



Chatham School District

STUDENT REGISTRATION PACKET
2022-2023

CHATHAM SCHOOL DISTRICT

Angoon Gustavus Klukwan Tenakee Springs



New Student Registration Form

STUDENT INFORMATION:

First Name _____ Middle _____ Last Name _____
Preferred Name _____ Gender _____ Home Language _____
DOB _____ Birth Place _____ Grade _____
Race: American Indian/Alaska Native Asian Black/African American White Native
Hawaiian/Pacific Islander Other
Ethnicity: Hispanic/Latino Not Hispanic/Latino

Address where student resides: _____ Mailing Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____
Internet Access? Y N

PARENT/GUARDIAN INFORMATION:

Name _____ Relationship _____ Employer _____
Work Phone _____ Cell Phone _____ Home Phone _____
Daytime Email _____

Name _____ Relationship _____ Employer _____
Work Phone _____ Cell Phone _____ Home Phone _____
Daytime Email _____

EMERGENCY CONTACTS:

Name _____ Relationship _____ Employer _____
Work Phone _____ Cell Phone _____ Home Phone _____
Daytime Email _____

Name _____ Relationship _____ Employer _____
Work Phone _____ Cell Phone _____ Home Phone _____
Daytime Email _____

EMERGENCY MEDICAL INFORMATION:

Allergies: _____
Diagnosed Medical Conditions: _____

New Student Registration Form

CHATHAM SCHOOL DISTRICT

Angoon Gustavus Klukwan Tenakee Springs

SIBLING INFORMATION:

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

ADDITIONAL STUDENT INFORMATION:

Parent/Guardian Signature _____ **Date** _____ **Office**

Use Only:

Residency Verified _____ *Birth Record Received* _____
Immunization _____ *Record*
Received _____ *Prior School Records*
Request Received _____

New Student Registration Form

Chatham school District

P.O. BOX 109

Angoon, AK 99820



HEALTH CARE EMERGENCIES

Parents / Guardians

If an accident or illness occurs, the Chatham School District will attempt to notify the parent/guardian. If we cannot reach you, we will attempt to notify the alternate emergency contact that you provide. However, please complete the following Authorization for Emergency Medical Treatment. This authorization can be used to obtain emergency medical care for your child in the even you cannot be reached.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____ parent/guardian of _____
Consent to emergency transportation, medical treatment, care or hospitalization as deemed necessary for the welfare of my son/daughter by the local health care provider, in the event an injury or illness occurs while my son/daughter is at school or a school sponsored activity. I understand that the Chatham School District will assume no liability or cost for such emergency transportation and medical treatment.

Parent/Guardian Signature Date

Public Health Nurse Visits to the school

Parents/Guardian

By signing this below you do hereby agree to allow the public health nurse to give your child any/all routine immunizations and hearing or eye tests.

Yes I give permission

No I do not give permission

Parent/Guardian Signature Date
Chatham School District

Permission to Publish

Dear parent/guardians:

As part of your son/daughter educational program, (s)he will have the opportunity to publish documents and projects on the World Wide Web. These documents might include a personal home page, a story or poem, a graphic, a science or research project, a group photograph from an activity or club, 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. To see examples of work that is already published on the World Wide Web, ask your child's teacher. Thank you for your cooperation,

Chatham School District 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 objectionable material or point directly or indirectly to objectionable material;
- Documents must conform to school board policies and established school guidelines,

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

Parent/Guardian Permission: Please check how you want your child information to be shown on the World Wide Web as described above:

First Name

Last Name

Photograph

Return email address

(Please circle)

I DO/NOT grant permission to publish documents as described above.

_ Parent/Guardian Signature Date

Chatham School District

At times and for various classes throughout the year, students will take field trips. These trips may involve travel on foot, by boat, plane or automobile. Students should come to school dressed appropriately for the weather because trips may be on short notice. These trips will, of course be intended to enrich your student's learning experience and will align with state curriculum standards.

I, _____ do hereby, give my permission for _____ To
attend any school field trips this school year.

Parent/Guardian Signature Date

Chatham School District

P.O. BOX 109

Angeon, AK 99820

(907) 788-3302 Phone (907) 788-3252 Fax



AUTHORIZATION TO RELEASE OFFICIAL EDUCATION RECORDS

Date ____/____/____

To: _____

Student's Name _____

Birthdate _____

Please release courses, grades, attendance records, standardized test results, teacher evaluations, pertinent medical, psychiatric, psychological, and special education records which may be helpful in planning and implementing the above student's school program.

I, the undersigned, give permission for the release of information as designated above. I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party.

Information to be released to:

Signature, Parent/Legal Guardian Date

NOTICE: This document is to be reviewed by only the individual or entity to whom it is addressed. This document may contain confidential and/or personal information protected by the State and Federal regulations. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document, is strictly prohibited by Federal confidentiality rules (42 C.F.R. Part 2). If you have received this document in error, please notify the sender immediately. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R Part 2 and HIPPA). The Federal rules prohibit you from making any further disclosure of this information.

Chatham School District
Chatham School District
P.O. Box 109
Angoon, AK 99820
(907) 788-3302 Phone (907) 788-3252 Fax

RELEASE AND DISCLOSURE

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires the District, with certain exceptions, to obtain your consent prior to disclosing personal information from your student's education records. The law recognizes that schools often desire to publish student information, for example, to recognize students through awards or athletic programs. Additionally, outside organizations such as colleges, legislators, the military, and vendors for items such as photographs, or class rings, often seek contact information for students. To meet this need, FERPA allows the District to designate as "directory information" any personally identifiable information in a student's education records that would not generally be considered harmful or an invasion of privacy if disclosed. School officials may release directory information about a student without first obtaining parental consent, unless you object by returning this form.

The District has identified the following information as directory information: student name, address, telephone number, date and place of birth, major field of student, dates of attendance, degrees and awards received, name of school most recently attended, participation in officially recognized activities and sports.

In two instances, the District is required by law to release certain contact information regarding junior and senior high school students, unless you object. First, the District is required to provide to the University of Alaska the names and addresses of those students eligible for UA scholarship programs. Second, upon receiving a request from military recruiters and or institutions of higher learning, the District must provide names, addresses, and telephone listings.

If you do not want the District to disclose directory information from your student's education records during the current school year, you must notify the District in writing, by returning this form. If you have no objections to the release of directory information, you do not need to take any action.

Thank you for your cooperation.

☐

I do not give permission for the release of directory information regarding my child. (for parents of junior and senior high school students, this form also prevents release of phone numbers and other contact information to military recruiters and/or postsecondary educational institutions).

Chatham School District
P.O. Box 109
Angoon, AK 99820
(907) 788-3302 (907) 788-3252 FAX

MIGRANT EDUCATION PARENT QUESTIONNAIRE

SERVICES OFFERED THROUGH MIGRANT EDUCATION:

FREE LUNCH SUMMER PROGRAMS
AIDES IN CLASSROOMS TECHNOLOGY STAFF DEVELOPMENT SERVICES FREE BOOKS FOR
STUDENTS CAREER PATHWAYS SPECIALIST SERVICES

Village_____

Name of
Family_____ (Last
Name) (First Name)

Do you commercial fish? Yes_____ No_____
Did you harvest whale, seal or walrus? Yes_____ No_____
Is this a principal means of livelihood? Yes_____ No_____

Did you travel twenty miles or more from your home or across the School District boundary to
harvest fish, whale, seal or walrus within the last 3 months? Yes_____ No_____

If so, where? From_____ To_____
(your home) (camp site)

When you went fishing did you stay out at least 1 night? Yes_____ No_____

List children's names that went fishing with you or with a family member or guardian. Also. List
any children who went fishing with you who are not in school (any child between the ages 0
and 21 who have not graduated or received their GED).

1. _____ 5. _____

—

2. _____ 6. _____

—
3. _____ 7. _____

—
4. _____ 8. _____

—

Chatham School District

Income Declaration for Title I & E-rate 2021-2022

Chatham School District
P.O.BOX 109, Angoon, AK 99820

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).

\$29,767 or less
\$29,768 – \$40,275
\$40,276 – \$50,783
\$50,784 – \$61,291
\$61,292 – \$71,799
\$71,800 – \$82,307
\$82,308 – \$92,815
\$92,816 – \$103,323
more than \$103,324

Number of people who live in your household: _____

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.

Please return this survey with the registration packet.

Thank you.

OMB Control No. 1810-0021 (Exp. 04/30/2023)

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 Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If 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

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the

Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the

State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements

described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any

purpose; (4) An Eskimo, 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 on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district.

Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only

one name is needed for this section, even though multiple persons may have tribal membership. Select only one

identifier: the child, child's parent or grandparent, for whom you can provide membership

information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe

or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of

Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit

verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State

Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of

membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and

email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy

of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to

respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB

control number for this information collection is 1810-0021. The time required to complete this portion of the

information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335
Chatham School District

ACCEPTABLE USE POLICY FOR DISTRICT STUDENTS

Introduction

On the school network and on the internet, you may participate in a variety of activities that support learning. With access to other networks and people around the world, you may have access to inappropriate information. However, we cannot control all the information available on the internet. The district is not responsible for other people's actions or the quality or content of information available through this service. We trust our students to know what is appropriate and what is inappropriate.

The following guidelines are intended to help you use the network appropriately. If you do not follow our use policies listed here, your privilege of using the network may be withdrawn. Failure to follow these rules may also result in other forms of discipline.

Your Use is not Private

School computers are the property of the district. You should not expect that your use is private or that files stored on the system are private. Your teacher or other authorized school employees, may, at any time, review the subject, content, and appropriateness of electronic access, communications, or other computer files, and remove them if warranted, reporting any violations of rules to the school administrator or law enforcement officials.

User Agreement

The use of school and district networks must be in support of education, research, and the educational goals of the Chatham School District. You are personally responsible for this provision at all times when using building or district networks.

- The use of another organization's networks or computing resources must comply with these rules as well as rules appropriate to that network.
- Transmission of any material in violation of School Board policies and Federal, state, or local laws is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret.
- All sites containing sexually explicit material-materials and showing male or female nudity are off limits to students.
- The school district will not be responsible for any unauthorized charges or fees resulting from access to computer networks.

Be familiar with these rules and how to use the internet before getting on line. If you have any questions about these rules please ask your teacher. Be aware that the inappropriate use of electronic information resources can be a violation of school rules, local, state, and federal laws and that you can be prosecuted for violating those laws.

Chatham School District

Network Etiquette and Privacy

You are expected to abide by the generally accepted rules of the network etiquette. These rules

include but are not limited to:

- **BE POLITE:** Never send or encourage others to send, inappropriate or abusive material.
- **USE APPROPRIATE LANGUAGE:** You are a representative of your school and your district on a public system. Never swear, use vulgarities, or any other inappropriate language.
- **PRIVACY:** Do not reveal the addresses or phone numbers of friends or colleagues without written permission.
- **DISRUPTIONS:** Do not use the network in any way that would disrupt the use of the network by others. Do not damage hardware or software.
- **REPRESENTATIONS:** Do not originate anonymous messages or represent a message to have been authored by another. All correspondence should be clearly identifiable as to its originator. Any transmission or use which had the purpose or effect of promoting hatred or harassment is prohibited.

SECURITY

If you identify a security problem in the building or district network, notify the system administrator at once. Never demonstrate a problem to other users. Never use another individual's account. Never tell anyone your password. Any user identified as a security risk will be denied access to the network, and may be liable for disciplinary action or prosecution.

VANDALISM

Vandalism is defined as any malicious attempt to physically deface, disable, or destroy computers, peripherals, or other network hardware or to harm or destroy data of another user or any other agencies or networks that are connected to the system. Any vandalism will result in loss of network privileges, disciplinary action, or possible legal referral.

ACCEPTANCE

I have read the Chatham School District Acceptable Use Policy for Building and District Networks for Students. I agree to follow these rules and use school and district networks in an appropriate manner.

I understand that determined user may be able to access services and communicate with people on the internet that the district has not authorized for educational purposes. I also acknowledge that students may intentionally or unintentionally gain access to information and communications that they or I find inappropriate, offensive, controversial, or otherwise objectionable. I understand that by authorizing my student's use of the internet, I assume these risks. I approve of my child's participation in network activities.

By signing this I agree to all of the above.

Signature Date _____ **Parent/Guardian**