

NEW Student Enrollment Form 2018 / 2019 School Year

This information is required by Alaska State Law.
Parents / Students Please fill out this form completely.



Student Full Name: _____, _____, _____
First Middle Last

Grade: _____ Student Phone #: _____

Date of Birth ____ / ____ / ____ Soc.Sec. #: _____

Place of Birth (City & State): _____ Gender: _____

School Name: _____

Racial/Ethnic Group (*Check one*): White(Caucasian) Black(not Hispanic) Hispanic
 Asian Alaska Native American Indian Multi Ethnic Native Hawaiian/Pacific Islander

Parent Signature: **X** _____ Enrollment Date: _____

Adult Contact 1 Name: _____ Relationship to Student: _____
Mailing Address: _____ Child Resides with: _____ Yes _____ No
City, State, Zip: _____ Legal Guardian: _____ Yes _____ No
Phone: _____ Circle Type: cell home work email address: _____

Adult Contact 2 Name: _____ Relationship to Student: _____
Mailing Address: _____ Child Resides with: _____ Yes _____ No
City, State, Zip: _____ Legal Guardian: _____ Yes _____ No
Phone: _____ Circle Type: cell home work email address: _____

Adult Contact 3 Name: _____ Relationship to Student: _____
Mailing Address: _____ Child Resides with: _____ Yes _____ No
City, State, Zip: _____ Legal Guardian: _____ Yes _____ No
Phone: _____ Circle Type: cell home work email address: _____

What conditions, if any, does the student have that would affect emergency treatment (such as an allergy, diabetes, or epilepsy)?

Student's Doctor: _____ Address: _____ Phone #: _____

Hospital Preference: _____

In case of emergency should medical treatment be limited due to students religion? _____ Yes _____ No

Completed by Office	Date of Entry ____ / ____ / ____	Type of Entry _____	School Transferring from: _____
	Date of Exit ____ / ____ / ____	Type of Exit _____	School Transferring to: _____

(Date of Exit should be day after last day of attendance) AKSID _____ Kuspuk ID _____

Copy of Birth Certificate in cum file - Yes _____ No _____

Copy of updated immunizations in file in office - Yes _____ No _____

Copy of transfer records on file in cum file - Yes _____ No _____ Number of Credits Transferred in _____