

P.O. Box 108, 1976 Aurora Dr., Glennallen, AK 99588

Enrollment Checklist & Signature Verification Form

# Parent or Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**School: \_\_\_\_**GES \_\_\_\_GMHS \_\_\_\_KLS \_\_\_\_Slana

# Student being enrolled name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_

We are excited that you are enrolling your student in our school district. Please verify that you have completed and submitted copies of each of the following forms.

❏ Student Enrollment Form

❏ Student Records Request Form (Transfer Students Only)

❏ Parental Concerns Form

❏ Authorization for Emergency Medical Treatment

❏ Home Language Survey

❏ Free and Reduced Price School Meal Application (online at crsd.us)

❏ Title VI Student Eligibility Certification

❏ Copy of Birth Certificate

❏ Copy of Immunization Records

❏ Migrant Education Program Eligibility Survey

Please sign below, and return to your child’s school. Your signature below verifies that you have read and fully understand the information in all enrollment documents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Parent/Guardian Signature Date

\*If needed, please contact your child’s school for a paper copy.