



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 <i>one or more</i> 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. Primary phone number: () _____ Type (home, cell, etc): _____ Check if Unlisted <input type="checkbox"/>	12. Student Email address and Phone Number: (For HS students taking on-line or KCC courses) Email: _____ Phone: _____
--	--

13. Pickup Bus: _____ **Dropoff Bus:** _____ **Transportation Notes:** _____

14. 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.**

15. 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:** _____

16. 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:** _____

17. Previously enrolled in the ASD (including Preschool)? Yes* No ***If yes, school name** _____ **Last year attended** _____

18. Does student have a current or past IEP? Yes No **19. Does student have a current 504 plan?** Yes No

20. 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
 NCLB Victim 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 (Make copies of this page if additional Parents or Guardians should be added)

	CONTACT 1 PARENT/GUARDIAN	CONTACT 2 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"/> *Court appt. guardian <input type="checkbox"/> *Agency Rep	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
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, residence address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residence 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 work on a Federal Property)		
	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Name of Federal Property (e.g. JBER, BLM, courthouse)		
1 st Phone # to Call	() <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work X Receive Automated Calls	() <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Receive Automated Calls
2 nd 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
3 rd 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:	X Web Access (ParentConnect) X Attendance Calls <input type="checkbox"/> Informational Calls	<input type="checkbox"/> Web Access (ParentConnect) <input type="checkbox"/> Attendance Calls <input type="checkbox"/> Informational Calls <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:				
Contact relation:				
Contact phone #:	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Contact phone #:	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
	EMERGENCY CONTACT 3		EMERGENCY CONTACT 4	
Contact full name:				
Contact relation:				
Contact phone #:	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Contact phone #:	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	()	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home