

Office Use 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. 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 one or more 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 primary language:				8. Student home 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 student is taking on-line or King Tech courses)									
Student Email:									
Student Phone:									
12. Is there a court order in effect for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, 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 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: _____									
15. Previously enrolled in the ASD (including Preschool)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
*If yes, school name _____ Last year attended _____									
16. Does student have a current or past IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No					17. Does student have a current 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

II. SIBLING INFORMATION (If additional space is needed, please see the registrar.)

Complete this section only if applicable. Include only siblings who are 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:	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"/> Guardian ad Litem <input type="checkbox"/> Court Appointed Special Advocate <input type="checkbox"/> OCS Caseworker		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"/> 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: _____ _____	
Military Affiliation <input type="checkbox"/> Yes <input 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	

The information provided is true to the best of my knowledge

X Parent/Guardian signature (required) _____ Date: _____



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: _____ Place of birth: _____
(last name, first name)

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
2023-2024 School Year
Preschool Questionnaire
K – 3rd grade

Student's Legal Name: _____

Date of Birth: _____

1. In what type of setting(s) did your child receive early care between the ages of 3 and 5?
(Please 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"/> Other Alaska School District Preschool | <input type="checkbox"/> Licensed Home-Based Childcare |
| <input type="checkbox"/> Out-of-State School District Preschool | <input type="checkbox"/> Licensed Family Childcare |
| <input type="checkbox"/> Kids' Corps, Inc. (KCI) Head Start | <input type="checkbox"/> Non-Relative Care |
| <input type="checkbox"/> RurALCAP Head Start | <input type="checkbox"/> Parent/Guardian Care |
| <input type="checkbox"/> Cook Inlet Native Head Start | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CCS Head Start | |

If your child attended an early education/preschool setting, please continue.

2. How many years did your child attend an early education/preschool? (select one)
 Less than 1 year
 1-2 years
 2+ years

3. The year prior to kindergarten, how many hours per week did your child attend an early education/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.



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
- Address
- Telephone Number
- E-mail Address
- Year of Birth
- Enrollment Status
- Dates of Attendance
- Grade Level
- Degrees, Honors and Awards
- Scholarship Eligibility
- Name of school most recently attended
- Participation in officially recognized activities and sports
- 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 and post-secondary institutions, upon request, with the name, address, school, student telephone number, and student email address of each high school student, ***unless you decline by completing this form.*** State law requires ASD to provide contact information for students who have dropped out of high school to the Alaska Military Youth Academy, a program for students to finish their education and obtain a high school diploma or GED. ***You can decline this disclosure by completing this form.***

Release of Scholarship Eligibility Information

State law requires ASD to provide information about the eligibility of high school seniors for University of Alaska Scholarships including the names and addresses of those students who qualify for a scholarship. ***However, you can decline to have eligibility information disclosed to the University of Alaska Scholarship program by completing this form.***

School officials may release directory information, as set forth above, about a student without first obtaining parental consent, unless you decline by signing and returning this Release of Student Directory Information form.

Q default is Granted

Anchorage School District

Release of Student Directory Information

All Students K-12

___ YES ___ NO Grant **Directory Information Release** for the following types of publications:

- A playbill showing your student’s role in a drama production
- Annual yearbook
- Sports activity sheets, such as for wrestling, showing weight and height of team members and athletic programs
- For awards recognition, achievements, certificates or Honor Roll

All High School Students

___ YES ___ NO Grant **Directory Information Release** for the following types of **graduation related activities**:

- Publicized Graduation lists
- Vendors for Class Rings and Photos
- Requests from outside agencies acknowledging Graduates with letters or certificates.

___ YES ___ NO Grant Release of student contact information to **College/Universities**

___ YES ___ NO Grant **Directory Information Release** (contact information for students who have dropped out) to **Alaska Military Youth Academy**

___ YES ___ NO Grant Release of student contact information to **Military Recruiters**

___ YES ___ NO Grant Release of **Scholarship Eligibility** information to the University of Alaska. Unless you select YES, your student’s eligibility for the University of Alaska Scholarships cannot be disclosed to the organization that administers this scholarship program.

Student Information: Required fields (*)

*Student Name (Please Print) _____

*Parent/Guardian Name (Please Print) _____

*Parent/Guardian Signature _____

*Signature Date _____

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

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:



Anchorage School District
The future. In. Students. For. Success.™

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 all users will comply with School Board policy E 6161.4 *Resources, Access and Internet Use Agreement* 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. (2 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)

Default is **Denied**

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 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, eAudiobooks, and magazines through the Alaska Digital Library (Alaska Digital Library/ Overdrive website or Libby app)
- Live Homework Help for one-on-one virtual homework help every day until 2:00am
- Learning Express Library for online test prep and tutorials
- Research databases & more!

Print and more resources at your library

- Almost half a million books, DVDs, CDs, audiobooks, & more!
- Check out 3 items at a time from any public library location
- Access the internet and do schoolwork at the library computers
- No overdue fees on APL materials
- Free events and activities for youth of all ages

For more information visit the APL web site: <https://www.anchoragelibrary.org/about/using-the-library/library-cards-borrowing/>

CUR #004

Updated 2/21/2024

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

ANNUAL WRITTEN NOTICE TO PARENTS
Regarding Consent to Bill Medicaid

The Anchorage School District (ASD) participates in the Alaska Medicaid School-Based Service (SBS) Medicaid program. SBS Medicaid allows Alaska school districts to receive partial federal Medicaid fund reimbursement for providing required medical and educational related services, such as those included in an Individual Education Program (IEP), Individual Family Service Plan (IFSP), or other qualifying and necessary services performed pursuant to a Free Appropriate Public Education (FAPE). Eligible services may include audiology, speech/language therapy, occupational therapy, physical therapy, psychological services, counseling, behavioral health services, and nursing services.

A 2013 update to the Individuals with Disabilities Education Improvement Act (IDEA) allows schools to obtain a one-time parent/guardian consent to disclose a child's education record information to outside parties, such as Alaska Medicaid, to access a child's public benefits or insurance for the first time. Additionally, school districts must provide written notification of the family's Medicaid rights with initial consent requests and annually thereafter. ASD requests Medicaid consent for all students, regardless of Medicaid eligibility status, in accordance with these regulations, to facilitate Medicaid funding reimbursement for eligible services. These regulations can be reviewed in (IDEA) 34 CFR part 300.154(d) and the Family Educational Rights and Privacy Act (FERPA) 34 CFR part 99.

The following are key components of the SBS Medicaid program regulations:

- Consent is voluntary. If the parent refuses to provide Consent to Bill Medicaid or revokes previous consent, the child will still receive the services on his/her IEP at no cost to the parent.
- Consent may be revoked in writing at any time. Revocation is not retroactive and does not undo verifications of eligibility or submission of claims for services covered by a consent signed prior to the revocation date.
- Annual written notification to the parent/guardian regarding Consent to Bill Medicaid may be:
 - Mailed to the parents; or
 - Provided electronically, consistent with State or public agency policies for electronic notification; or
 - Provided at enrollment, registration, or a Medicaid eligible service meeting if the meeting occurs prior to the first time ASD accesses the child's or parent's public benefits or insurance.
- ASD may not use a child's benefits, if that use would:
 - Decrease available lifetime coverage or any other insured benefit;
 - Result in the family incurring costs for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the education setting;
 - Increase premiums, effect lifetime limits, or lead to the discontinuation of benefits or insurance; or
 - Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

This letter serves as your Annual Written Notice, should your child have an existing or newly signed Medicaid consent, allowing ASD to release relevant educational record information for your child to Alaska Medicaid and their contracted billing agency to receive partial reimbursement for eligible services provided to your child.

For questions, concerns, or to obtain a copy of the parental consent form, contact the ASD SBS Medicaid office:

ASD SBS Medicaid
5530 E. Northern Lights Blvd., Anchorage, AK 99504
907-742-6068 or schoolbasedmedicaid@asdk12.org

**ANCHORAGE SCHOOL DISTRICT SCHOOL-BASED MEDICAID
PARENT INITIAL NOTIFICATION AND CONSENT TO BILL**

Student Name: _____ Birth Date: _____

The Anchorage School District (ASD) participates in the Alaska Medicaid School-Based Services (SBS) Medicaid Program.

The School-Based Services (SBS) Medicaid program*:

- **DOES:**
 - Allow schools to receive federal Medicaid funds as partial reimbursement for qualifying medically necessary and educationally necessary health-related services provided to students, such as but not limited to: Occupational Therapy, Physical Therapy, Speech/Language Therapy, Audiology, Nursing Services, Psychological Services, Counseling, or Behavior Health Services.
 - Help schools offset some of the costs of the services provided to students.
 - Require a one-time, signed parent/guardian Medicaid Consent allowing release of relevant student information, such as demographic, diagnostic, and service provision records with Alaska Medicaid and their contracted billing agency to pursue reimbursement for services rendered to your child.
 - Require schools to provide written, annual notice to families informing them of their SBS Medicaid rights for signed Medicaid consents.
- **DOES NOT:**
 - Impact the student's access to academic and support services they need;
 - Require students to enroll in Medicaid;
 - Cost the family anything; or
 - Affect the student or family's Medicaid insurance eligibility, benefits, or lifetime limits.

YES, I authorize the SBS Medicaid office of the ASD to release information for my child, to verify Alaska Medicaid eligibility and bill Alaska Medicaid for reimbursements for eligible services provided to my child.

NO, I do not authorize the ASD SBS Medicaid office to release information for my child to Alaska Medicaid.

By granting authorization I acknowledge that:

- I have been informed of my rights concerning the release of relevant education record information in order for ASD to verify Medicaid eligibility and obtain reimbursement for eligible services;
- I understand that this consent is voluntary and I have the right to revoke consent at any time;
- Should I revoke consent, it is valid from the date of revocation forward and is not applied retroactively-- meaning that the revocation will not undo verifications or claim already submitted to Alaska Medicaid for periods covered by a prior consent.

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

Child's Medicaid I.D. #: _____ (if known)

FOR OFFICE USE ONLY

Please return all forms to the ASD Medicaid department by either inter-district mail or scan to schoolbasedmedicaid@asdk12.org.

*In compliance with the Individuals with Disability Education Act (IDEA), 34 CFR part 300.154(d), and Federal Education Rights and Privacy Act (FERPA), 34 CFR part 99.

Please contact the ASD SBS Medicaid Office at 907-742-6068 or email schoolbasedmedicaid@asdk12.org with questions or concerns.
ASD SBS Medicaid Office, 5530 E. Northern Lights Blvd., Anchorage, AK 99504

2.2023



Anchorage School District Access to Technology Form

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

Student Information: Required fields (*)

*Student Name (Please Print): _____ Student ID: _____

*Student Date of Birth: _____ *Grade: ____ *Date: _____

1. Digital Device

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

- Chromebook
- Desktop Computer
- Laptop Computer
- Tablet
- Smartphone
- None
- Other*: _____
- No Response

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

2. Device Access

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

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

3. Internet Access in Residence

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

- Yes
- No
- No Response



Anchorage School District

Educating All Students for Success in Life

2024-2025 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	\$34,799	<input type="checkbox"/>	<input type="checkbox"/>
2	\$47,249	<input type="checkbox"/>	<input type="checkbox"/>
3	\$59,700	<input type="checkbox"/>	<input type="checkbox"/>
4	\$72,150	<input type="checkbox"/>	<input type="checkbox"/>
5	\$84,601	<input type="checkbox"/>	<input type="checkbox"/>
6	\$97,051	<input type="checkbox"/>	<input type="checkbox"/>
7	\$109,502	<input type="checkbox"/>	<input type="checkbox"/>
8	\$121,952	<input type="checkbox"/>	<input type="checkbox"/>
9	\$134,403	<input type="checkbox"/>	<input type="checkbox"/>

Example: A family of 3 with an income of less than \$59,700

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	\$34,799	<input type="checkbox"/>	<input type="checkbox"/>
2	\$47,249	<input type="checkbox"/>	<input type="checkbox"/>
3	\$59,700	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	\$72,150	<input type="checkbox"/>	<input type="checkbox"/>
5	\$84,601	<input type="checkbox"/>	<input type="checkbox"/>
6	\$97,051	<input type="checkbox"/>	<input type="checkbox"/>
7	\$109,502	<input type="checkbox"/>	<input type="checkbox"/>
8	\$121,952	<input type="checkbox"/>	<input type="checkbox"/>
9	\$134,403	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature: _____ Date: _____



Anchorage School District Transportation Services

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

Student ID #: _____

Student Name: _____

Student Address: _____

State: _____ City: _____ Zip: _____

School: _____

Grade: _____

The transportation department needs to know the following information.

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

Yes No

Parent/Guardian Signature _____ Date _____

If you are requesting Zone Exempt Transportation, please apply @ www.asdk12.org
Transportation Department->Services Offered-> Zone Exempt Application

-----**FOR OFFICE USE ONLY**-----

Please return all forms to the Transportation Department by either inter-district mail or scan to
Transportationsupport@asdk12.org

2024-25 Alaska Youth Risk Behavior Survey (YRBS)

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 January-March, 2025.

The YRBS is an anonymous survey that is conducted in high schools throughout Alaska and the United States. Students complete the survey. 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 30 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.

YRBS results and questionnaires can be viewed [HERE](#).

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 Program at YRBS@alaska.gov.

2024-25 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 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.

Anchorage School District
Student Housing Questionnaire

Date	
Parent/Guardian Name	
Current Address	
Phone Number	
School	

Students 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 1st, have you lived in any of the situations listed below?

Yes
 No
 Decline to Answer

If yes, please check all of the following living situations you have used since July 1. If no, nothing else needs to be completed.

Emergency or Transitional Shelter	<input type="checkbox"/>
Car, RV or Campground due to loss of housing or economic hardship	<input type="checkbox"/>
Sharing the housing of others (doubled up) due to loss of housing, economic hardship	<input type="checkbox"/>
Motel due to loss of housing or economic hardship	<input type="checkbox"/>
Couch surfing	<input type="checkbox"/>
Unaccompanied Youth not living in the physical custody of parent or legal guardian	<input type="checkbox"/>

If you checked yes, please list all children currently living with you.

Name	Birthdate	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

Botwinick_Lynn@asdk12.org



Anchorage School District

Education Center

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4000 • www.asdk12.org

Dear Parent or Guardian,

Welcome! The Anchorage School District is committed to supporting students who speak or understand languages other than English.

The purpose of this form is to find students who might qualify for the ELL Program. If a language other than English is indicated on the form, school or district staff will assess your child using an English language assessment and families will be notified of the results. Specially trained teachers and tutors who understand, respect and appreciate different languages and cultures will work with eligible students to support their success in school.

If you have questions or need help with the form, we will be happy to assist you.

Sincerely,

Bobbi Lafferty
English Language Learner Program Director
907-742-4452

Educating All Students for Success in Life

Anchorage School Board Margo Bellamy, President

Carl Jacobs, Vice President

Dora Wilson, Clerk

Kelly Lessens, Treasurer

Dave Donley

Pat Higgins

Andy Holleman

Superintendent Dr. Jharrett Bryant

Agreement Authorizing Student Use of an ASD Owned Device

Your student is enrolled in an ASD program/school and may be provided with a Technological Device, going forward referred to as "Device". Accepting this Device comes with expectations and responsibilities. Please review the following:

1. **Acceptable Use of a Device.** Use of the Device, whether at home or at school, is for educational purposes consistent with the curricular goals of ASD and with Board of Education policies. The student may not use (or allow others to use) the Device loaned to him/her in a way that violates the Board's Acceptable Use Policy or its policies on student discipline, bullying, or student harassment. By using the Device, you and the student agree to abide by Board Policies, as well as all other applicable policies and guidelines in this document. As such, violation of any of these policies or guidelines could result in loss of use of the Device; discipline, up to and including suspension or expulsion; and referral to law enforcement.
2. **Responsibility for Lost or Damaged Device.** In the event your student's Device is lost or damaged, you will be responsible for replacement or repairs under the following guidelines:
 - a. If the Device is stolen, you will be required to pay in full for the replacement unless the theft was not due to your child's negligence or intentional misuse and you have submitted a complete and accurate police report of the theft.
 - b. If the damage is due to student's negligence or intentional misuse or destruction, or if the Device is lost, you will be required to pay in full for the repair or replacement of the equipment.

In accordance with School Board Policy 5125.3, willful damage of or failure to return your Device may result in the withholding of grades, diploma or transcripts.

3. **Caring for the Device.** The Device assigned to the student remains the property of ASD and must be cared for. In addition to the manufacturer's instructions, if any, the student must care for the Device as follows:
 - a. Only use a clean, soft cloth to clean the device's screen; don't use cleansers of any type.
 - b. Insert and remove cords and cables carefully to prevent damage to connectors.
 - c. Do not write or draw on, apply stickers or labels to, or otherwise mark up or deface the Device.
 - d. Handle the device carefully. Screens can crack not only when dropped, but also when twisted or subjected to pressure from stepping or leaning on them. Don't stack other objects (books, binders, etc.) on top of the Device.
 - e. Don't leave the Device in places of extreme temperature, humidity, or limited ventilation (e.g., in a car) for an extended period of time.
 - f. Keep food and beverages away from the Device.
 - g. Make sure the Device is secure when it is out of sight. Don't leave it in an unlocked locker, a desk, car or other location where someone might take it.
 - h. While not provided, a protective carrying case is recommended.
 - i. Don't "jailbreak," "root," or otherwise disrupt the configuration of the Device. In other words, do not replace the manufacturer's operating system with custom software.
4. **Using the Device at School.** Unless otherwise instructed, the Device is intended for daily use at school and home. The student is responsible for bringing it to school every day, fully-charged. ASD may not supply loaner devices to students who neglect to bring their fully-charged device to school.

5. **Using the Device Outside of ASD.** In the event the student uses the Device outside of ASD, he/she is bound by the same policies, procedures, and guidelines as at school.
 - a. **Guardian Responsibility for Supervision Outside of ASD.** Students and their parents/guardians bear sole responsibility for exercising appropriate device and internet use and for abiding by local, state and federal laws and regulations. While there is limited internet content filtering, students are required to follow the district's Internet Use Agreement. Appropriate use of the district issued Device at home and outside of school is subject to the district's student discipline guidelines as outlined in the ASD Student Handbook.
 - b. **Technical Support.** ASD cannot guarantee that the Device will function outside ASD at the same level as inside ASD. Configuration of any home network connection is the guardian's responsibility and not the responsibility of ASD. However, should you need support for your Device, contact your school. Any configuration applied to the Device that impairs its performance in school may be removed by District staff.
6. **Managing Your Files and Saving Your Work.** Work performed on a Device is typically saved to Google Drive or to the Device itself. It is the student's responsibility to make sure his/her work is not lost due to a failure or loss of the Device. Students are encouraged to use Google Drive so that their files may be accessed anywhere there is access to Google.
7. **Software.** ASD will provide all required software. Should the student decide to install additional software on the device, that software may be removed by District staff at any time should it be deemed unnecessary or malicious.
8. **No Expectation of Privacy.** There is no expectation of privacy for any communication made using the Device or for any content created or stored on the device. ASD reserves the right to inspect the Device and its contents at any time and for any reason.
9. **Personal Content.** The student should be aware that any content (including, but not limited to, documents, audio files, and photographs) stored on the Device or in the cloud is subject to access by third parties pursuant to law or subject to discovery in a legal proceeding. In addition, personal content may be deleted in the course of routine maintenance and/or troubleshooting. It is the responsibility of the student to backup all personal content stored locally on the Device or in the cloud.
10. **Device Data as Records.** Data saved to the Device or to Internet-based storage space (i.e., the "cloud") via the Device are not maintained by the District as public records or as student records. In the event data stored on a Device or stored in the cloud via a Device needs to be maintained by the District for any reason, the District will take affirmative steps to preserve it.
11. **Returning the Device.** Unless instructed otherwise, the student will keep, care for, and maintain the Device (and any related accessories) until graduation. If the student withdraws from ASD, the Device must be returned prior to the last day of attendance. The device and accessories must be returned in operable condition, with all parts intact. If the Device and any related accessories are not returned, ASD may, in addition to seeking reimbursement, file a theft report with the appropriate law enforcement agency.
 - a. **ASD Virtual Caveat.** If the student is enrolled in the ASD Virtual Program AND in grades 5 or below, the Device (and any related accessories) must be returned to the school of enrollment if that student returns to in-person learning.
12. **Waiver of Device-Related Claims.** By signing the "Device Acknowledgement" below, you acknowledge that you and the student have read, understand, and agree to follow all guidelines and policies outlined or referenced in this Agreement and agree to be bound by this Agreement. You also agree and represent that the Device (including any related accessories) was delivered in good working order and that it must be returned to ASD in good working order. By signing this Agreement, you waive any and all claims you or the student (and each of your respective heirs, successors, and assigns) may

have against ASD, its Board of Education, and its individual Board members, officers, employees, and agents relating to, connected with or arising from the use of the Device or this Agreement.

13. Indemnification for Device-Related Claims. To the fullest extent allowed by law, you agree to indemnify, defend, and hold harmless ASD, its School Board of Education, and its individual Board members, officers, employees, and agents from any and all claims, damages, losses, causes of action, and the like relating to, connected with or arising from the use of the Device or this Agreement.

DEVICE ACKNOWLEDGEMENT

STUDENT'S NAME: _____ Grade: _____
Date of Birth: _____ Student ID _____

GUARDIAN AGREEMENT: I am the guardian of the student listed above, and I acknowledge that I received, read, and understand the Agreement Authorizing Student Use of an ASD Owned Device, including its waiver and indemnification provisions. Further, I understand that:

- My student is responsible for bringing the Device issued to him/her to school every day, fully charged, and for taking care of and properly using the Device.
- My student's failure to care for the Device or his/her improper use of the Device may subject him/her to disciplinary action, loss of the privilege of using the Device, and/or referral to law enforcement.
- I am responsible for monitoring and supervising my student's use of the Device, including its access to the Internet, outside of school.
- I am financially responsible for any damage to or loss of the Device assigned to my student.
- I am responsible for ensuring my student's compliance with the terms of the Agreement Authorizing Student Use of an ASD Owned Device.

Student's Name (Printed) Student's Signature Date

STUDENT AGREEMENT: I agree that I received, read, and understand the Agreement Authorizing Student Use of an ASD Owned Device. I understand that:

- I will bring the Device to school every day, fully charged.
- I will take care of the Device and use it properly.
- If I do not care for the Device or I use it improperly, I may not be allowed to use the Device any more, may be disciplined at school, and may be referred to the police in serious cases.
- I am responsible for using the Device and the Internet appropriately, both at school and outside of school.
- My guardian(s) will have to pay for any damage to my Device or to replace my Device if it is lost.
- I will follow all directions in the Agreement Authorizing Student Use of an ASD Owned Device.

Student's Name (Printed) Student's Signature Date



Parents or Guardians of 5th and 6th 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 5th and 6th 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 5th grade units are "Growing Up" and "About Blood and HIV."

The 6th 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
HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT OR AS NEEDED

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH (MM/DD/YYYY)
SCHOOL			GRADE

MEDICAL HISTORY (If YES to any of the below, please follow-up with the school nurse)

- 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 describe: _____

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.

Please continue to the second page to complete this form



Anchorage School District

HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT OR AS NEEDED

Last Name	First Name	MI	DOB
-----------	------------	----	-----

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.

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

MEDICAL PROVIDER / PEDIATRIC GROUP: _____ Phone _____

OTHER PROVIDER: _____ Phone _____