

Please print clearly

SITKA SCHOOL DISTRICT STUDENT REGISTRATION FORM

A	(Last)	(First)	(Middle)	(Preferred –if different than first name.)
Student's Legal Name:				
Date Of Birth:		Gender: M F	Age:	Grade:
Planned 1st Day of Attendance:				

B	Ethnic Group: (Circle one) 1. White 2. African American 3. Hispanic 4. Asian 5. American Indian 6. Alaska Native 7. 2 or more groups-Not Hispanic 8. Hawaiian/Pacific Islander
Is your child Hispanic or Latino? Y N	

C	Did student previously attend Sitka School District? Y N			
Previous School Attended: (including Pre-School)		Address:	Phone:	Fax:

D	Name(s) of other school age siblings:			
1. _____		Grade:	3. _____	
			Grade:	
2. _____		Grade:	4. _____	
			Grade:	

E	Is there another language other than English used in the home? Y N Name of Language: _____			
Has your child been enrolled, in need of, or currently receiving services for any of the following: Y N				
If yes, circle all that apply: 504b/Special Education Reading Support English as a Second Language				

F	Does your child have allergies or a chronic medical condition? Y N Note: All parents must complete the Health Form			
Hospital Preference: (check one) SEARHC <input type="checkbox"/> Sitka Community Hospital <input type="checkbox"/> No Preference <input type="checkbox"/>				
Do you give permission for the district nurse to search for your child's immunization records in the Vaccination Tracking System of Alaska (VacTrAK)? Y N				
Does your child live with family/friends or in a non-permanent shelter because of a lack of affordable housing? Y N				

G	LEGAL Parent/Guardian 1:		Gender: M F		LEGAL Parent/Guardian 2:		Gender: M F	
Relationship: (Circle One) Parent *Guardian _____		(list relationship)		Relationship: (Circle One) Parent *Guardian _____		(list relationship)		
(Last) (First) (Middle)				(Last) (First) (Middle)				
Name:				Name:				
Physical Address:				Physical Address:				
Mailing Address:				Mailing Address:				
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:		
Work Phone:				Work Phone:				
E-mail Address:				E-mail Address:				
Employer:		Active Military: Y		Employer:		Active Military: Y		
Please circle Y or N to all questions below for this contact.				Please circle Y or N to all questions below for this contact.				
Okay to pick up: Y N		Lives with child: Y N		Okay to pick up: Y N		Lives with child: Y N		
Has legal custody: Y N		Receives mail: Y N		Has legal custody: Y N		Receives mail: Y N		
*Proof of legal guardianship is required if you are the legal guardian instead of parent.								

H	Do you have a custody agreement that will impact your child's school day (such as pick up or visitation)? Y N (If yes, a copy of the agreement is required.)			
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I	Local Contacts: Please list two OTHER people we could call in case we cannot reach you for an emergency, illness or pick up. We will call in the following order Legal Guardians, Local Contact 1, then Local Contact 2, etc. If you need more than 2 local contacts, write them on the back.							
1. Name:				2. Name:				
Phone: (H) (C) (W)				Phone: (H) (C) (W)				
Address:				Address:				
Relationship:				Relationship:				

J	Signature of Parent or Guardian: _____			Date: _____		
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If any of the above information should change, please provide the updated information to school personnel.