



Lake and Peninsula School District

Student Enrollment Form

2025-2026

A. Student Demographics

Full Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Grade: _____

Ethnicity
(Check One)

☐ African American

☐ American Indian

☐ Alaska Native

☐ Asian

☐ Caucasian

☐ Hispanic

☐ Pacific Islander

Two or More Races (Please Specify)

**Is this student
Hispanic or
Latino:**

☐ Yes

☐ No

Physical Address
City, State, Zip

Mailing Address
City, State, Zip



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B. Medical Information:

Please list any medical information Lake and Peninsula School District should be aware of:

C. McKinney-Vento Eligibility

Is this child experiencing housing loss due to economic hardship? ☐ Yes ☐ No

Is this child's primary nighttime residence in a public or private place not designed for regular sleeping accommodations such as a car, park, public space, abandoned building, or similar setting? ☐ Yes ☐ No

D. Digital Equity Data

This information is being collected as part of the state reporting requirements under the American Rescue Plan Section G.1.ii

Does this student have access to the internet at home ☐ Yes ☐ No

E. Language

First Language ☐ English ☐ Other: _____

Primary Language at Home ☐ English ☐ Other: _____

Languages other than English Spoken at home: _____



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F. Migrant Education

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. Our Migrant Education recruiter will contact you via telephone to confirm your 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

G. Armed Forces

Parent/Guardian is on active duty in the armed forces:

- ☐ Yes
☐ No

Parent/Guardian is in the armed forces but not on active duty:

- ☐ Yes
☐ No

H. Previous School Information

**Last School
Attended:**

School Address:

School Phone:

**Student has an IEP
or 504 in place?**

- ☐ Yes
☐ No



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I. Contacts

Contact 1		Contact 2	
Name:	<input type="checkbox"/> Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pick-Up <input type="checkbox"/> Emergency Contact	Name:	<input type="checkbox"/> Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pick-Up <input type="checkbox"/> Emergency Contact
Relationship:		Relationship:	
Phone:		Phone:	
Email:		Email:	
Contact 3		Contact 4	
Name:	<input type="checkbox"/> Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pick-Up <input type="checkbox"/> Emergency Contact	Name:	<input type="checkbox"/> Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pick-Up <input type="checkbox"/> Emergency Contact
Relationship:		Relationship:	
Phone:		Phone:	
Email:		Email:	

 Parent/Guardian Name (Printed)

 Parent/Guardian Signature

 Date

Documents Needed With Enrollment	Office Only
Birth Certificate	<input type="checkbox"/>
Immunizations/Request Form	<input type="checkbox"/>
506 (Indian Education) Form	<input type="checkbox"/>

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



Immunization Record Request Form



All immunization record request must be accompanied by a copy of documentation that identifies the person requesting the immunization record. Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please verify that the copy of the identification card is legible.**

If you need to request multiple records, please submit an Immunization Records Request Form for each record. If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field. If you are requesting records for someone under 18 years of age, their records will only be released to a school or daycare facility. **Immunization record requests will be processed within 5-7 business days.**

IMMUNIZATION RECORD REQUESTED FOR:			
First Name:		Middle Name:	Last Name:
Date of Birth: / / <small>Month Day Year</small>	Gender: Male Female		Phone Number:
Current address:		City:	State: Zip:

REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
Requestor's Name:		Requestor's Relationship:	
Current address:		City:	State: Zip:
Phone:	E-mail:		
By signing this agreement, I _____ hereby authorize the Alaska Department of Health and Social Services (DHSS) <small>(print name of requestor)</small>			
to release immunization information that may be held by the Alaska Immunization Information System (VacTrAK) of the Alaska Department of Health and Social Services. I authorize release in the manner that I have requested. This information is to be released and sent to the following:			
School	Daycare/Childcare center	Self (Records will be sent to you only if it is your record and you are over 18 years of age)	
Recipient/To the Attention of:		Name of Organization:	
Fax record to fax number:		Phone number:	
Address of School or Daycare/Childcare center:			
Requestor's Signature:		Date:	

Once this form is completed, please print, sign and date. Send form along with a copy of supporting documents to VacTrAK via Fax or Mail.

Fax: 907-562-7802 ATTN: VacTrAK Records Request

Mail: Alaska Department of Health and Social Services

**Division of Public Health, Section of Epidemiology
Alaska Immunization Program-VacTrAK
3601 C Street, Suite 540
Anchorage, AK 99503**

If your records are found in our system we will send the records to the destination you requested above. If your records are not found in our system, we will contact you. VacTrAK may reach out to you via email for additional information on your request. **VacTrAK will not be able to process emailed vaccine record requests or send vaccine records via email.**



THE LAKE AND PENINSULA SCHOOL DISTRICT

101 Jensen Drive
King Salmon, AK 99613
907-313-3841

1617 S Industrial Way #1
Palmer, AK 99645
907-745-7090



It is part of the Lake & Peninsula School District fabric for our Student Services Team to regularly work within our classrooms and with small groups/individuals to support students' social, emotional, academic and career-readiness needs. One means of allowing students to self-identify for short-term individual social-emotional learning work, academic assistance, post-secondary preparation assistance, crisis intervention meetings, mental health check-ins, and referrals to outside agencies (as needed, and only with parental permission) is through a wellness questionnaire focusing on mental health and students' post-secondary plans. The questionnaire chosen by LPSD is the Strengths and Difficulties Questionnaire (SDQ).

Sample SDQ questions are available upon request. Please email KacyLouLeyba@lpsd.com to access the questionnaire.

LPSD will be providing junior high and high school students with the opportunity to take the SDQ in November/ December, then once again in February/ March.

By signing this form, I give consent for my student(s) _____ to partake in the SDQ this school year, and I understand that I will be contacted by the LPSD Student Services team before ongoing services are entered into. I also understand that the SDQ and any subsequent services are not intended as a substitute for psychological counseling, diagnosis, or medication, which are not the responsibility of the school district.

We are committed to ensuring all of our students are supported academically, socially, and emotionally, and we look forward to partnering with each of you toward achieving this goal.

Guardian Signature

Date

or

I would like my student to opt out of the SDQ at this time.

Guardian Signature

Date

We value our communities' feedback regarding the opportunities and services rendered to our students. If you have opted out of the SDQ at this time, we would love to know more about why:

Please feel free to contact our Student Services Coordinator at KacyLouLeyba@lpsd.com or at 907-931-6360 with more questions or concerns.

Chignik Bay • Chignik Lagoon • Chignik Lake • Igiugig • Kokhanok • Levelock
Newhalen • Nondalton • Perryville • Pilot Point • Port Alsworth • Port Heiden