



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>.

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## **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 <b>family</b> , he/she speaks:					
B. When the student speaks with <b>friends</b> , 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 (Rubella)		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, 7<sup>th</sup> 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: \_\_\_\_\_

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 \_\_\_\_\_



**Tuberculosis (TB) Risk Assessment for Alaska Students**

Student Name: \_\_\_\_\_

	Yes	No	Notes
Has the student been in contact with anyone who has had active TB disease in the past year?			
Is the student foreign-born? (any country other than U.S. , Canada, Australia, New Zealand, or Western/Northern Europe)			
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)			
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?			

- 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: \_\_\_\_\_



Ketchikan Gateway Borough School District  
Special Services & preschool  
Transportation Form

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male Female Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Transportation Services**

Mother: \_\_\_\_\_

Phone: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

Father: \_\_\_\_\_

Phone: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

In Case of Emergency Name: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Physical address: \_\_\_\_\_

Daycare: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

IEP/504 Disability: YES NO Wheel Chair: YES/NO Days attending: M T W TH F

**Busing Information**

Requested Starting Date: \_\_\_\_\_

Route No.

Morning: \_\_\_\_\_

Mid-Day \_\_\_\_\_

Afternoon: \_\_\_\_\_

ESY Busing Info. Year: \_\_\_\_\_

Pick UP \_\_\_\_\_

Drop Off \_\_\_\_\_

Special Education Program or Services/Additional Notes:

Directors approval \_\_\_\_\_ Date: \_\_\_\_\_