

Anchorage School District

Add Contact Form

	CONTACT A	CONTACT B
Title (check one):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Contact full name (last, first):		
Type of contact:	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Relationship to student:	Check only one: <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"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other	Check only one: <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"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other
Contact lives with student: (No. & Street name) (City, State, Zip + 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residence address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residence address: _____
Active Military:	<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
Name of Federal Property (e.g. military base, BLM, ANSCA, Court House, pump station, mine)		
Contact employer name:		
Contact work address: (Required if on a Federal Property)		
	City: State: Zip:	City: State: Zip:
Contact home phone #:	()	()
Contact cell phone #:	()	()
Contact work phone #:	()	()
Contact primary language:		
Contact email address:		
Contact needs access to the following student records:	<input type="checkbox"/> Emergency Release Contact <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Web Access (ParentConnection)	<input type="checkbox"/> Emergency Release Contact <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Web Access (ParentConnection)

Student Name: _____ Parent Name: _____

Parent Signature: _____ Date: _____