

Aleutians East Borough School District

School:			Enrollment Date:				
Student Name	Last	First	MI	State ID Number	Most Recent School Attended	Dates	Grade Completed
				Office Use			
Mailing Address	Street	City	State	Zip	Impact Aid Address		
				Office Use			
Home phone: _____		Grade Level: _____		Brothers/Sisters _____		Grade Level: _____	
Age: _____		Gender: _____		_____		_____	
Date of Birth: _____		Ethnicity (optional)		_____		_____	
_____		_____		_____		_____	
Father (Last, First)	Last	First	Mother (Last, First)		Last	First	
Father's Day Phone _____				Mother's Day Phone _____			
Father's Employer _____				Mother's Employer _____			
Father's Home Phone _____				Mother's Home Phone _____			
Email _____				Email _____			
Legal Guardian	Last	First	Legal Guardian		Last	First	
Day phone _____				Day phone _____			
Employer _____				Employer _____			
Home Phone _____				Home Phone _____			
Email _____				Email _____			
Emergency Contact:	Last	First	Relationship	Phone			
Contact #1	_____						
Contact #2	_____						
Medical							
Special Medical Considerations:							
Allergies:							
Immunizations:							
	Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates		Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	MMR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____		Varicella (Chickenpox)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	DPT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____		Hib	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____			