

2016-17 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) _____

Where Student resides while enrolled in School

Physical Address: _____ Mailing Address: _____

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 _____

(If different from Student's) 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

[Empty text box for student's full name]

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

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.