

Student RE-Enrollment Form

2025 / 2026 School Year

Student: FirstName LastName
School: SchoolName

DOB: DOB
Grade: GradeLevel

Please complete the form below. If any of the information has changed, please scratch it out and write the updated information next to the old information.

Contact Information

| | | |
|--|---|------------------------------|
| Home Phone: <u>HomePhone</u> | | Gender: <u>Gender</u> |
| <u>Mailing Address:</u> <u>Street</u> <u>City, State</u> <u>Zip</u> | <u>Physical Address:</u> <u>Street</u> <u>City, State</u> <u>Zip</u> | |

COMPLETE THE FOLLOWING CONTACT INFORMATION

| | |
|---|---------------------------------------|
| Primary Contact Information: | |
| Name: _____ | Relationship to Student: _____ |
| _____ | _____ |
| (Physical Address) | (City, State, Zip Code) |
| Home Phone: _____ | Work Phone: _____ |
| Mobile Number: _____ | |
| <input type="checkbox"/> Please add me to the School's Texting list so I can be notified of important school information. | |
| Email: _____ | |

| | |
|---|---------------------------------------|
| Secondary Contact Information: | |
| Name: _____ | Relationship to Student: _____ |
| _____ | _____ |
| (Physical Address) | (City, State, Zip Code) |
| Home Phone: _____ | Work Phone: _____ |
| Mobile Number: _____ | |
| <input type="checkbox"/> Please add me to the School's Texting list so I can be notified of important school information. | |
| Email: _____ | |

| | | |
|--|---------------------|------------------------|
| MINOR'S TREATMENT INFORMATION (To be completed by Parent/ Guardian) | | |
| Doctor: _____ | _____ | _____ |
| (Name) | (Hospital / Clinic) | (Contact Phone Number) |
| What conditions, if any, does the student have that would affect emergency treatment (such as an allergy, diabetes, or epilepsy)? | | |

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In case of emergency should medical treatment be limited due to students' religion? YES / NO

MEDIA RELEASE FORM

We would like to be sure that we have parental permission to use students' photos, names, and/or work in our publications.

Please indicate your wishes by checking one box:

I agree to the terms below

I do not agree to the terms below

My child's photo, video, and audio may be used on the websites (including Facebook pages), newsletters, or other publications pertaining to the AK DATA School District and partnership programs.

My child's name may be used on the websites (including Facebook pages), newsletters, or other publications pertaining to the AK DATA School District and partnership programs.

My child's work may be used on the websites (including Facebook pages), newsletters, or other publications pertaining to the AK DATA School District and partnership programs.

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STUDENT DIRECTORY INFORMATION AUTHORIZATION

AK DATA School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974. A copy of the school district's policy is available for review in the office of the principal of all of our schools.

This law allows the School District to designate as "directory information" any personally identifiable information in a student's educational records that would not generally be considered harmful or an invasion of privacy if disclosed. School officials may release directory information about a student without first obtaining parental consent, unless you object by returning this form. In addition, upon their request, military recruiters and institutions of higher learning will have access to secondary students' names, addresses, and telephone listings, unless you object by returning this form.

The school district has designated the following information as directory information: student's name, address, telephone number, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, scholarship eligibility, grade level, enrollment status, degrees and awards received, and most recent previous school attended.

You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the school district in writing not later than ***two weeks after enrollment***. If you object to disclosure of some or all of this information, please complete and return the slip attached to this notice.

I agree to the Release of Directory Information

I do not agree to the Release of Directory Information

IMMUNIZATION AUTHORIZATION

I authorize the disclosure of immunization records to AKDATA School District. The purpose of releasing this information is to allow schools to comply with Alaska's "No Shots No School" law.

I certify that all student enrollment information is correct and that I am the legal parent/guardian of the student named on this form. I also understand that it is my responsibility to contact the school should any student information change, including custodianship, whether temporary or permanent.

(Print Parent/ Guardian Name)

(Parent/ Guardian Signature)

(Date)

**Completed by
Office**

Date of Entry ___/___/___ Type of Entry _____ School Transferring from: _____
Date of Exit ___/___/___ Type of Exit _____ School Transferring to: _____

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(Date of Exit should be day after last day of attendance) AKSID _____ PowerSchool ID _____

Copy of Birth Certificate in cum file - Yes _____ No _____

Copy of updated immunizations in file in office - Yes _____ No _____

Copy of transfer records on file in cum file - Yes _____ No _____ Number of Credits Transferred in _____

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INCOME SURVEY FOR TITLE I & E-RATE

ONLY ONE FORM PER HOUSEHOLD

Parent Name(s) _____

Total Number of people in your household _____

Mailing Address: _____

Date: _____

Children in your household that are enrolled in school

(please include all children in schools in the district)

| Name | Grade | School |
|------|-------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

The following information is needed by our school. This information will be used for the e-rate program to determine our school discount for telephone and Internet. It is also needed to meet federal and state laws for Title I and may be used to qualify for additional grants. (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals.)

Please check the row that best describes your family's annual income level. (Check one)

Yearly Income

| | |
|--|-----------------------|
| | \$36,168 or less |
| | \$36,169 – \$48,896 |
| | \$48,897 – \$61,624 |
| | \$61,625 – \$74,352 |
| | \$74,353 – \$87,080 |
| | \$87,081 – \$99,808 |
| | \$99,809 – \$112,536 |
| | \$112,537 – \$125,264 |
| | More than \$125,264 |

ONLY ONE FORM PER HOUSEHOLD

X

Parent signature

Date

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This information is confidential and individual family data will not be reported. THANK YOU