Office Use Only School Name/Code:	School Entry Date: /
Student District ID: Student State ID (SSID):	
Copy of court order legal documentation was provided by pare% i/guta Milato.	Received Date: / /

ANCHORAGE SCHOOL DISTRICT K-12 ENROLLMENT FORM

Parent / Guardian to complete Sections I-V. Please print legibly using black or blue pen.

Falent / Guardian to complete Sections 1-V. Flease print legibly using black of blue pen.									
I. STUDENT II	NFORMATIO	N							
1.Student's Legalast Name:		Student's Legaffirst Name:	StudenfMiddle Name:	Suffix:	Other Na	Other Name Student Uses:			
2. Grade level:	3. Gender: %Male %Female	4a. Selecone or moref the	+L%%/Sest%ANdLFRU/DWL race categori&sa:KL%WAstian can India%aNative Hawaiian or F	MM / DD	thdate: / YY	ate: 6. Birth place:			
7.Studentprima	ry language:	8. Studer	thome language:						
9.StudentResidence address:			City, State:		ZIP + 4:				
10.Studentmailing address (if other than residence):				City, State:		ZIP + 4:			
11.StudentEmail	address and Pho	ne Nu Froreri (S tudent is taking	on-line or King Tech courses)					
Student Email:									
Student Phone:									
12. Is there court	ordeiin effect for	he stude fitty es ‰1 R yeş plo	ease furnish a copy of the lega	Il documentation t	o the school of	ffice.)			
,VVWXGHQW 1RQ%\$16s%。由RRP\$HW%WFHKCRGRLOOHJGD%\$16usb&31BQ\$VHJR6UFHKLRJRQO("[FKB%\$2eslH6WXGHQW"									
	B B B B B B B B B								
15. Previously en	rolled in A. Shi@L	QFOXGLQ%Ye\$%UNLdVF	KRRO "						
*If yes, school na	me		Last year attended						
16. Does student have a current of Palst % < H % No 17. Does student have a cutof of hiplan " % < H % No									
II. SIBLING IN	FORMAT(DA	dditional space is needed,	please see the registrar.)						
Sibling 1 full nam	Sibling 1 full name: Grade:		Grade:		School name:				
Sibling 2 full name:		Grade:		School name:					
Sibling 3 full name:		Grade:		School name:					
Sibling 4 full name: Grade:			Grade:		School name:				
Sibling 5 full nam			Grade:		School r	name:			
The information	provided is tru	e to the best of my knowle	edge						

III. PRIMARY CONTACT INFORMATION

& 217\$ & 7 ¬ ¬ -3 \$ 5 (17 *8\$5',\$1

& 217\$ & 7¬¬-3-\$-5-(17 *8\$5',\$1 ‰0 U V

Title (check one): 0 % ‰0 U V %Ms.

Contact full nar(hest, first):

Type of Contact: Check onlyR Q MParent%Guardiar%*Other

Relationship to Student: Check onlyone: %Mother%Father

%Stepmothe% 6 W H S I D W K H U %) RVWHU% ORWKHU) DWKHU

%Grandmothe%Grandfather %\$ X Q%\8/Q F%\38Hbling

%*XDUGLDQ DG /LWHP %Court Appointed Special Advocate

%OCS Caseworker

Check only R Q/Harent/Guardian/w*Other

Check only one Mother Father %Stepmothe% 6 W H S I D W K H U

%) RVWHU% ORWKHU) DWKHU

%Ms.

%Grandmothe%Grandfather %\$ X **2%\8**/Q F%**3\$\H**ling

%*XDUGLDQ DG /LWHP %Court Appointed Special Advocate

%OCS Caseworker

‰0 U

Contactlives with student: