

2017-18 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 _____

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 _____

*** Please Complete and Sign Page 2 of This Form ***

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Lake and Peninsula School District

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.

DO5a Enrollment - revised 07-26-17