

# Kenai Peninsula Borough School District Student Registration Information Form

Office Use Only

Student's Legal Name: \_\_\_\_\_  
 Last Name (Suffix) First Middle

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

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

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

Are there any custody arrangements?  Yes  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 Contact Information**

Name	Relationship	Home Phone #	Work Phone #	Cell Phone #	Place of Employment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Emergency Information -** If unable to contact parents, in case of emergency or illness, who shall we call and to whom may we release your child?

_____	Emergency	_____	_____	_____
_____	Emergency	_____	_____	_____
_____	Emergency	_____	_____	_____
_____	Emergency	_____	_____	_____

**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

\_\_\_\_\_  
 (Administrator) Date