



Enrollment Anchorage Public School

11400 Ridge Road • Anchorage, KY 40223 • 502-245-2121, Fax 502-245-6249

www.anchorage-school.org

OFFICE NOTES:

Grade: _____

Teacher: _____

Room #: _____

BC IMM CERT VISION DENTAL PHYSICAL DL UTILITY RECORDS REQUESTED DATE _____

Student Information

My child is being enrolled for the following school year: _____ (ex. 2014-15)

IDENTIFICATION

Student's Last Name: _____

Student's First Name: _____

Nickname: _____

Gender: Male Female

Birthday: _____

Last 4 Digits of Social Security Number: _____
Used to create student passwords (optional).

ADDRESS

Street Address: _____

Mailing Address If Different: _____

LANGUAGE/RACE/ETHNICITY

This information is requested and required by the Kentucky Department of Education.

Is Student Ethnicity Hispanic/Latino? Yes No

Race (check all that apply):

- American Indian/Native Alaskan
- Asian
- Native Hawaiian/Other Pacific Islander
- Black/African American
- White

Country of Origin (If not USA): _____

Language Most Spoken at Home: _____

Language Child Mostly Speaks at Home: _____

First Language Child Spoke: _____

Parents/Guardians Living Within Household With Student

PERSON 1

Name: _____

Select Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place of Employment: _____

Work Phone: _____

PERSON 2

Name: _____

Select Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place of Employment: _____

Work Phone: _____

Parents/Guardians Living at Another Address

PERSON 1

Name: _____

Select Relationship to Student: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place of Employment: _____

Work Phone: _____

Does this person have joint custody? Yes No

Is there a court order restricting this person's access to the student? *(If "yes," a copy of the court order must be provided.)*

Yes No

PERSON 2

Name: _____

Select Relationship to Student: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place of Employment: _____

Work Phone: _____

Does this person have joint custody? Yes No

Is there a court order restricting this person's access to the student? *(If "yes," a copy of the court order must be provided.)*

Yes No

Accidents/Emergencies: When Parents Cannot Be Contacted

In case of an accident or emergency of any kind, when a parent/guardian cannot be contacted, please call and/or release my child to one of the following: Three local contacts are required.

CONTACT 1

Name: _____
 Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____

CONTACT 3

Name: _____
 Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____

CONTACT 2

Name: _____
 Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____

CONTACT 4

Name: _____
 Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____

After School Care

If a student receives after school care (ex. daycare, nanny, other family member or friend, etc.), please share that information below.

CAREGIVER/DAYCARE 1

Name of Person/Business: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____

CAREGIVER/DAYCARE 2

Name of Person/Business: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____

Services, Accommodations, Programs

Please let us know if your child has the need for or currently participates in any of the following (*check all that apply*):

SERVICES/ACCOMMODATIONS

Special Need/Special Ed: Yes No Not Sure
 504 Accommodations Plan: Yes No Not Sure
 Title 1 Services: Yes No Not Sure

PROGRAMS

Gifted/Talented: Yes No Not Sure

Other Students Living At The Same Address

PERSON 1

Name: _____
 Date of Birth: _____
 Name of School if Attending: _____

PERSON 2

Name: _____
 Date of Birth: _____
 Name of School if Attending: _____

PERSON 3

Name: _____
 Date of Birth: _____
 Name of School if Attending: _____

PERSON 4

Name: _____
 Date of Birth: _____
 Name of School if Attending: _____

Medical History



My child has a life threatening condition: Yes No

LIFE THREATENING CONDITIONS

If your student has any of the following conditions which may require emergency treatment or medications to be given at school, please indicate by checking the appropriate responses.

- Diabetes (Glucagon)
- Asthma (Rescue Inhaler)
- Seizures (Diastat)
- Life-Threatening Allergy (EpiPen)
- Other (explain below)

MEDICATIONS

All students must have a Medical Consent Form on file prior to any medications being brought to school for administration.

Please list any medications your child routinely takes: _____

What, if any, prescriptions are to be taken at school? _____

Student's Healthcare Provider: _____ Phone: _____

ALLERGIES/DIETARY NEEDS

If your child has any of the following allergies or dietary needs, check the appropriate response and provide a brief description including the food, medication, or substance to which your child is allergic and any necessary accommodations.

- Food Allergy (mild/moderate)
- Food Allergy (severe)
- Medication Allergy
- Medically Necessary Dietary Need (not allergy)
- Other/Additional Information (list below)

Home Access to Technology

REQUIRED FOR THE KENTUCKY DEPARTMENT OF EDUCATION TECHNOLOGY READINESS SURVEY

Each year, the Department of Education surveys districts regarding the technology access students have at home. Please respond to the following questions from the perspective of technology which is available to STUDENT when home.

- Yes No STUDENT has access to a computer or Chromebook at home.
 Yes No If "Yes," is it less than 5 years old?
 Yes No Can STUDENT access the Internet?
 Yes No STUDENT has access to an iPad, tablet, or other similar device at home.
 Yes No If "Yes," does the device have WiFi access?
 Yes No Does the device have its own data plan?

Is your home Internet access provided via Cable DSL Satellite Cellular Data Plan Other

Use of Student Information

PUBLICATION CONSENT (POLICY 09.14.AP.251), PERMISSION TO PUBLICLY USE A STUDENT'S IMAGE OR WORK

(Example: Yearbook, School Web Page, Special Events)

During the school year, school/District personnel or other District-authorized persons may use video or photographs to record classroom activities, special projects, or events in which your child participates during or after the school day. These videos and photos may be used for various purposes, including public awareness or fundraising purposes. By signing this form, you give the District permission to record and use the recorded image, voice, or work of the student. This permission includes the publication of the records on the school and/or District website and in school yearbooks which are published annually by the Anchorage Parent Teacher Association.

Please complete this section, then sign, date, and return it to the school. Once signed and dated, this form shall remain in effect for the duration of your child's enrollment in the District schools. However, during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardian(s) of the child listed below, by signing below, I/we give Anchorage School permission to release my/our child's name, photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Student: _____ Parent/Guardian Signature: _____ Date: _____

Note: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian must be obtained.

STUDENT DIRECTORY INFORMATION NOTIFICATION (FERPA POLICY 09.14 AP.12)

(Example: Institutions of Higher Education, Potential Employers, etc.)

You have a right to direct the District to withhold release of student directory information for STUDENT.

Please complete this section, then sign, date, and return it to the school. If information is not received we are required to withhold all student directory information.

Following is a list of items that this District considers student directory information: Student's name, address, telephone number, school email address, date and place of birth, major field of study, photograph/picture, grade, weight/height (if member of athletic team), dates of attendance, degrees and awards received, most recent educational institution attended, information about participation in officially recognized activities and sports, and honors received.

NOTE: If a student's Name, Grade Level, or Photograph are to be withheld, the student will not be included in the School's yearbook, program events, or other such publications.

Which Option Applies to Your Child, STUDENT?

- OPTION 1: Release Nothing. The District may not release any student directory information (see red note above).
 OPTION 2: Release All. The District may release all student directory information.
 OPTION 3: Customized. The District may release only the student information selected below. (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Major Field of Study |
| <input type="checkbox"/> Address | <input type="checkbox"/> Weight & Height (if member of an athletic team) |
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Dates of Attendance |
| <input type="checkbox"/> Date & Place of Birth | <input type="checkbox"/> Degrees & Awards Received |
| <input type="checkbox"/> Grade Level | <input type="checkbox"/> Most Recent Educational Institution Attended |
| <input type="checkbox"/> Photograph/Picture | <input type="checkbox"/> Information About Participation in Officially Recognized Activities/Sports |
| <input type="checkbox"/> School Email Address | <input type="checkbox"/> Honors Received |

Parent/Guardian Signature: _____ Date: _____

Electronic Access/User Agreement

ACCESSING TECHNOLOGY RESOURCES (POLICY 08.2323.AP.21)

TECHNOLOGY NETWORK & RESOURCES RULES COMPLIANCE

As a user of the Anchorage Independent School District's computer network and technology resources, I hereby agree to comply with the District's technology, Internet and electronic mail rules as contained in the Acceptable Use Policy & Guidelines (available on the school website at <http://www.anchorage-school.org> on the Board of Education page) and to utilize the resources in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Signature (or Parent's if Student is Under 18): _____ Date: _____
Student Name: _____

SUMMARY OF ACCEPTABLE USAGE GUIDELINES

- Use school technology resources only to support educational objectives.
- Please report misuses of school technology resources.
- Social networking is limited to classroom sponsored, staff moderated, school supported resources.
- Do not download, transfer, install, or alter software without permission.
- Do not alter hardware configurations without permission.
- Do not attempt to access anyone else's account, files, or folders.
- Don't place information on the Internet which could be used to specifically identify you or others.
- Don't give your password to anyone other than teachers, administrators, or parents/guardians.
- Don't let anyone else use your account.
- Don't use technology resources to harass or discriminate against anyone.
- All electronic correspondence should be polite and demonstrate good digital citizenship.
- Email should only be used to communicate about school related work.
- Use of cell phones or other electronic devices to capture or transmit photos of students, classwork, testing or instructional materials without teacher permission is forbidden.
- Vulgar or obscene language is prohibited in all electronic correspondence.
- Do not use anonymizer or proxy redirect servers.
- School computers may not be used to access email accounts other than the one provided by the school.
- School resources may not be used for—commercial activities, product promotion, political lobbying, or illegal activities or their promotion.

PERMISSION TO ACCESS NETWORKED SERVICES

Prior to the student being granted independent access privileges, the following section must be completed for students under 18 years of age. Also, please be aware that federal law requires the District to monitor online activities of minors.

As the parent or legal guardian of the student (under 18) listed above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the email address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Parent/Guardian Signature: _____ Date: _____

Parent Student Handbook Acknowledgement

The Parent-Student Handbook contains important information regarding school procedures, policies, rules, expectations, standards, etc. Please take time to review this document before the first day of classes and direct any questions to the school staff. The Handbook may be found on the home page of the [school website](http://www.anchorage-school.org) (<http://www.anchorage-school.org>) under the heading, "Looking for Something."

Please sign below to indicate you will review the Parent-Student Handbook.

Parent/Guardian Signature: _____ Date: _____