



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? \_\_\_\_\_

**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? \_\_\_\_\_

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

**TRANSFERRED FROM**

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

Immigrated into US? Date \_\_\_\_\_

**STUDENT RESIDES WITH**

\_\_\_\_\_ Both Parents \_\_\_\_\_ Grandparent  
 \_\_\_\_\_ Mother \_\_\_\_\_ Guardian  
 \_\_\_\_\_ Father Other \_\_\_\_\_

**FATHER'S INFORMATION**

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 Phone \_\_\_\_\_  
 Has Legal Custody? Y \_\_\_ N \_\_\_  
 Physical Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_

**GUARDIAN INFORMATION**

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

**EMERGENCY CONTACT #1 (other than parent)**

Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT #2 (other than parent)**

Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_