| | |
|---|---|
| _____Only School Name/Code: _____ | School Entry Date: _____/_____/_____ |
| Student District ID: _____ Student State ID (SSID): _____ | |
| Copy of court order legal documentation was provided by parent/guardian. q Yes q No | Received Date:____/____/____ |

# ANCHORAGE SCHOOL DISTRICT 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: q Male q Female | 4. Is student Hispanic or Latino? QYes QNo 4a. Select of the race categories: q White q Asian q Black q AK Native q American Indian q Native Hawaiian or Pacific Islander | 5. Student Birthdate: MM / DD / YY | 6. Birth place: |
|---|---|---|---|---|

| 7. Student primary language: | 8. Student home language: |
|---|---|

| 9. Student Residence address: | City, State: | ZIP + 4: |
|---|---|---|
| | | |

| 10. Student mailing address (if other than residence): | City, State: | ZIP + 4: |
|---|---|---|
| | | |

11. Student Email address and Phone Number (For HS student is taking on-line or King Tech courses)

Student Email:

Student Phone:

12. Is there a court order in effect for the student? q Yes q No (If yes, please furnish a copy of the legal documentation to the school office.)

13. Is student: Non-ASD Home Schooled? QYes QNo Attending a Private School? QYes QNo A Foreign Exchange Student? QYes O

B B B B B B B B B

15. Previously enrolled in the ASD (including Preschool)? q Yes q No

*If yes, school name_____ Last year attended_____

| 16. Does student have a current or past IEP? q Yes q No | 17. Does student have a current 504 plan? q Yes q No |
|---|---|

## II. SIBLING INFORMATION (If additional space is needed, please see the registrar.)

| | | |
|---|---|---|
| Sibling 1 full name: | Grade: | School name: |
| Sibling 2 full name: | Grade: | School name: |
| Sibling 3 full name: | Grade: | School name: |
| Sibling 4 full name: | Grade: | School name: |
| Sibling 5 full name: | Grade: | School name: |

The information provided is true to the best of my knowledge

X Parent/Guardian signature (required)_____ Date:_____

## III. PRIMARY CONTACT INFORMATION

| | CONTACT | PARENT/GUARDIAN | CONTACT | PARENT/GUARDIAN |
|---|---|---|---|---|
| Title (check one): | q Mr. | q Mrs. q Ms. | q Mr. | q Mrs. q Ms. |
| Contact full name(last,first): | | | | |
| Type of Contact: | Check only R Q Parent q Guardian q *Other | | Check only R Q Parent q Guardian q *Other | |
| Relationship to Student: | Check only q Mother q Father<br>q Stepmother q Stepfather<br>q Foster Mother q Foster Father<br>q Grandmother q Grandfather<br>q Aunt q Uncle q Sibling<br>q Guardian ad Litem<br>q Court Appointed Special Advocate<br>q OCS Caseworker | | Check only Q Mother Q Father<br>Q Stepmother Q Stepfather<br>Q Foster Mother Q Foster Father<br>q Grandmother Q Grandfather<br>Q Aunt Q Uncle Q Sibling<br>Q Guardian ad Litem<br>q Court Appointed Special Advocate<br>Q OCS Caseworker | |
| Contact lives with student: | | | | |