

Anchorage School District

Add Contact Form

	CONTACT A	CONTACT B
Title (check one):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Contact full name (last, first):		
Type of contact:	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Relationship to student:	Check only one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other _____	Check only one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other _____
Contact lives with student: (No. & Street name) (City, State, Zip + 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residence address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, or if Co-custody, residence address: _____
Active Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, print: Rank: _____ Branch of Service: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, print: Rank: _____ Branch of Service: _____
Name of Federal Property (e.g. military base, BLM, ANSCA, Court House, pump station, mine)		
Contact employer name:		
Contact work address: (Required if on a Federal Property)		
	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Contact home phone #:	()	()
Contact cell phone #:	()	()
Contact work phone #:	()	()
Contact primary language:		
Contact email address:		
Contact needs access to the following student records:	<input type="checkbox"/> Emergency Release Contact <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Web Access (ParentConnection)	<input type="checkbox"/> Emergency Release Contact <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Web Access (ParentConnection)
Report Card: Should contact receive a paper copy or view on ParentConnection site?	<input type="checkbox"/> Printed or <input type="checkbox"/> View on ParentConnection	<input type="checkbox"/> Printed or <input type="checkbox"/> View on ParentConnection

Student Name: _____