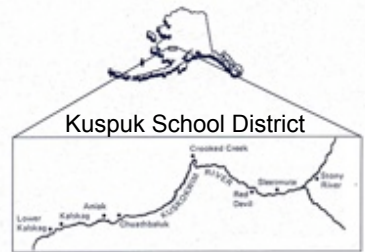


# Enrollment Form

## 2012 / 2013 School Year

This information is required by Alaska State Law.

Parents / Students Please fill out this form completely.



**Please Provide a Copy of  
the Child's Birth Certificate  
and  
updated Immunizations.**

Student Full Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*First Middle Last*

Other Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Optional*

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Soc.Sec. #: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_ Gender: \_\_\_\_\_

School Name: \_\_\_\_\_

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

**Male Guardian**

◆ **Male Parent/Legal Guardian:** \_\_\_\_\_, \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
*First Last*

(Check one): Child resides with?  Y  N Address (Street or P.O., Village, State): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ email address \_\_\_\_\_

**Female Guardian**

◆ **Female Parent/Legal Guardian:** \_\_\_\_\_, \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
*First Last*

(Check one): Child resides with?  Y  N Address (Street or P.O., Village, State): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ email address \_\_\_\_\_

**Other Guardian**

◆ **Adult that student lives with (if not Parent/Guardian):** \_\_\_\_\_, \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
*First Last*

Address (Street or P.O., Village, State): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ email address \_\_\_\_\_

**Emergency**

◆ **Concerned Adult to be notified in case of an emergency(other than above):** \_\_\_\_\_, \_\_\_\_\_  
*First Last*

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

**Medical**

Student's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency should medical treatment be limited due to students religion?  (check one)  Y  N

Name of Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

**Parent or Guardian Signature: X** \_\_\_\_\_

In accordance with Board Policy BP 5125, parents are given annual notice that they have the right to inspect their child's education records - please contact your local school if you would like to review your child's records.

Date of Entry \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of Entry \_\_\_\_\_ School Previously Attended: \_\_\_\_\_ AKSID \_\_\_\_\_

Date of Exit \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of Exit \_\_\_\_\_

**Section to be Completed in the office**

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 \_\_\_\_\_