

**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: _____

Ethnicity & Race: Please answer BOTH questions 1 and 2. School Name _____ City / State _____ Grade _____

1. **Ethnicity:** Is this student Hispanic, Latino or of Spanish origin? ☐ YES ☐ NO2. **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	GUARDIAN 2
Name: _____ <small>Lives with <input type="checkbox"/></small>	_____ <small>Lives with <input type="checkbox"/></small>	_____ <small>Lives with <input type="checkbox"/></small>	_____ <small>Lives with <input type="checkbox"/></small>
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: _____ <small>Primary? <input type="checkbox"/></small> Please designate ONLY ONE primary phone for Attendance/Outreach Notifications	_____ <small>Primary? <input type="checkbox"/></small>	Home Ph: _____ <small>Primary? <input type="checkbox"/></small> Please designate ONLY ONE primary phone for Attendance/Outreach Notifications	_____ <small>Primary? <input type="checkbox"/></small>
Cell Ph: _____ <small>Primary? <input type="checkbox"/></small>	_____ <small>Primary? <input type="checkbox"/></small>	Cell Ph: _____ <small>Primary? <input type="checkbox"/></small>	_____ <small>Primary? <input type="checkbox"/></small>
Work Ph: _____	_____	Work Ph: _____	_____
Employer: _____	_____	Employer: _____	_____
Mailing Address: _____	_____	Mailing Address: _____	_____
Physical Address: _____ <small>Same as Mailing? <input type="checkbox"/></small>	_____	Physical Address: _____ <small>Same as Mailing? <input type="checkbox"/></small>	_____

EMERGENCY OR OTHER CONTACT INFORMATION:1st Contact: _____ Ph: _____ Relationship: _____
2nd Contact: _____ Ph: _____ Relationship: _____
Daycare: _____ Ph: _____Other School Name: _____ School: _____
Age Children: Name: _____ School: _____**PARENT SIGNATURE:** * Giving false information can be penalized by law. ***X****Parent / Guardian Signature (required)****Date**

Sch _____ Tea _____ Stu # _____ Gr _____ 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 you 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.



Fairbanks North Star Borough School District

520 Fifth Avenue - Fairbanks, Alaska 99701-4756 (907) 452-2000

Parent Release of Student Information Form

**** Please return form to your student's school ****

Student Name _____

(Last)

(First)

What is Directory Information? Schools may disclose, on an implied consent basis, "directory" type information according to the Family Education Rights and Privacy Act (FERPA). This type of information is commonly used by organizations to facilitate services to students and is released when a legitimate need to know is presented. However, parents or eligible students have the right to request the school not disclose directory information about them. Directory Information is limited to:

Student Name Schools Attended Awards and Honors Mailing Address Grade Level Dates of Attendance/Graduation

*** For items left blank, we will assume a 'YES' answer. ***

RELEASING INFORMATION TO MILITARY RECRUITERS

The No Child Left Behind Act of 2001 requires school districts to release student names, mailing addresses and telephone numbers to military recruiters unless parents specifically restrict the release of this information.

1. Do you allow your student's name, mailing address and telephone number to be released to military recruiters? (Please respond as early as possible, lists are released to recruiters October 1st.) Yes ☐ No ☐

DO YOU ALLOW YOUR STUDENT'S DIRECTORY INFORMATION TO BE RELEASED TO:

2. School related organizations? (e.g., PTA, colleges, senior photographers, honor roll list for newspaper) Yes ☐ No ☐

**** Attention Parents of Juniors or Seniors **** If you answer no to question 2 your student's name and address will not be released to organizations that provide information about high school graduation, college scholarships, senior photos, class rings or college information.

3. Non-school related organizations? (e.g., businesses, banks, legislators) Yes ☐ No ☐

DO YOU ALLOW YOUR STUDENT'S PHOTOGRAPH TO APPEAR IN THE FOLLOWING:

(Includes releasing your student's name and grade level)

- | | | |
|--|------------------------------|-----------------------------|
| 4. YEARBOOK / CLASS PICTURES | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. SCHOOL / DISTRICT PUBLICATIONS
(e.g., newsletters, brochures, etc....) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. SCHOOL / DISTRICT WEBSITE | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. PUBLIC NEWS MEDIA | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

OTHER STUDENT INFORMATION TO BE RELEASED

8. Do you allow your telephone number to be released to the PTA? (Parent Teacher Association) Yes ☐ No ☐
9. Do you allow your student to be interviewed by the public news media? Yes ☐ No ☐

Important - Please Read!

If you are this student's guardian, but you are NOT the legal parent you must provide proof of guardianship. Additionally, in cases of divorce or separation, unless the school receives a legal document or copy of a divorce decree stating that your child's other parent does not have access to your child's records, we are required by law to extend to the other parent access to student records. I acknowledge that I have been notified of my rights under the Family Educational Rights and Privacy Act (FERPA) and allow the release of information as indicated on this form.

**** Giving false information can be penalized by law ****

Guardian Signature (required) _____

Date _____

OFFICE USE ONLY: Student ID: _____

School # _____

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
Parent Notification of Rights under FERPA
Annual Review

The Family Educational Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's education records. FERPA gives parents or students over 18 years of age ("eligible students"), certain rights with respect to the student's education records. They are:

- (1) **The right to inspect and review the student's education records within 45 days of the day the District receives a request for access.**

Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

- (2) **The right to request that a school correct records that a parent or eligible student believes are inaccurate or misleading.**

If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

Parents or eligible students may ask the Fairbanks North Star Borough School District to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

- (3) **The right to consent to disclosures of personally identifiable information contained in the student's education records.** Generally, the school must have written permission from the parent or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records, without consent, to the following parties:

- School employees who have a need-to-know;
- Other schools to which a student is transferring;
- Certain government officials in order to carry out lawful functions;
- Appropriate parties in connection with financial aid to a student;
- Organizations doing certain studies for the school;
- Accrediting organizations;
- Individuals who have obtained court orders or subpoenas;
- Persons who need to know in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific state laws.

- (4) **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.** The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue, SW
Washington, DC 20202-4605



NORTH POLE MIDDLE SCHOOL

(907) 488-2271 300 E. 8th AVE. NORTH POLE, AK 99705

WITH INCREDIBLE STUDENTS, A GREAT STAFF, A SUPPORTIVE COMMUNITY AND STRONG PROGRAMS, NPMS IS MAKING A POSITIVE DIFFERENCE IN NORTH POLE.

YOUR CHILD MUST BE COMPLIANT WITH ALL IMMUNIZATIONS BEFORE THE FIRST DAY OF SCHOOL

Alaska Immunization Regulations state that before entry in a state public school district a child shall be immunized against:

- Diphtheria
- Tetanus
- Polio
- Pertussis
- Measles
- Mumps
- Rubella
- Hepatitis A
- Hepatitis B
- Varicella

A valid immunization certificate must be presented to the school nurse prior to the first day of school. A valid record is:

- A statement by a physician listing the date that each immunization was given; or
- A copy of a clinic or health center record listing the date that each required immunization was given.
- Either of the above must be signed by a licensed medical provider in order to be valid.

School districts shall initiate action to exclude from school any child who has not been immunized as required by law.

Please contact me if you have questions or need to know what immunizations your child needs.

Lori Schneider RN BSN NCSN
(907) 488-2271 x9110

**FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
HEALTH REGISTRATION FORM**

Parent/Guardian please complete front of this form

Student's Name:	Grade	Date of Birth:
		Male Female

Does your child have any known allergies?	If yes, please list.
YES NO	

STUDENT'S MEDICAL HISTORY: Please check each health concern your child has now or has had in past.
FOR MEDICAL CONDITIONS IN BOLD SEE THE SCHOOL NURSE

MEDICAL CONDITION	X	Year	MEDICAL CONDITION	X	Year	MEDICAL CONDITION	X	Year
DIABETES			Hearing problem/hearing aids			Behavior/Emotional Problems		
EPILEPSY/SEIZURES			Ulcer/Stomach Problems			Hyperactivity/ADHD/ADD		
ASTHMA			Bone/Joint Problems			Menstrual Problems		
HEART PROBLEMS			Glasses/Contacts			Other – Please Specify		
Scoliosis/Back Curvature			Skin Disease/Eczema					

List medications your child takes regularly or daily:

List medications your child will be taking at school:

I give permission for the School Nurse to give my child the following medications:

Tylenol/Acetaminophen	Yes	Cough Drops	Yes	Benadryl	Yes
	No		No		No
Ibuprofen/Advil/Motrin	Yes	Tums (calcium antacid)	Yes		
	No		No		

Family Doctor: _____ Phone: _____

TB Test: Your signature below gives consent for your child to receive the Mantoux PPD tuberculin skin test. Alaska law requires PPD skin testing for all students in kindergarten, 7th grade, and those new to our district. Exemption from PPD testing is permitted if you provide results from a PPD skin test given within six month prior to school entry, or if a physician states that skin testing would be injurious to your child's health.

Previous positive PPD test? Yes No If yes: Year _____ INH treatment? Yes No

Parent/Guardian Signature:

Date: _____

Preferred Contact Number _____



Fairbanks North Star Borough School District

Parent Language Questionnaire

(Home Language Survey)

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. If you have questions or need help completing this form please contact the English Language Learner (ELL) Program Office at 452-2000 ext. 467.

Student Name: _____ **Student ID #** _____
Last Name First Name *for office use only*

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

School: _____ **Grade:** _____ **Phone Number:** _____

Part I: Student Language Background

1. What is the first language learned by the student? _____ English _____ Other _____
2. What language(s) does the student currently use in the home? _____ English _____ Other _____
3. Is this student participating in a student exchange program? _____ Yes _____ No
4. **If not born in the U.S.**, how long has the student attended school in the U.S.? _____ n/a _____ 0 yrs. _____ 1 yr. _____ 2 yrs. _____ 3 yrs. _____ More than 3 yrs.
Born in U.S. or D.o.D. site

Part II: Family Language Background

1. Mother/Guardian's name: _____ Home Community/State: _____
 - a. First language learned by mother/guardian _____ English _____ Other: _____
 - b. Language(s) mother/guardian speaks to the student _____ English _____ Other: _____
 - c. Language(s) spoken in the mother/guardian's home _____ English _____ Other: _____
2. Father/Guardian's name: _____ Home Community/State: _____
 - a. First language learned by father/guardian _____ English _____ Other: _____
 - b. Language(s) father/guardian speaks to the student _____ English _____ Other: _____
 - c. Language(s) spoken in the father/guardian's home _____ English _____ Other: _____
3. Other Guardian's* name: _____ Home Community/State: _____
 - a. First language learned by guardian _____ English _____ Other: _____
 - b. Language guardian speaks to the student _____ English _____ Other: _____
 - c. Language(s) spoken in the guardian's home _____ English _____ Other: _____

*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 (complete both)

- | | |
|--|---|
| <ol style="list-style-type: none">1. When the student speaks with family, he/she speaks:
____ Only English
____ Mostly English, & some of the other language
____ English & the other language equally
____ Some English; mostly the other language
____ No English; only the other language | <ol style="list-style-type: none">2. When the student speaks with friends, he/she speaks:
____ Only English
____ Mostly English, & some of the other language
____ English & the other language equally
____ Some English; mostly the other language
____ No English; only the other language |
|--|---|

Parent/Guardian Signature

Date

Printed Name



Fairbanks North Star Borough School District Migrant Seasonal Work/Activity Questionnaire



School: _____

Date: _____

Thank you for taking the time to answer these questions. All your answers will be treated as **STRICTLY CONFIDENTIAL** and will only be used by the Department of Education & Early Development and the FNSB School District for educational funding and planning purposes. Parents are encouraged to enroll their children even if they choose not to use Migrant Education Program services.

Within the last 3 years did any of your children travel with you for commercial or subsistence fishing?

Commercial Fishing	Subsistence Fishing
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you checked No on both categories, please STOP. It is not necessary to complete this form.

Was the fishing outside the boundaries of the school district? ☐ YES ☐ NO

Please fill in the information below for all your children; including school aged, preschool and other:

Student's Name	School Attending	Age	Date of Birth
1.			
2.			
3.			
4.			
5.			

Parent/Guardian Name _____
Please print

Mailing Address: _____

Phone: _____ Work Phone: _____

Email Address: _____

If we need additional information, when would be the best time to contact you? Home/Work Days/Evenings



FNSBSD Residency Questionnaire: Student/Family

Your child may be eligible for additional educational services through the school district and Title I Part A and the McKinney-Vento Homeless Assistance Act. Eligibility can be determined by completing this questionnaire.

(If any of the following situations apply to you, please check a box and complete the form.)

1. Presently, are you and/or your family in any of the following situations? *Check one box* (if applicable).

- ☐ Staying in shelter or waiting for foster care placement.
- ☐ Sharing the housing of others due to loss of housing, economic hardship, temporarily doubled-up.
- ☐ Living in a car, park, campground, public space, abandoned building, or substandard housing.
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.

Other: temporary living situation (Please describe) _____

(If no box is checked . . . please STOP. It is not necessary to complete this form.)

2. Student Information (Please print)

First	Middle Initial	Last	Gender	D.O.B.	Grade

School Name: _____

Date: _____

Print Name
(Parent / Guardian or Student (for unaccompanied youth))

Signature of Parent or unaccompanied youth

(Area Code) Phone Number

Street /Mailing Address (if available)

If eligible, your child has the right to:

- Enroll without giving a permanent address.
- Remain in the original school of attendance. Attend a different school if it meets your family's needs.
- Receive transportation assistance to school and school programs.
- Immediate school enrollment, even if birth certificates, immunization or school records are not available at time of enrollment.
- Receive special programs and services, as needed, and as provided to all other children.
- Have enrollment disputes quickly addressed.

School Note: Send completed form to Homeless Liaison, Administrative Center Federal Programs or fax to: 452-3172
For additional blank forms, please contact our office.

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



*Fairbanks North Star Borough School District
Alaska Native Education
520 Fifth Avenue
Fairbanks, Alaska 99701
(907) 452-2000 ext. 11468*



2012-2013 School Year

Dear Parent or Guardian:

Are you, your child, or his/her grandparent, an enrolled member of an American Indian or Alaska Native Tribe? If so, your child may be eligible to be enrolled in the Title VII, Alaska Native Education Program.

The purpose of Title VII, Alaska Native Education is to support schools as they provide opportunities for Native students to meet and exceed the state academic standards.

Attached is a TITLE VII STUDENT ELIGIBILITY CERTIFICATION FORM (506 FORM). Completed 506 forms help generate funds so we can provide services to Native students. This federal form certifies a student's eligibility for services the program provides. In addition to the 506 Form, the program needs an enrollment number, BIA/CIB, or Tribal ID of the enrolled member. The enrolled member can be the student, the parent, or the grandparent. If your child is new to the FNSBSD, please take time to complete the form and return it along with Proof of Tribal Enrollment to the Administrative Assistant or a Registration staff member at your school.

Upon acceptance of your child's enrollment form and tribal verification, your child will be eligible to participate in the ANE Program, which provides academic tutoring, and cultural enrichment. Look for newsletters in the email that describes our current program, as well as upcoming community events. You can also visit the website:

www.k12northstar.org/departments/ane

If you have any questions not answered on the website, please call our office at 452-2000 ext. 11468. Thank you.

Sincerely,

Yatibaey Evans

TITLE VII

Alaska Native Education Coordinator

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: *Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a 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.*

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
---	--	-------------------------------------	--

Name of individual with tribal membership: _____

Individual named is (check one): ☐ Child ☐ Child's Parent ☐ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

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

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side