



Student ID/Lunch # _____

AK State ID # _____

Registration Date _____

Grade _____ Home Rm # _____

Student ever enrolled in the Ketchikan School District? Y ___ N ___

If student attended preschool: Where? _____

Student ever tested/enrolled in Special Education (LD, Gifted, MR, EH...)? Y ___ N ___

Any other Program? _____

Active Duty Parent/Guardian? Y ___ N ___

FATHER'S INFORMATION

STUDENT INFORMATION

Legal Last Name _____
 Legal First Name _____
 Legal Middle Name _____
 Preferred Name _____
 Gender M ___ F ___
 Home Phone _____
 Cell Phone _____
 E-Mail Address _____
 Social Security # _____
 Birthdate _____
 Birth Place _____
 Physical Address _____
 Mailing Address _____
 City, ST Zip _____
 Physician Name _____
 Physician Phone # _____
 Medical Alert? Y ___ N ___
 Allergies? _____

Name _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Employer _____
 Has Legal Custody? Y ___ N ___
 Physical Address _____
 Mailing Address _____
 City, ST Zip _____

MOTHER'S INFORMATION

Name _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Employer _____
 Has Legal Custody? Y ___ N ___
 Physical Address _____
 Mailing Address _____
 City, ST Zip _____

ETHNICITY

- _____ 6 Alaska Native
- _____ 5 American Indian
- _____ 4 Asian
- _____ 2 Black
- _____ 1 Caucasian
- _____ 3 Hispanic/Latino
- _____ 7 Multi-Ethnic
- _____ 8 Native Hawaiian/Pacific Islander

GUARDIAN INFORMATION

Name _____
 Relationship to Student _____
 Has Legal Custody? Y ___ N ___
 Name of Agency _____
 Name of Case Worker _____
 Contact Phone _____
 Work Phone _____
 Email _____

TRANSFERRED FROM

- _____ Houghtaling
- _____ Point Higgins
- _____ Ketchikan HS
- _____ Fast Track
- _____ Ketchikan Charter
- _____ Tongass School
- _____ Fawn Mountain
- _____ Schoenbar
- _____ Revilla HS
- _____ Private School
- _____ Out of State
- Other _____

EMERGENCY CONTACT #1 (other than parent)

Name _____
 Relationship to Student _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Immigrated into US? _____

Date _____

STUDENT RESIDES WITH

- _____ Both Parents
- _____ Mother
- _____ Father
- _____ Grandparent
- _____ Guardian
- Other _____

EMERGENCY CONTACT #2 (other than parent)

Name _____
 Relationship to Student _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Guardian Signature: _____

Date: _____

IMPORTANT!!

Please sign up for Point Higgins Parent Email List so you don't miss important announcements and information! Emails are usually sent with a link to the website when new content has been added.

All school related information (and some community information) is posted on our website at <http://phe.kgsd.org>.

PLEASE FILL OUT THE PORTION BELOW AND RETURN TO THE SCHOOL OFFICE

Yes, I would like to join the Point Higgins Parent Email List!
(Your email address will be kept confidential)

Student(s) Name: _____ **Grade:** _____,
(Please Print)

_____ **Grade:** _____, _____ **Grade:** _____,

_____ **Grade:** _____,

Parent(s) Name: _____
(Please Print)

Email Address: _____
(Please Print)

(Sign below if second parent would like to receive an email)

Parent(s) Name: _____
(Please Print)

Email Address: _____
(Please Print)

Parent Signature: _____ **Date:** _____



PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

_____ School District

This form is required by State and Federal law.

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: _____

Student Name: _____ **Alaska Student ID #:** _____
(Last Name, First Name)

Place of Birth: _____ **Date of Birth:** ____/____/____
Month Day Year

Date of Immigration to U.S.: _____ **Verification of Birth Certificate?** Y / N

School: _____ **Grade:** ____ **Sex:** Female Male

PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student? English Other
_____ Specify
2. What language(s) does the student currently use in the home? English Other
_____ Specify
3. Is this student participating in a student exchange program? Yes No
4. How long has the student attended school in the U.S.A.? 3 or more full school years Less than 3 full school years

PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken to the student			
4. Language(s) spoken in the adult's home			

*Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	Only English
A. When the student speaks with family , he/she speaks:					
B. When the student speaks with friends , he/she speaks:					

Parent/Guardian Signature: _____	Telephone Number: _____
Printed Name: _____	Date: _____

Health History Update

Ketchikan Gateway Borough School District

Student Name: _____ DOB: _____ Grade: _____

Allergies (food, medications, latex): _____

Current Medications (prescription, OTC): _____
 Medications are taken at school.

Medical History: any current "yes" please give brief explanation below.

History	Current	History	Current	History	Current
	Accidental Poisoning			German Measles (Rubella)	Pneumonia
	ADD/ADHD			Head Injury/Concussion	Rheumatic Fever
	Anemia			Headaches/Migraines	Scarlet Fever
	Asthma			Hearing Problems	Scoliosis
	Blood Disease			Heart Conditions/Murmur	Skin Disease
	Bronchitis			Hepatitis	Speech/Language Problems
	Cancer			Hernia	Thyroid Problems
	Chicken Pox			Kidney/Bladder Problems	Tuberculosis
	Chronic Ear Infection			Measles (Rubeola)	Tubes in Ears
	Chronic Stomach Problems			Mononucleosis	Vision/Glasses <input type="checkbox"/> Reading only
	Diabetes			Mumps	Whooping Cough
	Epilepsy/Seizures			Bone/Joint Problems	

Explanations: _____

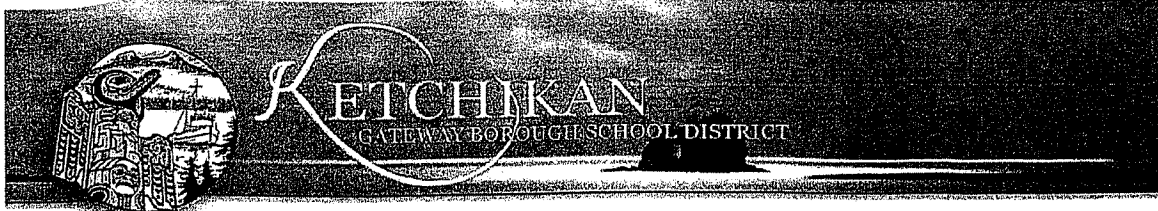
_____ Physical Activity Restrictions _____

_____ Other Health Concerns _____

Initial enrollment No Medical History changes since last year.

****Reminder: All kindergarteners, 7th graders and new to district students are required to show proof of TB test results within 90 days of start of school.**

Parent/Guardian Signature: _____ Date: _____



Tuberculosis (TB) Risk Assessment for Alaska Students

Student Name: _____

Has the student been in contact with anyone who has had active TB disease in the past year?	Yes	No	Notes
Is the student foreign-born? (any country other than U.S. , Canada, Australia, New Zealand, or Western/Northern Europe)	Yes	No	
Has the student travelled to a high-TB- prevalence country for more than a month cumulatively during the past year? (any country other than U.S. , Canada, Australia, New Zealand, or Western/Northern Europe)	Yes	No	
In Alaska, TB is most common in the Yukon-Kuskokwim or Norton Sound regions. Does the student live in one of these regions, or has the student travelled to one of these regions for more than a month cumulatively during the past year?	Yes	No	

- If the family answers "YES" to any of the questions above, the TB risk assessment is **positive** and a **tuberculin skin test (TST) or interferon gamma release assay (IGRA) should be done**
- If all responses are "NO", no further testing is indicated

When this survey is included in yearly registration materials, foreign born students only require a TST or IGRA **ONCE upon school entrance unless they have travelled to high prevalence countries

Parent Signature: _____

Date: _____

Received and reviewed by (school official): _____

Date: _____

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

Point Higgins Elementary

Please return this page to school with signatures.

INTERNET AND COMPUTER USE PERMISSION

Student User Agreement:

As a user of the Ketchikan Gateway Borough School District computer network, I agree to follow the Ketchikan School Board policy for acceptable Internet and computer use. I understand that if I break the rules, I may no longer be allowed to use a computer in school. I understand that, if I may not use a computer in school, I may not be able to participate in all of the learning activities my teacher has planned for the class, which includes using Compass Learning Odyssey and Accelerated Reader.

Student Signature: Name _____ Grade _____

Parent/Guardian Permission:

As the parent or legal guardian of the minor student named above, I grant permission for my son or daughter to access Ketchikan Gateway Borough School District's network computer services. I understand that individuals and families may be held liable for violations of the above stated policy. I understand that some materials on the Internet may be objectionable, but I accept responsibility for setting and conveying standards for my son or daughter to follow while selecting, sharing, or exploring information and media available on the computer network. I understand that it is my responsibility to inform the school in writing if I wish to change the computer network access permission I am now granting. I understand that my child's teacher may use the computer network and Internet for lessons (ex: Compass Learning Odyssey, Carnegie, READ180) as well as assessment (ex: STAR Reading and Math, Accelerated Reader, READ180), and if I don't give Internet permission for my child, he or she will not be able to complete the planned activities.

Please initial each line below to indicate your permission for the request:

_____ I grant permission for my child to access the Ketchikan Gateway Borough School District network.

I grant permission to publish documents on the World Wide Web as previously described, including my child's: (our school district website)

- _____ First Name
- _____ Last Name
- _____ Photograph

_____ I grant permission to acknowledge, announce, and/or publicize in the media any of the following that my child might earn or create:

- Academic Award
- Prize
- Art
- Scholastic Recognition
- Academic Project
- Honor Roll Achievement
- Photographs

(i.e. - newspaper)

Parent/Guardian Signature: _____ Date _____

KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT

Authorization for Release of Records

Student Name(s) _____

DOB _____ Previous Grade _____

DOB _____ Previous Grade _____

DOB _____ Previous Grade _____

DOB _____ Previous Grade _____

Previous School _____

Address _____

City, State, Zip _____

Fax # _____ Phone# _____

Please mail or fax all pertinent information related to educational matters including but not limited to social, academic & health (immunizations).

PLEASE MAIL RECORDS TO:

Point Higgins Elementary School
981 North Point Higgins Road
Ketchikan, Alaska 99901
Phone# 907-247-1500
Fax# 907-247-1558

Signature of person giving consent: _____

Relationship to student: _____ Date: _____

This release is required for compliance with the Family Education Rights and Privacy Act of 1974. As per the Act, parents (or students over the age of 18) have the right to inspect and review any and all official school records directly relating to their child. The Ketchikan District agrees not to permit any other party access to information without parent/guardian or eligible student consent.

Transportation Agreement

In addition to general safety practices listed below, there are various state and district regulations which students must follow when riding the bus. Students should be reminded that riding the school bus is a privilege, not a right.

Student Rules

1. Be at the bus stop 5 minutes prior to the pick-up time.
2. Exercise good manners, caution and consideration for other people.
3. Obey the school bus driver; his/her primary concern is for your safety.
4. Students will be assigned seats.
5. Pupils may not have anything in their possession that may cause injury to another.
6. Hanging onto any portion of the school bus from outside the school bus, whether the bus is moving or not, is illegal and dangerous.
7. Only items that can be held in the students lap or placed in the seat beside them may be transported on the bus. Skateboards may not be transported on the bus.
8. Parents are responsible for damages to the school bus due to misconduct of their children.
9. No animals, large or small, of any kind are allowed on the bus at any time.
10. In general, classroom conduct will be observed. The school bus is not a playground; save horseplay and wrestling for another time and place.

The Ketchikan Gateway Borough School District and First Student appreciate the support of parents/guardians, in the safe transportation of all students.

Parents of students are expected to sign and submit this transportation agreement to First Student within 10 days of starting bus service. This privilege may be revoked without a signed transportation agreement.

Questions: please call First Student at 907-225-3806
Please Submit to: First Student
Mail: 153 Eichner Ave, Ketchikan, AK, 99901 Fax: 907-225-3805

Student's name _____ School _____

Parent/Guardian Name

Phone Number

Parent/Guardian Signature

Emergency Contact Name/Number

Emergency Contact Name/Number

Emergency Contact Name/Number