



Kodiak Island Borough School District
AKTEACH School Enrollment Requirements



1. **Student Name:** _____ **Grade:** _____

2. **Last School Attended** – Our staff will request records from your child’s last attended school if applicable. If we do not receive the records or they do not include the needed documents, you will need to submit an official certified copy of your child’s birth certificate and shot records.

School: _____

Address: _____

Phone: _____ **Fax:** _____

3. Other Services

- Does this student have a current IEP? Yes No
- Does this student have a current 504 Plan? Yes No
- Is the student currently receiving Mental Health Counseling Services? Yes No
- Is the student currently a part of an English as a Second Language Program? Yes No
- Is this student currently under the care of the court system? Yes No

4. **Entry Age** – A child five (5) years of age on or before September 1 may be admitted to kindergarten. A child six (6) years of age on or before September 1 may be admitted to first grade. The Superintendent is delegated authority to make early-entrance determinations. Students under school age who were previously enrolled in a public school shall be admitted to school at the grade level determined by the Superintendent of designee. (BP 5111/AS 14.03.080)

5. **Birth Certificate** – An official certified copy, or passport, is required. If you do not have your child’s birth certificate or you are unable to locate it, please call your previous school and have a copy faxed to our school.

6. **Shot Records or Medical/Religious Exemption Forms** – All children admitted to school are required to have an immunization record upon entry. The school nurse will review your shot record to check for compliance with Alaska State Law. If you are missing immunizations, they need to be completed before your child may attend school. No Shots, No School. If student does not get immunizations for religious or medical reasons (Please take note of the following new information: As of July 1, 2013 Alaska State Law will require the use of a new Religious Exemption Form. *This form will need to be notarized and renewed each school year.*)

Parent Name: _____

Parent Signature: _____ Date: _____



AKTEACH

722 MILL BAY ROAD, KODIAK, AK 99615

STUDENT WORK AND PHOTO RELEASE FORM

AKTEACH would like to share newsworthy and notable events that happen in our schools' and our students' performance. We like to publish student's art, literary, and audio/video productions which may include your child's photograph or video including your child. Various types of student work or photos are used in the following media:

- School website
- Local newspapers
- School newsletters
- Brochures/flyers

When using student's names, it is our general practice to use first names only. In the event where two or more students have the same first name, the student's first name and the initial of their last name will be used. In order to protect our students, AKTEACH **WILL NOT** publish home addresses, telephone numbers, personal email addresses, or any material protected by Federal regulation.

By checking yes below, I understand that I **give AKTEACH permission** to publish images/video of my child or their information/work. I understand that student information/work will not be used if I check No.

Yes _____ No _____

My child's work and image may be displayed on the school website, school newsletter, or local newspaper, brochures/flyers for student's accomplishments/recognitions.

I hereby give AKTEACH permissions listed above and release AKTEACH from any liability resulting from or connected with the publication of my child's work or photograph as outlined above.

Student's Name: _____

Parent's Name: _____

Date: _____

Parent's Signature: _____



Kodiak Island Borough School District
722 Mill Bay Road
Kodiak, AK 99615

ACH PAYMENT AUTHORIZATION FORM
(PLEASE PRINT OR TYPE ALL INFORMATION)

The Kodiak Island Borough School District is pleased to announce that we are now able to offer electronic payment of invoices via ACH. This new payment method will eliminate the issuance of paper checks to your company and allow Kodiak Island Borough School District to transmit payments directly to your bank. If you are interested in participating in this new method, we will need the following information.

Company/Payee Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Remittance Advice to be emailed to: _____

Note: emailed remittances will be sent out (1) business day prior to funds being transferred. If no email address is provided, remittances will be mailed.

Bank Name: _____

Branch Name (optional): _____

ABA/Routing Number (9 digits): _____

Account Number: _____ Type: Checking _____ Savings _____

Account Name: _____

I hereby authorize Kodiak Island Borough School District to automatically deposit payments to the account listed above under the terms and conditions of this Direct Deposit (ACH) authorization form. I certify that I am authorized to enter into this agreement on behalf of the account holder. I verify that the information provided on this form is correct.

Authorized Signature: _____ Date: _____

Title: _____

PLEASE INCLUDE A CURRENT W-9 FORM

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
		-			-					
or										
Employer identification number										
		-								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



SchoolCare Paper Enrollment

(Please fill this out **only** if not completed online)

- ❖ Student: _____ DOB _____
- ❖ Where was your child born? _____
- ❖ Does your child have any allergies?..... Yes No
If yes, what allergies do they have and *what reaction* occurs? _____

- ❖ Does your child need an EpiPen for their allergies? Yes No
- ❖ Does your child have a medical condition? Yes No
If yes, what is their condition? _____

- ❖ Do they need medication for this condition? Yes No
- ❖ Does your child have any diet restrictions? Yes No
If yes, what are they? _____

- ❖ Which of the listed medications may be given to your child by a school nurse, when needed:

Benadryl (Antihistamine)	Yes	No
Hydrocortisone Cream	Yes	No
Ibuprofen	Yes	No
Loratadine (Antihistamine)	Yes	No
Oral Anesthetic Gel	Yes	No

Eye Lubricating Drops	Yes	No
Antibiotic Ointment	Yes	No
Antacid (TUMS)	Yes	No
Acetaminophen (Tylenol)	Yes	No

- ❖ Who is your child’s Primary Health Care Provider?
Provider Name / Clinic _____ Phone #: _____
- ❖ Does your child wear glasses, contacts, or use a hearing aid? Yes No
If yes, which device(s) and how long? _____

Medical Consent:

This health history correctly and accurately reflects the health status of the student named. This student has permission to participate in all KIBSD activities except as noted by me and/or an examining physician. I understand that minor injuries and illnesses will be assessed and treated by the school nurse and that if the nurse is not available, I will be notified by school staff. In an emergency situation, I understand that the school will make every effort to contact the parent/guardian(s) or the parent designated emergency contact person(s). I understand that if contact cannot be made that the school will call Emergency Medical Services and my child will be taken to the Emergency Room for assessment and treatment. I understand the information on this form will be shared on a 'need to know' basis with KIBSD staff. I give permission to photocopy this form.

- ❖ I give consent for my child to receive Emergency Medical Treatment if necessary? ... Yes No
- ❖ I give my permission and authorize school staff to update SchoolCare with this data.

Signature: _____ Date: _____

Print Name: _____ Parent Email: _____

Parent Phone: _____ Relationship to Child: Mother Father Guardian