

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.	
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"/>			
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:		LEGAL Parent/Guardian 2:	
		Gender: M F		
		Gender: M F		
Relationship: (Circle One) Parent *Guardian _____		Relationship: (Circle One) Parent *Guardian _____		
(Last) (First) (Middle)		(Last) (First) (Middle)		
Name:		Name:		
Physical Address:		Physical Address:		
Mailing Address:		Mailing Address:		
Home Phone:		Home Phone:		
Cell Phone:		Cell Phone:		
Work Phone:		Work Phone:		
E-mail Address:		E-mail Address:		
Employer:		Employer:		
Active Military: Y		Active Military: Y		
Please circle Y or N to all questions below for this contact.				
Okay to pick up: Y N		Lives with child: 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			
<i>(If yes, a copy of the agreement is required.)</i>				

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.



SSD Homeschool Program
305 Baranof Room 30
Sitka, AK 99835
907.747.7514
907.747.3049 (Fax)
www.sitkaschools.org/reach

STATEMENT OF ENROLLMENT

School Year _____

Students enrolled full-time in REACH may not be enrolled in another public school in the State of Alaska.

4 AAC 09.040. Counting of correspondence students and part-time public school students (f) For the purposes of the public school funding program under AS 14.17, a student who generates one full-time equivalent in one district will not be counted as a part-time student with another district.

_____	_____
Student Name	Grade
_____	_____
Student Name	Grade
_____	_____
Student Name	Grade
_____	_____
Student Name	Grade

I certify that the above student(s) are enrolled full-time in Sitka School District's REACH Homeschool Program and are not enrolled in any other public school in Alaska.

Parent/Guardian Signature

Date

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Sitka, AK 99835
907.747.7514
907.747.3049 (Fax)
www.sitkaschools.org/reach

RELEASE OF INFORMATION

School Year _____

Student Name

Grade

Date

As parent/guardian of the student, I hereby authorize the release of the following confidential information between Sitka School District and my child's tutor/teacher.

- Transcripts
- Psychological/Counseling
- Cumulative File

- Health Records
- Special Education Records
- Other: _____

I understand that information will be treated in a confidential manner. I also understand that it is my right to request a copy of all information and to contest any information I feel is incorrect.

Name of Tutor/Teacher

Signature of Parent/Guardian

Date

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Individual Learning Plan for SY _____

Student Name: _____

Grade Level: _____ **Date:** _____

Parent/Guardian Name: _____

Phone Number: _____

Contact Teacher: _____

REACH Use Only				
REACH FTE	1.0	.75	.50	.25
Dual-enrolled w/:	SHS	PHS	KGH	BES BMS
Course(s) delivered by approved tutor	_____			
Tutor's Name:	_____			
Course(s):	_____			

My signature below confirms that I understand:

- ❖ This student and I have the same access to the Sitka School District appeal process as a student and parent in any other district program/school.
- ❖ This student is required to participate in all state-mandated assessments.
- ❖ All non-consumable materials purchased by REACH should be returned to REACH.
- ❖ REACH cannot purchase religious or sectarian curriculum.
- ❖ The Individual Learning Plan (ILP) may be amended throughout the year; amendments should be initialed/dated.

Parent/Guardian Signature: _____

Tutor's Signature (if applicable) _____

Schedule (list a typical schedule for the day/week):

Subject/Course: _____

Religious Based If complete curriculum is religious based, check this box. Religious based curriculum/subjects cannot count toward a student's enrollment with REACH.

Curriculum Materials (Indicate title(s) and publisher of textbooks; list projects, specific materials and supplies, videos, games, etc. and grade level:

Topics (List all major topics to be covered):

Method of Assessment: (Check all that apply)

- Quizzes and test
- Learning Journal/sketchbook
- Oral reviews or presentations
- Guided practice
- Portfolio
- Projects
- Other _____

Grading Scale: (Check one that applies)

- A= 100-90%, B= 89-80%, 79-70%, etc.
- 4= above standard, 3= at standard, 2= below standard, 1= far below standard
- Outstanding, Satisfactory, Needs Improvement
- Pass/Fail

Individual Learning Plan for SY _____

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