

2022-2023 Student Enrollment Form

Lake and Peninsula School District

****This Section for District Office Use Only ****

AKSID#

School

Date Enrolled

The more completely and accurately this form is filled out, the quicker the student can and will be enrolled.

**** Please Print ***

Student's LEGAL Name: _____
Last First Middle

Birthdate: _____ **Place of Birth:** _____
(mm/dd/yyyy) City State Country

Grade Level _____ **Home Phone:** _____

Student's First Language? ☐ English ☐ Other _____ (Please Specify)

Primary language spoken in the home? ☐ English ☐ Other _____ (Please Specify)

Language other than English spoken in the home ☐ No ☐ Yes _____ (Please Specify)

Student is: ☐ Male ☐ Female

Student has a current Individual Education Plan/IEP?
☐ Yes ☐ No

New/Transfer Student ☐ Yes ☐ No

If **YES**, Last **Non-LPSD** School Attended?

School Name _____

Mailing Address _____

City / State / ZIP _____

Phone _____ Last Grade _____

Student Ethnicity – Parts 1 & 2

Part 1:

Is student Hispanic or Latino? ☐ Yes ☐ No

Part 2:

Regardless of response to Part 1, select one or more of the race categories:

<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Two or more races
<input type="checkbox"/> Black (non-Hispanic)	<input type="checkbox"/> Hispanic

While attending school Student lives with:

☐ Mother & Father ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other _____
(Please Specify)

**** This section Must be completed ****

Parent/Guardian #1 Name _____ **Relationship to Student** _____

Parent/Guardian #2 Name _____ **Relationship to Student** _____

Mailing Address _____
Street/PO BOX City/State/Zip

Home Phone _____ **Work** _____ **Cell** _____

Parent Email _____

Emergency Contact Name _____ **Relationship to Student** _____
* Must be different from Parent/Guardian*

Home Phone _____ **Work** _____ **Cell** _____

Parent on Active Duty Military Service ☐ Yes ☐ No **Name:** _____

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Please enter *Student's Full Name* Here

Please list all siblings school-age or younger and what school they attend, if applicable.

Full Name

DOB

School

Please provide the following information regarding the student's health that the school should know.

This student has:

Asthma: ☐ Yes ☐ No Diabetes: ☐ Yes ☐ No Allergies: ☐ Yes ☐ No Other: ☐ Yes ☐ No

If Other, please explain:

Migrant Education is a federally funded program based on students whose family engages in seasonal work such as fishing away from their home. This funding has allowed LPSD to supplement many of our existing programs.

Question to Help Determine Program Eligibility:

Did you or any member of your family travel to look for or get work in commercial or subsistence fishing **in the last 3 years?**
☐ Yes ☐ No (If yes, a Migrant Education recruiter will contact you via telephone).

Home Access to Technology Questions: This information is being collected as part of the state reporting requirements under the American Rescue Plan [Section G.1.i](#)

Does your child have access to the internet to complete school work at home? ☐ Yes ☐ No

McKinney-Vento Eligibility: Schools are required to identify and count students experiencing homelessness as defined by the U.S. Department of Education.

Is this child experiencing housing loss due to economic hardship? ☐ Yes ☐ No

Is this child's primary nighttime residence in a public or private place not designed for regular sleeping accommodations such as a car, park, public space, abandoned building, or similar setting? ☐ Yes ☐ No

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Enrollment Date: _____

Please do not confuse enrollment date with parent signature date.

Birth Certificate Received: Yes ☐ No ☐

Immunization Records Received: Yes ☐ No ☐

School:

Homeroom Teacher is:

Principal/Head Teacher Signature