

Kenai Peninsula Borough School District Student Registration Information Form

Office Use Only

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)
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2nd Mailing
Address

Address	City	State Zip Code	Relationship
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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

Month/Day/Year

Student's
Place of Birth

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 _____

Additional Information

Are there any special custody arrangements? Yes No

My child's usual academic performance is: (please circle one)

Very high High Average Low Very low

Does your child receive Intervention or Special Education services (such as Title I)? If so, in what areas? (please circle all that apply)

Reading Writing Math Other Not applicable

Has your child repeated a grade level? Yes No Which grade? _____

Does your child need any special attention with regard to school behavior? Yes No

If yes, please explain.

Please provide any other information you believe will be helpful in placing your child.

Please complete both sides

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

148 North Binkley St Soldotna Alaska 99669 ph 907-714-8888

PARENT/GUARDIAN SIGNATURE REQUIRED -- PLEASE USE INK	
PLEASE CIRCLE AN ANSWER:	<p>Tuberculin Skin Testing is required by the State of Alaska for grades K, 7 and students new to the district. This is an intradermal injection of tuberculin antigen PPD (purified protein derivative – also known as Mantoux).</p> <p>I give permission for my child to receive TB Skin Tests. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I give permission for my child to receive Emergency Medical Help. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> _____</p> <p style="text-align: center;">Parent/Guardian Signature Date</p>

STUDENT NAME _____ **ID#** _____ **Birthdate** _____ **Male** _____ **Female** _____

Primary Guardian Name: _____ **Relationship:** _____ **Home Phone #** _____ **Work Phone #** _____ **Cell** _____

Secondary Guardian Name: _____ **Relationship:** _____ **Home Phone #** _____ **Work Phone #** _____ **Cell** _____

Emergency Contact: _____ **Home Phone #** _____ **Work Phone #** _____ **Cell** _____

Health Care Provider: _____ **Phone #** _____

Circle any that apply: No Known Health Concerns ADD/ADHD Asthma Diabetes Seizures History of Head Injury

Severe Allergies: _____ **Bee Sting Sensitivity** **Treatment:** EpiPen Benadryl Other _____

Other Allergies: _____

Other Health Concerns: _____

Medication(s) at School: (Name, Dosage, Time) _____

Medication(s) at Home: (Name, Dosage, Time) _____

TO BE COMPLETED BY SCHOOL NURSE

IMMUNIZATION SOURCE:					BOOSTER DUE DATE:
DTP/DTaP/DTd	BOOSTER:				
OPV/IPV					
MMR					
VARI-CELLA			Hx of Disease:		
			Date:		
HEP A			ADDITIONAL		
HEP B			IMMUNIZ		

Immunization Data Entered By: _____

EXEMPT (Date)

Medical ___/___/___

Religious ___/___/___

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
Student Health Review

STUDENT NAME _____ BIRTHDATE _____ GRADE _____
SCHOOL _____

For ADDITIONAL COMMENTS please use the back of the form.

1. LAST PHYSICAL EXAM: Date _____ Doctor _____ Clinic Name/Location _____
2. LAST DENTAL EXAM: Date _____ Doctor _____ Clinic Name/Location _____
3. LAST VISION EXAM: Date _____ Doctor _____ Clinic Name/Location _____

4. CURRENT MEDICATIONS Medication(s) to be taken at School _____ (Additional form required.)
Medication(s) taken at Home (include non-prescriptive medications taken on a regular basis) _____

5. LAST SCHOOL ATTENDED: _____ PERMISSION FOR EMERGENCY CARE YES NO

6. ALLERGIES: NO YES – if yes, please list specific allergies below. Use the back of the form as needed.

MEDICATION(S) _____
What happens if your child takes this? _____
How do you treat? _____

BEES, INSECTS, SPIDERS, etc. _____
What happens if your child is stung or bitten? _____
How do you treat? _____

FOOD and/or DRINK* _____
What happens if your child eats this? _____
How do you treat? _____ *School Lunch substitutions require a doctor's request.

ANIMALS _____
What happens if your child comes in contact with this animal? _____
How do you treat? _____

OTHER (please list) _____
What happens if your child comes in contact with this? _____
How do you treat? _____

7. CURRENT MEDICAL INFORMATION: Mark any ongoing conditions and concerns.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> asthma* | <input type="checkbox"/> frequent headaches | <input type="checkbox"/> vision concerns | <input type="checkbox"/> knee, back, bone or joint concerns |
| <input type="checkbox"/> other respiratory concerns | <input type="checkbox"/> frequent nosebleeds | <input type="checkbox"/> wears glasses/contacts | <input type="checkbox"/> muscular concerns |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> frequent stomachaches | <input type="checkbox"/> dental pain or concerns | <input type="checkbox"/> mental/emotional concerns |
| <input type="checkbox"/> heart disease | <input type="checkbox"/> frequently complains of being sick | <input type="checkbox"/> speech concerns | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> seizures | <input type="checkbox"/> ear/hearing concerns | <input type="checkbox"/> skin concerns | |
| <input type="checkbox"/> previous head injury with unconsciousness* | <input type="checkbox"/> tubes in place | <input type="checkbox"/> urinary/bowel concerns | *additional forms may be requested
For COMMENTS use the form back. |

CURRENT SPECIFIC MEDICAL DIAGNOSIS: NO YES

Diagnosis _____ Doctor _____ Clinic Name/Location _____
Date Identified _____ Care/treatment required at school _____

CURRENT PHYSICAL ACTIVITY LIMITATIONS _____

8. PAST MEDICAL INFORMATION: Operations, injuries, hospitalizations, and past medical concerns, including birth information and history of developmental delays as appropriate (please include dates): _____

9. ADDITIONAL INFORMATION: Please add any additional information helpful to the school staff (i.e., family, learning, special needs) _____

My signature allows for information that pertains to school safety or helps my child in the classroom to be shared with additional school staff as appropriate.

PERSON COMPLETING THIS FORM: _____
(Name) (Relation to child) (Today's Date)

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

148 North Binkley Street, Soldotna, AK 99669-7598 Phone 907/714-8888-Fax 907/262-9645

STUDENT PHYSICAL EXAMINATION THIS SECTION TO BE COMPLETED BY PARENT

STUDENT'S NAME _____ AGE _____

SCHOOL _____ GRADE _____

PARENT'S NAME _____ PHONE _____

ADDRESS _____ CITY _____

THIS SECTION TO BE COMPLETED BY MEDICAL EXAMINER

ITEM	NORMAL	OTHER(NOTE)		ALLERGIES:
Eye				
Ear				
Nose & Throat				
Mouth				
Teeth				
Lymph Nodes				
Heart			T	P
Lungs			R	BP
Abdomen-Hernia			H	WT
Genitals				
Orthopedic (including gait)				COMMENTS:
Nervous System				
Skin				
Nutrition				
Endocrine				
Other				

IS STUDENT ABLE TO PARTICIPATE IN USUAL SCHOOL ACTIVITIES? () YES () *NO
 IS STUDENT ABLE TO PARTICIPATE IN EXTRACURRICULAR SPORTS? () YES () *NO

*State Limitations _____

SIGNED _____ DATE OF EXAM _____
 (Medical Examiner)

PRINTED NAME _____ PHONE _____

ALL STUDENTS ENTERING AN ALASKAN SCHOOL FOR THE FIRST TIME MUST HAVE A PHYSICAL EXAMINATION CONDUCTED WITHIN ONE YEAR PRIOR TO ENTRY. THIS APPLIES TO ALL STUDENTS ENTERING SCHOOL IN THE KENAI PENINSULA BOROUGH SCHOOL DISTRICT FOR THE FIRST TIME, REGARDLESS OF GRADE.

Tuberculosis (TB) Risk Assessment for Alaska Students

Student Name _____ Date of Birth _____ Grade _____

Please answer ALL four questions. All students NEW to the Kenai Peninsula Borough School District, Preschool through 12 th grade.			
Has the student been in contact with anyone who has active TB disease in the past year?	Yes	No	Notes
Is the student foreign-born?* (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)	Yes	No	
Has the student travelled to a high-TB-rate country for more than a month cumulatively during the past year? (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)	Yes	No	
<i>In Alaska, TB is most common in the Yukon-Kuskokwim or Norton Sound regions. Does the student live in one of these regions, or has the student traveled to one of these regions for more than 30 days in total during the past year?</i>	Yes	No	

My signature attests to the accuracy of responses.

Parent/Guardian Signature _____ Date _____

Tuberculosis Risk Assessment: Alaska law (7 AAC 27.213) requires an assessment of tuberculosis status be completed for all students entering a school district.

If any of the answers to the four questions above are YES please select one of the following:

YES My signature below gives consent for my child to receive at school the Mantoux purified protein derivative (PPD) tuberculin skin test (this is an injection of tuberculin antigen just under the skin). It is FREE of charge.

NO I choose to get a PPD TB skin test elsewhere OR an Interferon Gamma Release Assay (IGRA) (this is a blood test at a laboratory) and will provide this information to the school nurse within 90 days of enrollment. The parent pays for either of these.

NO My child has had a negative PPD TB skin test or IGRA blood test in the past six (6) months and I will provide documentation to the school nurse within 90 days of enrollment.

NO My child has had a previous positive PPD test with a reading of 10 mm or more or a positive IGRA blood test. I will provide health history to the school nurse within 90 days of enrollment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

KPBSD 04.2015



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

K-12 Schools, Assessment & Federal Programs

Tim Vlasak, Director

148 North Binkley Street Soldotna, Alaska 99669-7553

Phone (907) 714-8829 Fax (907) 262-6354

Dear Parent/Guardian,

The district is required by State and Federal law to identify and serve students who may qualify for extra support due to limited English proficiency (English-as-a-second language).

The attached Home Language Survey is required not only as a first step in the screening process, but also to document our compliance with the law. We are required to have one of these forms for each student enrolled in the district.

Part I is required. Parts II-IV are only necessary if there is a language other than English spoken in the home. A signature, contact number, and date are required at the bottom of the form.

If you choose not to divulge the languages spoken in your home, please write **REFUSED** across the form, and then sign and date the form. Again, this keeps the district in compliance.

Thank you for your cooperation. Please call the Federal Programs department at 907-714-8864, or 907-714-8865, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Vlasak".

Tim Vlasak, Director
Federal Programs, K-12 Schools & Assessment
Kenai Peninsula Borough School District

PARENT LANGUAGE QUESTIONNAIRE (HOME LANGUAGE SURVEY)

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: ELL Office 714-8892

**PART I is required. PARTS II-IV are required if there is a language other than English in the home.
SIGNATURE AND CONTACT INFORMATION ARE REQUIRED.**

Student Name: _____ **Alaska Student I.D. #** _____
(Last Name, First Name)

Place of Birth: _____ **Date of Birth:** ____/____/____
Month Day Year

KPBSD School: _____ **Grade:** ____ **Sex:** Female Male

PART I: ELL/LEP HISTORY

1. Has this student been identified in another district as an English language learner (ELL/LEP)? ___ Yes ___ No
 If so, what district? _____ City, State _____

PART II: 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. How long has the student attended school in the U.S.A.? 3 or more full school years Less than 3 full school years

PART III: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Language(s) spoken to the student			
2. 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 IV: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language	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 family, he/she speaks:					
B. When the student speaks with friends, he/she speaks:					

Parent/Guardian Signature: _____	Telephone Number: _____
Printed Name: _____	Date: _____



Kenai Peninsula Borough School District Residency Questionnaire

Your child(ren) may be eligible for educational supports and services through the KPBSD Students in Transition Program and the McKinney-Vento Act. If any of the following situations apply to you, please complete this questionnaire to help us determine eligibility.

1. Are you/your family presently living in one of the following situations? *Please check one box if applicable.*

- Doubled-up/couch-surfing with friends or family due to loss of housing or economic hardship
- Staying at a shelter or transitional living facility
- Living in a car, travel trailer/motorhome, campground, public space, or substandard housing
- Temporarily living in a hotel/motel due to loss of housing or economic hardship
- A teenager in one of the above situations not living with a parent or legal guardian
- Other temporary living situation (please describe): _____

***** If you did not check a box, please STOP. You do not need to complete the rest of this form.**

2. Name of school where you are enrolling: _____ Date: _____

3. Children/Youth (please print) – please list ALL children in the family, including infants/toddlers

First Name	Last Name	M/F	D.O.B	Age	Grade

4. Adults (please print) – please list ALL adults in the family

First Name	Last Name	M/F	Age	Relationship to child(ren)

5. A KPBSD Homeless Liaison will contact you to determine eligibility and explain the KPBSD Students in Transition Program/available supports and services. Thank you for your time in completing this questionnaire.

Name of parent/legal guardian *or* unaccompanied youth: _____
 Primary contact number: _____ Secondary contact number: _____

School note: immediately send completed form to your local Homeless Liaison.

Migrant Education Program

Please complete this form ONLY if the following apply:

1) In the last 3 years, any of your children engaged in or accompanied a parent or guardian who engaged in one of the following activities:

Commercial Fishing

Subsistence Fishing

Forestry (with a logging company)

Agriculture (may include berry picking in certain instances)

2) The activity required your child to travel away from your residence for a total of **7 nights/8 days** over the course of a year.

3) The activity is an Economic Necessity for your family.

If **yes**, please list the children who traveled below. You will be contacted via telephone and interviewed by a school district employee. **You must be prepared to give the dates your child was away from the residence if they are not listed below.** Only one form is needed per family.

If the activity is **NOT** an economic necessity for your family and/or your children were not away from the residence for a total of **7 nights/8 days**, please do not complete this form!

Name	School	Dates away from residence

Parent/Guardian _____

Phone Number (home) _____ (work) _____

Please give this to your school secretary or mail it to
KPBSD Migrant Education
148 N Binkley
Soldotna, AK 99669
(p) 714-8868 (f) 262-6354