1st Phone # to Call	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
2nd Phone # to Call	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
3rd Phone # to Call	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact preferred language:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Contact email address:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Contact needs access to the following student records:	<input checked="" type="checkbox"/> Web Access (ParentConnect)	<input type="checkbox"/> Web Access (ParentConnect) <input type="checkbox"/> DO NOT RELEASE (Please provide court order)

Please provide additional contact information below. Emergency Contacts are utilized when school staff is unable to reach Primary Contact(s).
My child may be released to the contacts below.

IV. EMERGENCY CONTACT INFORMATION

	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Contact full name:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Contact relation:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Contact phone #:	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home
Contact phone #:	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home
	EMERGENCY CONTACT 3	EMERGENCY CONTACT 4
Contact full name:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Contact relation:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Contact phone #:	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home
Contact phone #:	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home	(<div style="border: 1px solid black; width: 30px; height: 15px;"></div>) <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home

A copy of this form should be placed in the student's cumulative file.

Office staff, please initial:

____ Parent was given
an ELLP brochure.



PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

Anchorage School District

District ID # _____

(school)

grade: _____

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. Please list *all languages spoken in this student's home. ☐ English ☐ other _____
*Do not include languages that your child is learning/has learned in school.

2. What is the first language this student learned to speak? ☐ 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 _____

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

Academic English Learners Program

5530 E Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4452 • www.asdk12.org/AEL

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,

Academic English Learners Program
907-742-4452

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



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

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
<input type="text"/>	<input type="text"/>
Student Name (Please print)	
<input type="text"/>	
Student Signature	Date
<input type="text"/>	<input type="text"/>

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)	
<input type="text"/>	
Parent/Guardian Signature	Date
<input type="text"/>	<input type="text"/>

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)



Anchorage School District
Educating All Students for Success in Life

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

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

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

Educating All Students for Success in Life

2019-20 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	\$28,860	<input type="checkbox"/>	<input type="checkbox"/>
2	\$39,091	<input type="checkbox"/>	<input type="checkbox"/>
3	\$49,321	<input type="checkbox"/>	<input type="checkbox"/>
4	\$59,552	<input type="checkbox"/>	<input type="checkbox"/>
5	\$69,782	<input type="checkbox"/>	<input type="checkbox"/>
6	\$80,013	<input type="checkbox"/>	<input type="checkbox"/>
7	\$90,243	<input type="checkbox"/>	<input type="checkbox"/>
8	\$100,474	<input type="checkbox"/>	<input type="checkbox"/>
9	\$110,705	<input type="checkbox"/>	<input type="checkbox"/>

Example: A family of 3 with an income of less than \$47,212

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	\$27,861	<input type="checkbox"/>	<input type="checkbox"/>
2	\$37,537	<input type="checkbox"/>	<input type="checkbox"/>
3	\$47,212	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	\$56,888	<input type="checkbox"/>	<input type="checkbox"/>
5	\$66,563	<input type="checkbox"/>	<input type="checkbox"/>
6	\$76,239	<input type="checkbox"/>	<input type="checkbox"/>
7	\$85,914	<input type="checkbox"/>	<input type="checkbox"/>
8	\$95,590	<input type="checkbox"/>	<input type="checkbox"/>
9	\$105,266	<input type="checkbox"/>	<input type="checkbox"/>

I attest that the information provided on this form is true and accurate.

Signature: _____ Date: _____



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

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 Epi-Pen?

☐ YES ☐ NO Does your child have asthma?
If yes, please describe type or triggers: _____

☐ YES ☐ NO Does your child have diabetes?
☐ YES ☐ NO Is your child prescribed medication for diabetes management? *If yes, please list medication, dose, and time below
☐ 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 NEED TO BE ADMINISTERED OR AVAILABLE AT SCHOOL?

☐ Epi-Pen ☐ Albuterol inhaler ☐ Seizure medications ☐ Diabetic medications ☐ Prescribed medications

Medication: _____ Dosage: _____ Times Given: _____

Medication: _____ Dosage: _____ Times Given: _____

Medication: _____ Dosage: _____ Times Given: _____

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

MY CHILD WILL REQUIRE THE FOLLOWING PLAN OR OTHER TREATMENT AT SCHOOL (check all that apply)

☐ Allergy Action Plan

☐ Asthma Action Plan

☐ Seizure Action Plan

☐ Diabetic Care Plan

☐ Other treatment required (explain below)

☐ None

--

MEDICAL PROVIDER / PEDIATRIC GROUP: _____

DENTAL PROVIDER: _____

PARENT / GUARDIAN CONSENT AND AUTHORIZATION

PERMISSION TO ACCESS IMMUNIZATION RECORDS

☐ I CONSENT

☐ I DO NOT CONSENT

...for the nurse to review and enter immunizations administered by the Anchorage School District in the State of Alaska immunization registry (VacTrak), managed by the Epidemiology Section of the Alaska Department of Health and Social Services. You can remove permissions at any time by submitting your request in writing.

PERMISSION TO RELEASE AND/OR EXCHANGE MEDICAL INFORMATION WITH SCHOOL STAFF

☐ I CONSENT

☐ I DO NOT CONSENT

...for the school nurse to share health information with school staff on a need-to-know basis. The school staff will be informed of medical needs, safety precautions, and procedures necessary to protect your child while at school. It is the responsibility of the parent/guardian to notify the school 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 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 School Year
2019/20 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, 2018 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

Title VI Indian Education

5530 E. Northern Lights Blvd • Anchorage, AK 99504 • 907-742-4445 • <http://www.asdk12.org/titlevi>

2019-20 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

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**INFORMATION ONLY**

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 check one box
☒ 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: *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 _____

Anchorage School District Migrant Education Program

Seasonal Work/Activity Questionnaire

All answers are confidential.

Student's Legal Name: _____ Date of Birth: _____

1 Within the past three years, has anyone in your family engaged in any of the following activities:

- ☐ Commercial or Subsistence Fishing - including shrimping, crabbing, & clamming
- ☐ Agriculture (may include berry picking)
- ☐ Logging (with a logging company)
- ☐ Fish Processing (cannery work)
- ☐ None of the above



If you checked at least one activity above, please complete the rest of the form.

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 to meet your household's most 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.

Eligibility is approved by the State of Alaska Migrant Education Office.

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 interdepartmental mail. Thank you.

