

SKAGWAY CITY SCHOOL DISTRICT
P.O. Box 497
Skagway, Alaska 99840
REGISTRATION FORM

ENROLLMENT DATE: ____/____/____ **GRADE:** ____ **AGE:** ____

STUDENT'S LEGAL NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ **SEX:** Female ____ Male ____

BIRTH DATE: ____/____/____ **BIRTH PLACE:** _____
City, State/Country

ETHNIC ORIGIN: _____ White (Caucasian) _____ Black _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian _____ Alaska Native _____ Mixed Ethnicity

HOME PHONE: _____ **CELL PHONE:** _____

MAILING ADDRESS: _____

PHYSICAL LOCATION OF RESIDENCE: _____

- | | |
|---------------------------------------|----------------------------|
| _____ Living with PARENTS | _____ Living with RELATIVE |
| _____ Living with MOTHER ONLY | _____ Living with GUARDIAN |
| _____ Living with FATHER ONLY | _____ Living with _____ |
| _____ Living with MOTHER & STEPFATHER | _____ MOTHER deceased |
| _____ Living with FATHER & STEPMOTHER | _____ FATHER deceased |

FATHER/GUARDIAN:

Last First Middle Employer Work Phone

MOTHER/GUARDIAN:

Last First Middle Employer Work Phone

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

PHYSICIAN/CLINIC: _____ **PHONE NUMBER:** _____

MEDICAL: Any medical condition or medication which the school should know about: i.e., allergy, diabetes, epilepsy, medication? _____

DO EITHER OF YOUR PARENTS/GUARDIANS WORK/LIVE ON FEDERAL PROPERTY:

- | | | |
|-----------------------------|---------------------------|------------------------|
| _____ Lynch & Kennedy | _____ Skagway News | _____ U.S. Customs/GSA |
| _____ National Park Service | _____ Taiya River Jewelry | _____ Other _____ |

PLEASE CONTINUE WITH QUESTIONS ON REVERSE SIDE

LIST BROTHERS AND SISTERS LIVING IN HOUSEHOLD (Pre-school thru 12th):

NAME	DATE OF BIRTH	BOY/GIRL	GRADE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

SCHOOL LAST ATTENDED: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SERVICES:

- | | |
|--|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Chapter I Reading | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Chapter I Math | <input type="checkbox"/> Hearing Therapy |
| <input type="checkbox"/> Other _____ | |

May the district release the above named student's transcripts? Yes No

Is a language other than English spoken in the home? Yes No

Does the student have any degree of American Indian/Alaska Native ancestry? Yes No

Kindergarteners must be five years of age before September 1 preceding the beginning of the school year, and first graders must be six years of age before September 1 preceding the beginning of the school year.

PARENT/GUARDIAN SIGNATURE _____ **DATE** ____/____/____

OFFICE USE ONLY

STUDENT'S NAME: _____ **GRADE:** _____

BIRTH CERTIFICATE PRESENTED: (Kindergarten & 1st grade) Yes No

IMMUNIZATION COMPLETE: Yes No - (If no, needs _____)

SCHOOL PHYSICAL: Yes No

DATE RECORDS REQUESTED: ____/____/____ **DATE RECORDS RECEIVED:** ____/____/____

TEACHER ASSIGNMENT: _____ **ROOM NO.** _____

**SKAGWAY CITY SCHOOL DISTRICT
REQUEST FOR TRANSFER OF RECORDS**

TO: Releasing School or Agency _____

Address _____

City _____ State _____ Zip _____

RE: Student(s) Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Receiving School:

**Skagway City School District
P.O. Box 497
Skagway, AK 99840**

**Phone No. 907-983-2960
Fax No. 907-983-2964**

Please include records of grades, test scores, health records, attendance records, psychological testing, special education records, Chapter/LAP records, and any other cumulative record information your district may have that will help us aid the educational process of the child.

I authorize the release of records to the Skagway City School District. The reason for this authorization is _____.

I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974 and understand that I have the right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature

Date

PLEASE RETURN COPY OF THIS FORM WITH RECORDS