

"Building bridges between tomorrow and today."



ENROLLMENT PACKET

(Out-of-district Transfers)

**Bering Strait School District
PO Box 225
Unalakleet, AK 99684
(907)624-4289**

Dear Parent(s)/Guardian(s)

Welcome to Bering Strait School District schools. To enroll your child in school, please thoroughly complete the enrollment packet and provide the following required documents:

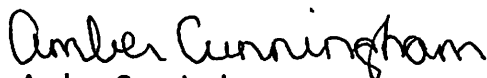
- **Updated Immunization records** (For kindergarteners, the required immunizations are listed below. *If any immunizations are missing, your child will be considered noncompliant with Alaska Immunization Regulations and will be dropped 30 days after the first day of school.*
 - Dtap-5 doses
 - Polio-4 doses
 - MMR-2 doses
 - Hepatitis B-3 doses
 - Hepatitis A-2 doses
 - Varicella-2 doses
- **Birth Certificate or Tribal Certificate**

Alaska Immunization Regulations 4 AAC 06.055 and 7 AAC 57.550 require that all children in Alaska public/private schools, certified preschools, and licensed childcare facilities be immunized, unless he/she is exempt due to medical contraindications, disease history, or religious reasons. During a vaccine-preventable disease outbreak in a school or childcare facility, an exempted child may be excluded from school or childcare until he/she is determined to no longer be at risk of developing the disease.

***Incomplete packets will hinder the enrollment process and your child may be excluded from school until we receive all the necessary documents to complete his/her file. ***

If you have any questions, feel free to call me at the number below. Thanks for your cooperation and we look forward to a great school-year.

Sincerely,



Amber Cunningham

BSSD Registrar

(907)624-4289

acunningham@bssd.org

ENROLLMENT FORM
BERING STRAIT SCHOOL DISTRICT

PO Box 225
Unalakleet, AK 99684

**USE LEGAL NAME ONLY
STUDENT INFORMATION
--PLEASE PRINT--**

DATE:

Child's Full Name:

Inupiaq/SLI Yupik/Yup'ik Name:

Date of birth:

Gender:

Grade Level:

Local address:

City:

State:

Zip Code:

Email:

Birthplace:

Ethnicity (Check all that apply)

☐ Alaska Native

☐ American Indian

☐ Caucasian

☐ African American

☐ Asian

☐ Other

CONTACT INFORMATION

Contact 1: (Legal Parent or Guardian)

Full Name:

Relationship:

Phone:

Occupation:

Work Phone:

EMAIL:

Contact 2: (Child lives with- if different)

FULL NAME:

Relationship:

PHONE:

Occupation:

Work Phone:

EMAIL:

Emergency Contact:

Full Name:

Relationship:

Phone:

OTHER INFORMATION

Previous School: (If transferring)

School Name:

City:

State:

ZIP Code:

Special education:

Is this child receiving special education services: ____ YES ____ NO ____ UNKNOWN

Does your child qualify for Migrant Education services ____ YES ____ NO

Printed name:

Date:

Signature of Parent/Guardian:

FOR OFFICE USE ONLY: (Secretaries: Check for packet completion before sending in to district office.)

☐ YES ☐ NO COPY OF BIRTH CERTIFICATE

☐ YES ☐ NO COPY OF IMMUNIZATION RECORDS

☐ YES ☐ NO COMPLETE HEALTH HISTORY FORM***

☐ YES ☐ NO COMPLETE MEDICAL PERMISSION FORM AND SURVEY ADMIN. FORM

☐ YES ☐ NO COMPLETE INCOME DECLARATION FORM***

☐ YES ☐ NO COMPLETE PARENT LANGUAGE QUESTIONNAIRE

☐ YES ☐ NO COMPLETE INDIAN ED FORM 506

☐ YES ☐ NO COMPLETE PHOTO MEDIA RELEASE FORM, EMAIL, PERMISSION TO PUBLISH FORMS

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: _____

BERING STRAIT SCHOOL DISTRICT
Unalakleet, Alaska 99684
(907) 624-3611 FAX: 624-3099

MEDICAL PERMISSION FORM

Student Name _____ Community _____
 Birth Date _____

Alaska law requires school districts to ensure medical compliance and the maintenance of specific records on each student enrolled in school. To do this in an orderly and expeditious manner our desire is to use available medical personnel for routine services, and if needed, emergency medical service. If an emergency arises every effort will be made to contact you as soon as possible before anything is done. It is also necessary for the school district to obtain, for student records, relevant medical information, such as immunization records, hearing and vision test results from health care providers.

Routine services may include physical examinations, vision screening, hearing screening, TB skin tests, health screenings, inoculations, etc., and does not include dental work or non-emergency medical services that may require your attention. Records to be obtained may include general health, vision and hearing screenings, immunization records, and physical examinations. All data collected is confidential and will be used for legal obligations pertaining to records of the named student.

For the student listed above, your signature will authorize official school district personnel to receive related medical records and, if needed, the opportunity to obtain emergency medical service when you cannot be contacted. It will also authorize release of hearing and vision screening results to Norton Sound and allow them to share their results with the school district.

Thank you.

Parent/Guardian Signature _____
 Date _____

Note- Use one form per student. If you cannot sign for whatever reason so note and return to the school principal. Please return by _____.



Bering Strait School District HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT, PRESCHOOL, KINDERGARTEN OR AS NEEDED FOR OTHER GRADES TO UPDATE NEW/EXISTING HEALTH CONCERNS.

LAST NAME	FIRST NAME	DATE OF BIRTH:
SCHOOL:		GRADE

MEDICAL HISTORY

☐ YES ☐ NO **Does your child have any health concerns?**
If yes, please describe: _____

☐ YES ☐ NO **Does your child have restrictions to participate in any activities?**
If yes, please describe: _____

☐ YES ☐ NO **Does your child have any allergies?**
If yes, please list allergies: _____

☐ YES ☐ NO **Do your child have asthma?**
If yes, please describe triggers: _____

☐ YES ☐ NO **Does your child have diabetes?**
*** See bottom of page to list any medications***

☐ YES ☐ NO **Does your child have a heart condition?** If yes, please describe: _____

☐ YES ☐ NO **Does your child have a bleeding disorder?** If yes, please describe: _____

☐ YES ☐ NO **Does your child have a history of seizures or any other type of neurological disorder?** Please describe: _____

☐ YES ☐ NO **Does your child have any gastrointestinal concerns/issues with eating?**
If yes, please describe: _____

☐ YES ☐ NO **Does your child have any bowel or bladder concerns?** If yes, please describe: _____

☐ YES ☐ NO **Does your child have behavioral, emotional, or mental health concerns?**
If yes, please describe: _____

☐ YES ☐ NO **Does your child have vision concerns?** ☐ GLASSES ☐ OTHER _____

☐ YES ☐ NO **Does your child have any hearing concerns?** ☐ HEARING AID

☐ YES ☐ NO **Does your child currently take medications?** If so, please list: _____

If you have checked "YES" to any of the items in the health history form, medical documentation must accompany this form.

DO ANY PRESCRIBED MEDICATIONS NEED TO BE ADMINISTERED OR AVAILABLE AT SCHOOL?

☐ Epi-Pen ☐ Albuterol Inhaler ☐ Seizure Medication ☐ Diabetic Medications ☐ Prescribed Medication: _____ Dosage: _____ Time Given: _____

Medication: _____ Dosage: _____ Time Given: _____

Medication: _____ Dosage: _____ Time Given: _____

**Bering Strait School District
HEALTH HISTORY FORM (CONTINUED)**

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT, PRESCHOOL, KINDERGARTEN OR AS NEEDED FOR OTHER GRADES TO UPDATE NEW/EXISTING HEALTH CONCERNS.

MY CHILD WILL REQUIRE THE FOLLOWING PLAN OR TREATMENT AT SCHOOL: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergy Action Plan | <input type="checkbox"/> Asthma Action Plan | <input type="checkbox"/> Seizure Action Plan |
| <input type="checkbox"/> Diabetic Care Plan | <input type="checkbox"/> Other treatment required | <input type="checkbox"/> NONE |

ACTION PLAN:

PARENT ACKNOWLEDGEMENT

The school principal must be notified if any medications need to be given during the school day. State law requires written authorization from a health care provider and parent before any prescription medication can be given at school, including self-carry medication. Medication(s) must be delivered to the school by a parent/guardian in a pharmacy labeled container. Homeopathic and herbal remedies cannot be given at school.

My signature below is acknowledgement that the information provided is current and correct. I have reviewed the health history form and understand that it is my responsibility to notify the school when my child's health information has changed.

PARENT/GUARDIAN NAME (PRINTED)	RELATIONSHIP TO CHILD	TELEPHONE NUMBER

PARENT/GUARDIAN (SIGNATURE)	DATE

Income Declaration for Title I & E-rate 2022-2023

Bering Strait School District
PO Box 225
Unalakleet, AK 99684

Dear Parent,

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-A, and may be used to qualify for additional grants. (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals, but does **not** determine Free and Reduced Lunch eligibility.)

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

Yearly Income

<input type="checkbox"/> \$28,860 or less
<input type="checkbox"/> \$28,861-\$39,091
<input type="checkbox"/> \$39,092-49,321
<input type="checkbox"/> \$49,322-\$59,552
<input type="checkbox"/> \$59,553-\$69,782
<input type="checkbox"/> \$69,783-80,013
<input type="checkbox"/> \$80,014-\$90,243
<input type="checkbox"/> \$90,244-\$100,474
<input type="checkbox"/> more that \$100,475

Number of people who live in your household: _____

Physical Address: _____

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

Name (Last, First)	Grade	School

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

Survey Administration Release Form

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 Bering Strait School District encourages you to review at that time the survey for content and appropriateness.

Currently, the Bering Strait School District is planning implementation of the following surveys during the 2022-2023 school year. Notification of any additional survey instruments will be given as soon as possible.

- Educational Technology Usage Survey
- AASB Climate Survey
- Youth Risk Behavior Survey
- Student Surveys on District Educational Programs
- Seasonal Work Questionnaire (Migrant Education)
- Life Track Graduation Survey
- Permission to Videotape (Teacher Performance Review)

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

Name of Student: _____

Grade of Student during the 2022-2023 school year: _____

Printed Name of Parent/Legal Guardian: _____

Signature: _____

() I give my approval to administer surveys to my child this year. I understand that I may review the survey to be given no less than 2 weeks prior to administration, and I may remove my child at that time if I wish.

() I do not give my approval to administer any survey to my child during the 2022-2023 school year.

BSSD

Bering Strait School District
PO Box 225
Unalakleet, Alaska 99684
907-624-3611
Fax: 907-624-3447

STUDENT RECORDS REQUEST

Date: _____

In order for our school to better provide the academic requirement set forth by our district and the State we need the historical information described below for the following student(s).

Name of Student(s)	Birth Date	Grade	AK Student ID #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please forward the following information for the above-named student(s).

_____ Complete Transcript with Grades to Date	_____ Health Card
_____ Psychological Records	_____ Test Scores
_____ Special Education Records	_____ Discipline Records
_____ Migrant Education Information	_____ ELL status/records
_____ Suspension/expulsion information	

The student(s) last attended your school on _____

For our records (copy in student folder) this request was sent to:

School _____

Address _____
City State Zip

Please return the above information to:

BSSD School Name: _____

Address: _____
City State Zip

Signature of School Official

Date

Position

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

Bering Strait School District

Photo/Video Release Form

Dear Parent/Guardian:

Throughout the school year, there may be times when Bering Strait School District (BSSD) staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a way that would individually identify a specific student.

I, Parent/Guardian of _____, grant unto my child's school and to the Bering Strait School District the permission to use my child's photographs and/or videotaped image for the purposes mentioned above. I understand and agree that BSSD may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing.

Furthermore, I hereby consent that such photographs, films, recordings, projects, and tapes are the property of the school, and they shall have the right to distribute, duplicate, reproduce, and make other uses of such photographs, films, recordings, projects, and tapes as they desire free and clear of any claim whatsoever on my part.

Please check the appropriate box:

☐ **I DO** give my permission to you to include my child's image on videotape or photos as he or she participates in class conducted at Bering Strait Schools.

☐ **I DO NOT** give my permission to videotape my child or to reproduce materials that my child may produce as part of classroom activities.

Signature of Parent/Guardian: _____

Date: _____

BSSD World Wide Web Permission to Publish Form



Dear Parents/Guardians;

As part of your son's/daughter's educational program, (s)he will have the opportunity to publish documents and projects on the World Wide Web (WWW). These documents might include a personal home page, a story or poem, a graphic, a science or research project, or a collaborative project with other students locally or internationally. Individuals with Internet access around the world will be able to view and possibly respond to your child's work by electronic mail. We think this is an exciting and enriching opportunity for our students.

We will publish these documents only with your written permission. Please consider the following options, then sign and return this form to your child's teacher. Thank you for your cooperation.

BSSD Guidelines:

- * Published documents may not include a child's phone number, street address or box number, or names of other family members;
- * Documents may not include any information which indicates the physical location of a student at a given time other than attendance at a particular school or participation in school activities;
- * Documents may not contain objectional material or point directly or indirectly to objectional material;
- * Documents must conform to school board policies and established school guidelines.

Additionally, documents must be edited and approved by a referring teacher and school principal before publication.

Parent/Guardian Permission:

I grant permission for my son/daughter, _____, to publish documents on the World Wide Web as described above, including the following: (initial all that apply)

First Name

Last Name

Photograph

Return e-mail address

I grant permission for my son/daughter, _____, to publish documents as described above.

Parent/Guardian signature: _____

Date: _____

Bering Strait School District Internet and Electronic Mail Student Agreement



Dear Parent or Guardian,

We are pleased to be able to offer students in the Bering Strait School District access to the District computer network for electronic mail and Internet access. To obtain an electronic mail account and Internet access, all students must obtain parental permission and must sign and return this form to the school office.

Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Students will also be able to view the work of other students across the world and participate in cooperative projects, while providing the possible opportunity to post their own work or projects for others to see.

District Internet and E-Mail Rights and Responsibilities

Internet access and e-mail usage is a privilege not a right, therefore students are ultimately responsible for proper behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school and district rules for behavior and communications apply. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required and students who do not have such permission are responsible for not accessing the Internet at school. Access is a privilege, not a right.

Access entails responsibility. Individual users of the District computer networks are responsible for their behavior and communications over those networks. It is expected that users will comply with District standards and will honor the agreements they have signed. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on District servers will always be private. Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students to appropriate materials.

The following are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or attacking others
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work or files
- Employing the network for commercial purposes
- Deliberate damage to hardware or software
- Use of District computers for illegal activities

Violations may result in a loss of access as well as other disciplinary or legal action.

User Agreement/Parent Permission Student Form

Please return this page to the school

The Bering Strait School District is not liable for any harm or injury that a user may suffer as a consequence of any inaccurate information the user may obtain through the Internet and Electronic Mail Services. By entering into this User Agreement, the user agrees to be bound by this release of liability and waives any and all rights to assert claims which may arise due to use of these electronic services.

(6 AAC 96.400-.420)

As a user of the Bering Strait School District computer network, I hereby agree to comply with the rules stated on the reverse side of this form regarding communications over the network, while honoring all relevant laws and restrictions.

STUDENT

Student Name (Print): _____

School/Location: _____

Student Signature: _____

Date: _____

As a parent or legal guardian of the minor student signing above, I grant permission for my student to access networked computer services such as electronic mail and the Internet. I recognize it is impossible for the Bering Strait School District to restrict access to all controversial materials. I hereby give permission for my child to access the Internet and to publish information on web pages (except for home addresses and phone numbers) and certify that the information contained on this form is correct. This permission shall be in effect as long as this student is enrolled in the Bering Strait School District. I may at any time revoke this permission by notifying the student's school in writing.

PARENT OR GUARDIAN

Parent/Guardian Name(Print): _____

Parent/Guardian Signature: _____

Date: _____