Fairbanks North Star Borough School District

520 Fifth Avenue - Fairbanks, AK 99701 Ph: (907) 452-2000 Fax: (907) 452-3312

ENROLLMENT FORM

STUDENT	INFORMATION:			
_	Name:	FIRST	Gend	er: Male Female
Date of Birth: Place of Birth:				
Student Cell Phone: Student Email:				
Is this student currently receiving Special Services? YES NO If Yes, list programs? (e.g. Bilingual, Special Ed)				
Has this student ever been enrolled in the FNSB School District? YES NO Sch Name:				
Last School Attended: School Name City / State Grade				
Ethnicity & Race: Please answer BOTH questions 1 and 2. 1. Ethnicity: Is this student Hispanic, Latino or of Spanish origin? 2. Race: Please identify student's race (check all that apply): Caucasian Latino/Hispanic American Indian Alaska Native Black or African American Asian Hawaiian or Pacific Islander If not completed by the guardian, the use of observer identification Military-Connected Student Please check one if applicable to parent. US Military: (Army, Navy, Air Force, Marine Corps or Coast Guard) Retired Military or Veteran Reserve Force of the United States Military (Active) National Guard, Air Guard, Naval Militia, Alaska State Defense Force (Inactive) National Guard, Air Guard, Naval Militia, Alaska State Defense Force Commissioned Corps of the National Oceanic & Atmospheric Admin.				
for ethnicity and race is required by the federal government. Commissioned Corps of the Public Health Service GUARDIAN INFORMATION: (Please list legal Mother, Father and/or Guardian, including Step-Mother or Step-Father.)				
Any person listed on this form in the Guardian Information section will be given all the rights and responsibilities of a parent or legal guardian, including the ability to create a PowerSchool guardian account. Any person who is a contact but should not be afforded parental rights should be listed as an emergency contact in the appropriate section below.				
	FAM	IILY 1		ILY 2
	GUARDIAN 1	GUARDIAN 2 Lives with □	GUARDIAN 1	GUARDIAN 2 Lives with
Name:	2.700 Will (LIVES WILL	
Relationship:				
E-Mail:	**Re Advised** If you enter on E mai	l address we <u>will</u> create a parent account	for you on Power School if one does not	already exist
Home Ph:	·	Please designate ONLY ONE primary phone for Attendance/Outreach Notifications	Primary?	Please designate <u>ONLY ONE</u> primary phone for Attendance/Outreach Notifications
Cell Ph:	Primary? 🗆		Primary? ☐	Primary?
Work Ph:				
Employer:				
Mailing Address:	STREET		STREET	
	CITY, STATE, ZIP		CITY, STATE, ZIP	
Physical Address:	Same as Mailing? _ STREET		Same as Mailing? STREET	
	CITY, STATE, ZIP		CITY, STATE, ZIP	
EMERGENCY OR OTHER CONTACT INFORMATION:				
1st Contact:Ph:Relationship:				
2nd Contact:	2nd Contact:Ph:		Relationship:	
Daycare:			Ph:	
Other School				
Age Children				
PARENT SIGNATURE: ** Giving false information can be penalized by law.				
X				
	Guardian Signature (requi			Date Revised: 8/04/2015
ਨੂੰ	School ea	Teacher #	Student # 5 Grade	Entry Date