

**Bristol Bay Borough School District
Registration for Returning Students**

Parent/Guardian: _____ Relationship to Student: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Hm/Wk Ph# _____ Cell Ph# _____

Email Address: _____ Hm/Wk Ph# _____ Cell Ph# _____

Student Full Legal Name

Date of Birth Grade

Ethnicity

(Please Circle the most appropriate designation)

			1. Caucasian 2. African American 3. Hispanic 4. Asian 5. American Indian 6. Alaska Native 7. Mixed Ethnicity (not Hispanic) 8. Native Hawaiian or Pacific Islander
			1. Caucasian 2. African American 3. Hispanic 4. Asian 5. American Indian 6. Alaska Native 7. Mixed Ethnicity (not Hispanic) 8. Native Hawaiian or Pacific Islander
			1. Caucasian 2. African American 3. Hispanic 4. Asian 5. American Indian 6. Alaska Native 7. Mixed Ethnicity (not Hispanic) 8. Native Hawaiian or Pacific Islander
			1. Caucasian 2. African American 3. Hispanic 4. Asian 5. American Indian 6. Alaska Native 7. Mixed Ethnicity (not Hispanic) 8. Native Hawaiian or Pacific Islander

Emergency Contact: _____ Phone# _____

Health:

Please list below any health conditions that the school needs to be aware of:

Emergency Treatment:

I do ___ do not ___ (check one) give my permission in case of emergency to have him/her treated at the local authority. Parents will be notified if at all possible prior to treatment.

Please select one of the following: Camai _____ Health Aide _____

Parental Consent to Publish Childs Name and/or Photograph:

As a parent or legal guardian of the above named child,

I do ___ do not ___ (check one) give Bristol Bay School District permission to publish the name and or photography of my child in any school publication. Examples include but are not limited to the following: Yearbook, news letters and posters.

Off Campus Consent for High School Students ONLY: I do _____ I do not _____

I give authorization to Bristol Bay Borough School to allow my child to leave the school grounds during their lunch. I release Bristol Bay Borough School from all liability for personal injury that my child might sustain during the time he/she is off school grounds. I understand the District has no responsibility to supervise my child once he/she is off school grounds.

Migrant Education Program: Does your family participate in commercial or subsistence fish in the Bristol Bay Region? If so you may be eligible for the federally funded Migrant Education Program. Please check YES _____ NO _____

Parent/Guardian Signature: _____ Date: _____