



Kodiak Island Borough School District AKTEACH School Enrollment Form



1. Student Name: _____ Grade: _____

2. Homeschool Info:

• Have you Homeschooled Before? Yes No

If yes where? _____

• Do you know what Curriculum you plan to use? Yes No

If yes what curriculum are you considering? _____

• Are you considering Duel Enrollment? (this may affect your allotment amount) Yes No

If yes what classes? Homeschool In Person

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. 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 Name: _____

Address: _____

Phone: _____ Fax: _____

4. 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

5. 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)

6. Birth Certificates – 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. If you are transferring within the Kodiak Island Borough School District we can request this from their previous school.

7. 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 Phone Number: _____

Parent Signature: _____ Date: _____



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

