

# 2018-19 Student Enrollment Form

# Lake and Peninsula School District

**\*\*This Section for District Office Use Only \*\***

AKSID# \_\_\_\_\_

School \_\_\_\_\_

Date Enrolled \_\_\_\_\_

\_\_\_\_\_

**The more completely and accurately this form is filled out, the quicker the student can and will be enrolled.**

**\*\* Please Print \***

Student's LEGAL Name \_\_\_\_\_

Grade Level \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
DOB (mm/dd/yy) \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Country

Student's First Language? English  Other  \_\_\_\_\_ (Please Specify)

Primary language spoken in the home? English  Other  \_\_\_\_\_ (Please Specify)

Language other than English spoken in the home No  Yes  \_\_\_\_\_ (Please Specify)

Student is: Male  Female

Student has a current Individual Education Plan / IEP?  
Yes  No

New/Transfer Student Yes  No

If **YES**, Last Non-LPSD School Attended?

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

Mailing Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Last Grade \_\_\_\_\_

## Student Ethnicity – Parts 1 & 2

### Part 1:

Is student Hispanic or Latino? Yes  No

### Part 2:

Regardless of response to Part 1, select one or more of the race categories:

Alaska Native  American Indian

Black (non-Hispanic)  Asian

Caucasian  Hispanic

Native Hawaiian/Pacific Islander

Two or more races

While attending school Student Lives With:

Mother & Father  Mother  Father  Legal Guardian  Other \_\_\_\_\_  
Please Specify

**\*\* This section Must be completed \*\***

Parent/Guardian #1 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street/PO BOX City/State/Zip

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Parent Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**\*\* Must be different from Parent/Guardian**

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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Please enter Student's Full Name Here

Please list all siblings school-age or younger and what school they attend, if applicable.

Full Name	DOB	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the following information regarding the student's health that the school should know.

This student has:

Asthma: Yes  No  Diabetes: Yes  No  Allergies: Yes  No  Other: Yes  No

If Other, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Migrant Education** is a federally funded program based on students whose family engages in seasonal work such as fishing away from their home. This funding has allowed LPSD to supplement many of our existing programs. **Question to Help Determine Program Eligibility:**

Did you or any member of your family travel to look for or get work in commercial or subsistence fishing in the last 3 years? Yes  No  (If yes, a Migrant Education recruiter will contact you via telephone).

Parent on Active Duty Military Service Yes  No  Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_  
Please do not confuse enrollment date with parent signature date.

Birth Certificate Received: Yes  No

Immunization Records Received: Yes  No

School \_\_\_\_\_

Head Teacher/Principal Signature \_\_\_\_\_

Homeroom Teacher is: \_\_\_\_\_

*The Family Educational Rights & Privacy Act (FERPA) requires LPSD, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However LPSD may disclose "directory information" without written consent unless you have advised the District to the contrary in accordance with District Procedures.*