



8100 Arctic Blvd. Anchorage, AK 99518
(907) 522-3636 ALSalaska.org

Homeschool Partnership Program

STUDENT'S Last Name _____ First _____ Middle _____

Nickname _____ Gender: M F Grade Level: K 1 2 3 4 5 6 7 8

Student Home Address: _____

No. & Street Address

City

Zip Code

Home Phone: _____ Place of Birth: _____ Date of Birth: _____

Is Child Baptized? Y N If yes, date: _____

Church Now Attending: _____ Name of Pastor: _____

Parents' Status Married Separated Divorced Single Parent Other: _____

Student Lives With Both Parents Mother only Father only Joint Custody

Mother & Stepfather Father & Stepmother Other: _____

Is child legally adopted? Y N

Names and ages of siblings living in the home: _____

Names and relation to child of other adults living in the home: _____

MOTHER'S Last Name _____ First Name _____ Living? Y N

Residential Address (if different from child) _____

Mailing Address (if different from residential) _____

Cell Phone _____ Email Address _____

Work Phone (if applicable) _____ Occupation _____

Home Phone (if different from child) _____

If Divorced and applicable, Current Spouse's Name _____

FATHER'S Last Name _____ First Name _____ Living? Y N

Residential Address (if different from child) _____

Mailing Address (if different from residential) _____

Cell Phone _____ Email Address _____

Work Phone (if applicable) _____ Occupation _____

Home Phone (if different from child) _____

If Divorced and applicable, Current Spouse's Name _____

EMERGENCY CONTACTS (Other than parents)

Name(s)	Relationship to Student	Cell Phone	Work or Home Phone (circle one)
1. _____			W H
2. _____			W H
3. _____			W H
4. _____			W H

If there is information of which the school should be made aware concerning an individual who is not to be in contact with or picking up your child (i.e. custody issues), please indicate that information here, and attach legal documentation:

Name	Relationship to Student	Reason
_____	_____	_____

PLEASE COMPLETE THE QUESTIONS BELOW

How did you learn about our school? (List as many ways as applicable.) _____

Does your child have any physical challenges (allergies, handicaps, etc.)? Y N If yes, explain fully: _____

Describe your child's social skills and his/her ability to relate to other children and adults: _____

PROGRAM SELECTION

Programs You Are Choosing for Your Child: Art Music P.E. Band Spanish

Enrolling in any of these programs also includes your child in the opportunity to attend class field trips, class parties, school assemblies, and school extracurricular activities. Extra fees apply to some of these activities.

Please initial to acknowledge and accept each of the statements below:

- Anchor Lutheran School welcomes all applicants and admits students of any gender, race, color, national and ethnic origin, age, or handicap to all rights, privileges, programs and activities accorded or made available to students at our school. We do not discriminate on the basis of gender, color, race, national and ethnic origin, age, or handicap in the administration of our educational policies, scholarship and financial aid programs, or athletic and other school-administered programs. _____ (Parent Initials).
- The Alaska Office of Children's Services has the authority to interview children or staff, and to inspect and audit child or childcare records, without prior consent. _____ (Parent Initials).
- Consent is given to ALS to use images/video of my child for release to the newspaper for stories about the school, for other media releases, posting on bulletin boards, school promotional purposes, etc. _____ (Parent Initials).

Parent Signature _____ Date _____