



Fairbanks North Star Borough School District

520 Fifth Avenue - Fairbanks, AK 99701

Ph: (907) 452-2000 Fax: (907) 452-3312

STUDENT ENROLLMENT FORM

STUDENT INFORMATION:

Student Legal Name: _____ Gender: Male Female
LAST FIRST MIDDLE

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? YES NO

2. **Race:** Please identify student's race: (check all that apply)

- Caucasian Latino/Hispanic American Indian
- Black or African American Asian Alaska Native Hawaiian or Pacific Islander

If not completed by the guardian, the use of observer identification for ethnicity and race is required by the federal government.

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.

FAMILY 1		FAMILY 2	
	GUARDIAN 1	GUARDIAN 2	GUARDIAN 1
	Lives with <input type="checkbox"/>	Lives with <input type="checkbox"/>	Lives with <input type="checkbox"/>
Name:			
Relationship:			
E-Mail:			
Be Advised If you enter an E-mail address we will create a parent account for you on PowerSchool if one does not already exist.			
Home Ph:	Primary? <input type="checkbox"/>	Please designate ONLY ONE primary phone for Attendance/Outreach Notifications	Primary? <input type="checkbox"/>
Cell Ph:	Primary? <input type="checkbox"/>	Primary? <input type="checkbox"/>	Primary? <input type="checkbox"/>
Work Ph:			
Employer:			
Mailing Address:			
Physical Address:	Same as Mailing? <input type="checkbox"/>	Same as Mailing? <input type="checkbox"/>	Same as Mailing? <input type="checkbox"/>

EMERGENCY OR OTHER CONTACT INFORMATION:

1st Contact: _____ Ph: _____ Relationship: _____

2nd Contact: _____ Ph: _____ Relationship: _____

Daycare: _____ Ph: _____

Other School Age Children: Name: _____ School: _____
Name: _____ School: _____

PARENT SIGNATURE: _____ * Giving false information can be penalized by law. *

X		
Parent / Guardian Signature (required)		Date
Sch	Tea	Ent Date



RECORDS REQUEST

North Pole Middle School
300 E. 8th Avenue
North Pole, AK 99705-7664
Phone: 907-488-2271
Fax: 907-488-9213

DATE: _____

SCHOOL NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

Please send records for the following student:

STUDENT NAME	Date of Birth	Current Grade
--------------	---------------	---------------

Please include:

- * Official transcript
- * Withdrawal grades and date of withdrawal
- * Most recent report card
- * Key to your grading system
- * Immunization records
- * Test scores
- * Special Education records
- * Discipline records

EXPECTED START DATE: _____

The Family Educational Rights and Privacy Act (FERPA) does not require parent permission to release a student's records to an educational institution where a student seeks or intends to enroll.

Please mail official records to the address listed in upper right hand corner.

URGENT - Please fax withdrawal form and unofficial transcript so that the student can be enrolled in the correct classes.
Thank you for your prompt response.

Fax 907-488-9213

Transcript Secretary _____

North Pole Middle School

Parent Questionnaire

Student's Name: _____ Grade: _____

Has your child been qualified for services in any of the following areas?

Gifted Talented Yes No

504 Plan Yes No

(If yes, please explain reason and services on the back page.)

Alaska Native Education Yes No

ELL/Bilingual Yes No

Other _____

Has your student ever taken an advanced class (i.e. Math)? Yes No

If yes, which class? _____

Has your child ever been retained in a grade level? Yes No

If yes, what grade level? _____

Has your child ever been on and IEP or received special needs services?

Yes No

If yes, please circle with area(s) they qualified for:

Learning Disability Math Reading

Written Language Speech Language Disorder

Other _____

Is your child PRESENTLY on an IEP or receiving special needs services?

Yes No *(If yes, please include copy of IEP. If you do not have a copy with you,*

describe the services your student was receiving at their previous school on the back of this page.)

IEP services received at previous school: *(Please include what areas your student qualified for, what accommodations they were given, what classes they took that they received support in, and any other information that would be helpful in providing your student with an appropriate schedule.)* _____

504 Plan

Does your student still have a 504 plan in place? Yes No

Why did they qualify for 504 plan? _____

What services and accommodations did they receive under 504 plan?

Can you provide a copy of your student's current 504 plan to the school?

Yes No

What elective classes is your student interested in taking? **
(All classes are quarter long unless otherwise noted)

- Computers
- Family and Consumer Sciences (Home Ec-6th grade only)
- Art
- Speech and Drama (6th grade only)
- Exploration Technology (Shop)
- *PE
- *Pool
- ELP (Extended Learning Program-must qualify; semester long)
- Digital Productions (8th grade only; semester long)
- Choir (7th and 8th grade only-year long)
- Band (year long)
- Orchestra (year long)

*Students are required to take PE, Pool and Health/Life Skills classes, but can have the option of taking more PE/Pool than required if they want to.

**Depends on space available. School counselors will try to get your student in the classes they chose at some point during the school year, based on space that is available. If you have further questions about this, please contact your student's school counselor.

North Pole Middle School

300 E 8th ave

North Pole, Ak 99705

_____ Student's name

In cases of divorce, unless we receive a legal document or copy of the divorce decree stating that the other spouse does not have access to your child or his/her records, we are obliged to treat your ex-spouse as a legal parent.

I have read the above statement

Signature of Parent/Guardian