



# Yukon-Koyukuk School District REGISTRATION FORM

☐ New Student

1. Pupil's Name (Last, First, Middle) Please Print:			2. Social Security Number:		3. State Student ID:	
4. School Enrolling In:		5. Grade:	6. Date of Birth:	7. Age:	8. Birthplace (City & State)	
9. Grade Last Attended:		10. School Last Attended (include City & State):			11. Last Date of Attendance:	
12. Home Address:		13. Name of Person(s) with whom student lives & relationship:			14. Home Phone and parent email address:	
15. Father's Name & Address:		16. Home Phone:		17. Occupation/Employer:		18. Business Phone:
19. Mother's Name & Address:		20. Home Phone:		21. Occupation/Employer:		22. Business Phone:
23. In case parents cannot be reached in an emergency, I request the school authorities to obtain emergency medical care for the above named child. <input type="checkbox"/> Yes <input type="checkbox"/> No    Emergency Name: _____ Phone Number: _____ Relationship to Child: _____						
24. Gender & Ethnicity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> White(1) <input type="checkbox"/> Black(2) <input type="checkbox"/> Hispanic(3) <input type="checkbox"/> Asian(4) <input type="checkbox"/> American Indian(5) <input type="checkbox"/> Alaska Native(6) <input type="checkbox"/> Mixed Ethnicity(7) <input type="checkbox"/> Hawaiian/Pacific Islander(8) If Am. Indian/Alaska Native, indicate degree:    1/4    1/2    3/4    4/4				25. Has student been enrolled in a Headstart Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Parent/Guardian Signature: _____				Date _____		
DO NOT WRITE BELOW THIS LINE – TO BE FILLED OUT BY SCHOOL OFFICIALS						
Home Address Description:						
How was birth of student verified? (Place copy in student's file)						
Date of Entry:				Type of Entry:		
Date of Withdrawal or Transfer:				In case of withdrawals or transfer, where did the student go?		



**Yukon-Koyukuk School District**  
4762 Old Airport Way  
Fairbanks, Alaska 99709-4456  
Telephone: 907-374-9400 Fax: 907-374-9444

**Student Records Request**

SECTION 1 – INFORMATION NEEDED TO LOCATE RECORDS		
Student's Name (Please provide the name used while attending school)		Student's Date of Birth
Last YKSD School Attended:	Did the Student Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Year Attended/Graduated
SECTION II – TYPE OF RECORDS REQUESTED		
Student Transcript (Colleges & Universities will only accept Official Copies)  _____ Number of Official Copies  _____ Number of Unofficial Copies	<input type="checkbox"/> Report Card Which Year/Semester _____ <input type="checkbox"/> Student Cumulative File <input type="checkbox"/> LEP Status	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Proof of Age <input type="checkbox"/> Migrant Education <input type="checkbox"/> Special Education
SECTION III – REQUESTER INFORMATION		
REQUESTER IS:		
<input type="checkbox"/> Student/Self (enter current name) _____		
<input type="checkbox"/> Parent/Guardian (enter name) _____		
<input type="checkbox"/> Other Agency (specify) _____		
Daytime Phone Number _____		Email Address (for contact purposes only) _____
SECTION IV – RETURN ADDRESS & IDENTIFICATION		
1. SEND INFORMATION/DOCUMENTS TO:		2. AUTHORIZATION SIGNATURE REQUIRED (A photocopy of the signer's identification card is required to verify their signature)
Name		Signature of Student Listed on Documents
Address		
City	State	Zip
Date of this Request		
Name (for more copies if address is different)		Fax number (enter fax number if you would like records faxed) ***We can only fax an UNOFFICIAL COPY***
Address		(       )       -
City	State	
OFFICIAL USE ONLY		
Student #	Employee	Date Completed
<input type="checkbox"/> WILL PICKUP <input type="checkbox"/> MAIL		



**Yukon-Koyukuk School District  
(Retain in Student File)**

PARENT'S AFFIDAVIT

VERIFICATION OF STUDENT'S BIRTH

To: Yukon-Koyukuk School District  
4762 Old Airport Way  
Fairbanks, AK 99709

My (son/daughter), \_\_\_\_\_, age \_\_\_\_\_, was born  
on \_\_\_\_\_, and (his/her) place of birth was \_\_\_\_\_.  
(City and State)

I swear that the information that I have submitted above is true and complete.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



## Yukon-Koyukuk School District PARENT RELEASE OF INFORMATION FORM 13-14

Student Name \_\_\_\_\_ School \_\_\_\_\_  
Last First MI

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 no 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
--------------	------------------	-------------------	-----------------	-------------	--------------------------------

**\*\*Attention Parents of Juniors or Seniors\*\*** If you answer "No" to question 2, your name and address will not be released to organizations that provide information about high school graduation, college scholarships, class rings, or college information.

**Student Ethnicity:** ☐ White ☐ African American/Black ☐ Hispanic  
☐ Asian ☐ American Indian ☐ Alaskan Native ☐ Native Hawaiian/Pacific Islander

**\*\*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 information.

1. Do you allow your student's name, mailing address and telephone number to be released to military recruiters? ☐ Yes ☐ No

### RELEASE OF DIRECTORY INFORMATION

Do you allow your student's directory information to be released to:

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

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

### ALLOWING YOUR STUDENT TO BE PHOTOGRAPHED OR INTERVIEWED

4. Do you allow your student to be photographed for the school yearbook/class picture? ☐ Yes ☐ No

5. Do you allow your student to be photographed and interviewed for school district publications and media? (e.g. district newsletter, website, video conferencing) ☐ Yes ☐ No

6. Do you allow your student to be photographed by the public news media? ☐ Yes ☐ No

7. Do you allow your student to be interviewed by the public news media? ☐ Yes ☐ No

8. Who does the student live with?

☐ Both Parents ☐ Foster Home ☐ Primary-Father ☐ Emancipated  
☐ Mother Only ☐ Joint Custody ☐ Primary-Other ☐ Other  
☐ Father Only ☐ Primary Mother ☐ Homeless

### IMPORTANT – PLEASE READ

If you are this student's guardian, but you are NOT the legal parent, you must provide prove 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 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.

Parent/Guardian Signature

Date

## AUTHORIZATION FOR RELEASE OF IMMUNIZATION / TB RECORDS TO COMPLY WITH ALASKA'S "NO-SHOTS NO-SCHOOL" LAW

The purpose of releasing this information is to allow schools, childcare facilities and other centers that house school-age children to comply with Alaska's "No-Shots No-School" law. In many cases, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires written authorization before personal medical information can be released by a health care provider or health care organization. This form authorizes only the release of immunization records and/or confirmation of tuberculosis screening. **I understand that this does not authorize release of any other personal medical information.**

Name of child / student: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of parent / guardian: \_\_\_\_\_

Health care provider / organization releasing information: \_\_\_\_\_

School / organization requesting information: \_\_\_\_\_

Description of information to be released (check one or both):

- ☐ Immunization records
- ☐ Tuberculosis screening and results

I hereby authorize the disclosure of immunization records and / or tuberculosis screening information as described above. I understand that this authorization is voluntary. I understand that a health care provider may not condition treatment on whether I sign this authorization. I understand that if the person(s) or organization(s) authorized to receive this information is not a health plan or health care provider, the released information *may* no longer be protected by federal privacy regulations. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may revoke this authorization at any time by notifying the organization releasing this information in writing. If I do revoke this authorization, I understand it won't affect actions taken before my revocation was received. I understand that I may request a copy of this authorization.

Please check **ONLY** one:

- ☐ I additionally authorize the re-disclosure of immunization records and/or tuberculosis screening information to other school or health care authorities should my child move to another school or school district **AND** I understand that this authorization to re-disclose will expire when the student reaches the age of majority or when this authorization is revoked.
- ☐ I DO NOT authorize further re-disclosure of this information and request that this authorization expire:
  - \_\_\_ When student moves or graduates from the school or organization listed above or when this authorization is revoked.
  - \_\_\_ Other (specify date): \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Printed name of parent or guardian: \_\_\_\_\_

Today's date: \_\_\_\_\_



## Student Health Survey and Permission Form 2013-2014

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

1. I give permission for my child to have a T.B skin test provided yearly by the school nurse, community health aide, or public health nurse. ☐ Yes ☐ No Signature: \_\_\_\_\_  
If no, please state why: \_\_\_\_\_

*(It is required by state law for all children to have annual T.B. skin testing done unless there is a documented medical exemption.)*

2. I give permission for school personnel to administer acetaminophen (Tylenol) to my child during school or at school-sponsored events for complaints of headaches or minor aches and pains. Yes ☐ No ☐

3. Does your child have any behavior or attention problems? Yes ☐ No ☐

4. Medical History *(Check those health problems your child has or has had in the past.)*

<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent nose bleeds	<input type="checkbox"/> Vision problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic ear infections	<input type="checkbox"/> Speech difficulties
<input type="checkbox"/> Heart		
<input type="checkbox"/> disease/murmurs	<input type="checkbox"/> Skin problems	<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Seizures or Epilepsy	<input type="checkbox"/> Bowel and/or bladder problems	

5. Does your child have any other health problems or handicaps that are not mentioned above?

☐ Yes ☐ No If yes, what are they? \_\_\_\_\_

Is your child currently under a doctor's care for any of these problems? ☐ Yes ☐ No

If yes, Doctor's name: \_\_\_\_\_

6. Is your child on any medications for any of the above conditions? ☐ Yes ☐ No

If yes, what medication? \_\_\_\_\_

Will your child need to take these medications at school? ☐ Yes ☐ No

*(If your child needs to take medication at school, please see the principal for instructions about how medication is monitored in the school setting.)*

7. List any operations or injuries that would have required hospitalization, and the dates these occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have any allergies? ☐ Yes ☐ No

If yes, what are they? \_\_\_\_\_

Do you have any other concerns you would like us to know about that would help us work with your child here in school? \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Survey Administration Release Form 2013-2014

Under current law; Chapter 63, SLA 99, school districts are required to obtain written permission for any survey or questionnaire that will be administered during the upcoming school year. Notification and opportunity for review of any survey will occur no less than two weeks prior to administration. The Yukon-Koyukuk School District encourages you to review at that time the survey for content and appropriateness.

At this time, the Yukon-Koyukuk School District is planning implementation of the following surveys during the 2013-2014 school year. Notification of any additional survey instruments will be given as soon as possible.

1. **Student assessment of teacher** (grades 1-12)
2. **Youth Risk Behavior Survey** (may be given to students in grades 7-12 )
3. **Opportunity to Learn Questionnaire**
4. **YKSD Curriculum Development Survey** (Academic Areas: Language Arts, Science, Social Studies, Math, Health/PE, Fine Arts & Voc Ed).
5. **National Indian Education Study Survey** (given in conjunction with NAEP testing)
6. **Youth Resiliency Survey** (grades K-12)
7. **Life Skills Pre and Post Survey** (grades 3-12)
8. **CTE Bridge Pre and Post Survey** (grades 7-12)
9. **Federal Programs Activity Survey** (grades K-12)

I understand that as the parent of legal guardian of this student(s), I may review any of the above surveys and determine the appropriateness of the survey in relation to my student(s). I can remove my student(s) from the survey administration.

Name of Student(s)

Grade

_____	_____
_____	_____
_____	_____
_____	_____

☐ I **GIVE** my approval to administer surveys to my child/children this school year. I understand that I may review the survey to be given no less than 2 weeks prior to administration, and may remove my child at that time if I wish.

☐ I **DO NOT GIVE** my approval to administer any survey to my child/children during this school year.

Printed name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

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 I

**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



## PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

\_\_\_\_\_ School District

**This form is required by state and federal law.**

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 as soon as possible. If you have questions or need help with the form, please contact: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Alaska Student ID #:** \_\_\_\_\_  
(Last Name, First Name)

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Gender:** ☐ Female ☐ Male

### PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student? ☐ English ☐ Other \_\_\_\_\_  
Specify
2. What language(s) does the student currently use in the home? ☐ English ☐ Other \_\_\_\_\_  
Specify
3. Is this student participating in a student exchange program? ☐ Yes ☐ No
4. When did the student first attend a school in the United States (if known)? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

### PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken to the student			
4. Language(s) spoken in the adult's home			

\* 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 (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	Only English
A. When the student speaks with <b>family</b> , he/she speaks:					
B. When the student speaks with <b>friends</b> , he/she speaks:					

Parent/Guardian Signature:	Phone Number:
Printed Name:	Date:



# Yukon-Koyukuk School District

## Migrant Education Seasonal Work/Activity Questionnaire

### 2013-2014

Parent/Guardian Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Only ONE form per family is required.**

*Please check Yes or No:*

☐ Yes ☐ No Within the past year, one or more of my children traveled with or joined a parent/guardian who looked for/engaged in... (check all that apply)

**Subsistence** activities: \_\_\_ fishing \_\_\_ berry picking (*if* the berries were picked **outside** district boundaries)

**Commercial** seasonal work: \_\_\_ fishing \_\_\_ fish processing \_\_\_ logging \_\_\_ agriculture

☐ Yes ☐ No Travel for the activity checked above included overnight stays.

☐ Yes ☐ No We traveled **more than 20 miles** or left the school district's boundaries.

**NOTE: If you checked NO on any of the above, STOP. You do not need to fill out the remainder of this form.**

Please fill in the information below for all of your children (birth to age 21):

Student's Name	School	Age	Grade	Date of Birth

\*Use back of form if additional space is needed.

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

A YKSD Migrant Ed. recruiter will contact you. When would be convenient for you? \_\_\_\_\_

Thank you for taking the time to answer these questions. All of your answers will be treated as strictly confidential, and will only be used by the Department of Education & Early Development and the Yukon- Koyukuk School District for Migrant Education funding and planning purposes. **Please return the completed form to your school.**



## 2013-2014 Income Survey for Title I & E-rate

Yukon-Koyukuk School District

Dear Parent/guardian,

The following information is needed by our school. This information will be used for the E-rate program to determine our school discount for telephone and Internet. It is also needed to meet federal and state laws for Title I and may be used to qualify for additional grants. (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals.)

Please check the row that best describes your family's annual income level (including all taxable income).

### Yearly Income

	\$26,548 or less
	\$26,549 - \$35,852
	\$35,853 - \$45,158
	\$45,159 - \$54,463
	\$54,464 - \$63,669
	\$63,770 - \$73,074
	\$73,075 - \$82,380
	\$82,381 - \$91,685
	more than \$91,686

Number of people who live in your household \_\_\_\_\_ **\*\*Only 1 form per household please\*\***

Physical Address: \_\_\_\_\_

Children enrolled in school (please include all children in schools in the district)

Name (last, first)	Grade	School

This information is confidential and individual family data will not be reported.

Mailing Address: 4762 Old Airport Way Fairbanks, Alaska 99709.

Please return this survey to your school.      THANK YOU