

# Returning 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

**Kuspuk School District**

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 \_\_\_\_\_