

Kenai Peninsula Borough School District Student Registration Information Form

Office Use Only

ID #	
School	Soldotna Elementary School
Grade	
Locker	
Teacher	
Immunizations Current	_____

Student's Legal Name _____
 Last Name (Suffix) First Middle

Phy Address _____

 _____ City

Student's Mailing Address _____
 Address City State Zip Code Phone (Home /Student Cell)

2nd Mailing Address _____
 Address City State Zip Code Relationship

Parents E-Mail _____ Parent E-Mail2 _____
 Relationship - Mother/Father/Other - Circle one Relationship - Mother/Father/Other - Circle one

Student Resides With _____ Parents-Father-Mother-Joint-Guardian-etc _____
 Student's Date of Birth _____ Student's Place of Birth _____
 Month/Day/Year City State

Are there any custody arrangements? ___ Yes ___ x No *If yes, legal custody documents must be submitted to the school office.*

Is the Student Hispanic or Latino? ___ Yes ___ No ___ Male ___ Female Language Spoken at Home _____

Active Duty Parent/Guardian? ___ Yes ___ No

Is the Student: (Choose one or more. You must select at least one.)

___ Caucasian ___ Black ___ Asian ___ American Indian ___ Alaska Native ___ Pac Islander/Hawaiian

Parent/Guardian/Other Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone	Employer	Can Pickup
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone	Employer	Can Pickup
_____	Emergency	_____	_____	_____	_____	<input type="checkbox"/>
_____	Emergency	_____	_____	_____	_____	<input type="checkbox"/>
_____	Emergency	_____	_____	_____	_____	<input type="checkbox"/>
_____	Emergency	_____	_____	_____	_____	<input type="checkbox"/>
_____	Emergency	_____	_____	_____	_____	<input type="checkbox"/>

School Information:

Name of preschool attended _____

Name of last school attended _____

Address of last school attended _____

Have you ever attended school in the Kenai Peninsula Borough? ___ Yes ___ No

Do you qualify for any type of Special Education services? ___ Yes ___ No

Are you currently receiving any type of Special Education services? ___ Yes ___ No

If Yes, check the courses that your student was in at his/her previous school

___ Study Skills ___ Speech ___ Resource ___ Life Skills

The above information is correct to the best of my knowledge:

 Signature of Parent or Guardian Date

In case of emergency, Student released to:

 (** For Office Use Only **) Date