

Sitka School District

STUDENT INFORMATION ****Please Print****

Student Registration Form

Current Grade _____

1. White 2. Black 3. Hispanic 4. Asian 5. Am. Indian
 6. AK Native 7. Mixed Ethnicity 8. Native Hawaiian or Pacific Islander

M
F

Last, First Middle

Race/Ethnic Origin (circle only one)

Gender

Birth date M/D/Y

Age

Medical and Educational Services: (circle your answer)

Previous School Attended

Other school age siblings w/age

1. Does your child have allergies or a chronic medical condition? **Yes or No** If yes, please fill out allergy or chronic medical form.

Contact information (please include name, phone, or fax):

1. _____

2. _____

3. _____

4. _____

2. Hospital Preference: **SEARHC** or **Sitka Community**

3. Has your child been enrolled, in need of, or currently receiving services for the following programs:

504b/ Special Ed / Reading / Limited English Proficient

PARENT/GUARDIAN INFORMATION ****Proof of legal guardianship is required if you are legal guardian instead of parent****

1.

Last, First Middle

Relationship to child: _____

Mother, Father, Other: _____ Gender: M F

Physical Address _____

Mailing Address w/ city, state zip (if different from physical) _____

Home Phone _____ Work Phone _____ Other Phone _____

Employer/Occupation _____ e-mail Address _____

Circle your answer: If no, please explain

1. Does this child live with this parent? Yes or No

2. Does this parent have legal custody? Yes or No

3. Will this parent receive school mail? Yes or No

2.

Last, First Middle

Relationship to child: _____

Mother, Father, Other: _____ Gender: M F

Physical Address (if different from first parent) _____

Mailing Address w/ city, state zip (if different from physical) _____

Home Phone _____ Work Phone _____ Other Phone _____

Employer/Occupation _____ e-mail Address _____

Circle your answer: If no, please explain

1. Does this child live with this parent? Yes or No

2. Does this parent have legal custody? Yes or No

3. Will this parent receive school mail? Yes or No

EMERGENCY CONTACTS (will be given permission to pick up your child)

Last, First Middle

Relationship to child: : _____ Gender: M F

Home Phone _____ Work Phone _____ Other Phone _____

Last, First Middle

Relationship to child: : _____ Gender: M F

Home Phone _____ Work Phone _____ Other Phone _____

Office Use Only:

AK ID#: _____ MT#: _____ SY Enrolled: _____

Building Enrolled: **BES, KGH, BMS, SHS, PHS, REACH**

FTE: _____ FTE(Reach): _____ Subjects(Reach): _____

Parent/guardian Signature _____

Date _____

As contact information changes please inform your child's school office personnel. Thank You!