

ENROLLMENT FORM
BERING STRAIT SCHOOL DISTRICT
 James C. Isabell School
 P.O. Box 565, Teller, Alaska 99778

Please Print

Date			
All information requested needs to be accurate. If you do not know something it is your responsibility to get the information back to the principal.			
<input type="checkbox"/> Attach Copy of Birth Certificate <input type="checkbox"/> Attach Copy of Immunization Records <input type="checkbox"/> Complete Parent Language Questionnaire and LOC-A <input type="checkbox"/> Complete ECE Parent Questionnaire (if child is under age 8) <input type="checkbox"/> Complete Medical Permission Form <input type="checkbox"/> Complete Indian Ed Form 506 <input type="checkbox"/> Complete Student Records Request			
• Use Legal Name ONLY •			
Student Information			
Last Name	Grade Level	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name	Preferred Name		
Middle Name	Phone Number		
Local Address	Date of Birth		
Social Security #	Birthplace		

Ethnicity:			
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> White	<input type="checkbox"/> Black
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (Specify)	

Previous School Attended (if transferring) _____	School Name	City, State
Is this child receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

Contact 1 (Legal Guardian)	Contact Information	Contact 2 (Child lives with – if different)
Relation	Relation	Name
Name	Name	Address (if different from above)
Address (if different from above)	Address (if different from above)	Home Phone (if different)
Home Phone (if different)	Home Phone (if different)	Occupation
Occupation	Occupation	Work Phone
Work Phone	Work Phone	
Emergency Contact		
Phone # (if different)	Relation	
Special Health Needs/Concerns:		

Printed Name of person filling out this form	Signature of person filling out this form