



**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**

<b>1. Student's Legal Last name:</b>	<b>Student's Legal First name:</b>	<b>Student Middle name:</b>	<b>Suffix:</b>	<b>Other name student uses:</b>

<b>2. Grade level:</b>	<b>3. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>4. Is student Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>4a. Select <i>one or more</i> of the race categories:</b> <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	<b>5. Student birthdate:</b> MM / DD / YY ____/____/____	<b>6. Birth place:</b>
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<b>7. Student home language:</b>	<b>8. Student primary language:</b>
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<b>9. Student Residence address:</b>	<b>City, State:</b>	<b>ZIP + 4:</b>

<b>10. Student mailing address (if other than residence):</b>	<b>City, State:</b>	<b>ZIP + 4:</b>

<b>11. Primary phone number:</b> (     ) _____	<b>12. Student Email address and Phone Number: (For HS students taking on-line or KCC courses)</b> Email: _____ Phone: _____
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**Type (home, cell, etc):** \_\_\_\_\_ Check if Unlisted

**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** \_\_\_\_\_

<b>18. Does student have a current or past IEP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>19. Does student have a current 504 plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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)

	<b>CONTACT 1 PARENT/GUARDIAN</b>	<b>CONTACT 2 PARENT/GUARDIAN</b>
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:	<b>Check only one:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> *Other	<b>Check only one:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> *Other
Relationship to student:	<b>Check only one:</b> <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	<b>Check only one:</b> <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: _____
<b>Military Affiliation</b> <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:
<b>Name of Federal Property</b> (e.g. JBER, BLM, courthouse )		
<b>1st Phone # to Call</b>	(      ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Receive Automated Calls	(      ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Receive Automated Calls
<b>2nd Phone # to Call</b>	(      ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	(      ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<b>3rd Phone # to Call</b>	(      ) <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 checked="" type="checkbox"/> Web Access (ParentConnect) <input checked="" type="checkbox"/> 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.

<b>IV. EMERGENCY CONTACT INFORMATION</b>				
	<b>EMERGENCY CONTACT 1</b>		<b>EMERGENCY CONTACT 2</b>	
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
	<b>EMERGENCY CONTACT 3</b>		<b>EMERGENCY CONTACT 4</b>	
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