Klawock City School District

Back to School Information

2026-2027 REGISTRATION PACKETS WILL BE IN THE MAILED MID-AUGUST

SCHOOL STARTS
August 26th, 2026

Please email: secretary@klawockschool.com with anyquestions

KLAWOCK SCHOOL SUPPLIES LISTS

2026-2027

KINDERGARTEN

	4 glue sticks		1 glue bottle
	12 pencils		1 pencil box
	Crayons		Scissors
	PE/Gym shoes		
	Healthy snacks to be shared with the class		

1ST GRADE

	4 glue sticks		2 erasers
	1 box of crayons		1 pencil box
	Scissors		PE/Gym Shoes
	1 pkg loose leaf paper		
	2 spiral notebooks		
	Healthy snacks to be shared with the class		

2ND GRADE

Please put names on ALL Supplies

	Colored markers		Colored pencils
	Scissors		PE/Gym Shoes
	4-5 dozen pencils (1 doz for each quarter)		
	4 large glue stisk or 1 bottle of glue		
	2 spiral notebooks		
	2-4 large pink erasers		

3RD GRADE

Please put names on ALL Supplies

	Colored markers		Colored pencils
	Scissors		PE/Gym Shoes
	Colored Markers		
	colored pencils or crayons		
	4-5 dozen pencils (1 doz for each quarter)		
	backpack		

4TH & 5TH GRADE

	1-2 folders
	1 set of colored markers
	1 pink eraser
	1 dry erase marker
	5-10 pencils
	PE/Gym Shoes

MIDDLE SCHOOL

	2 black sharpies		markers
	water bottle		scissors
	5 pens (blue or black ink)		
	3 spiral notebooks		
	colored pencils		PE/Gym Shoes
	10-12 pencils (mechanicals or wooden)		

*Subject to change

New Student Check List

(Must be provided with registration)

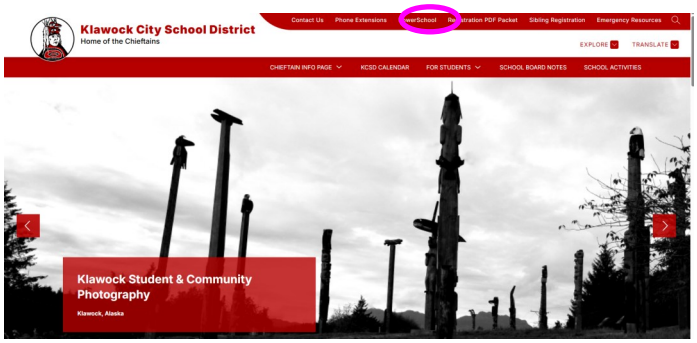
- ❑ Birth Certificate
- ❑ Immunizations

PowerSchool
PARENT & STUDENT PORTAL

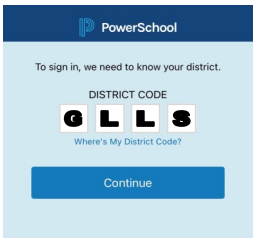
What is PowerSchool?

PowerSchool is the administrative system that Klawock City School District uses for attendance, grades, student demographics, enrollment and more.

Parents are encouraged to have their own account to track their students performance including checking grades, attendance, and assignments



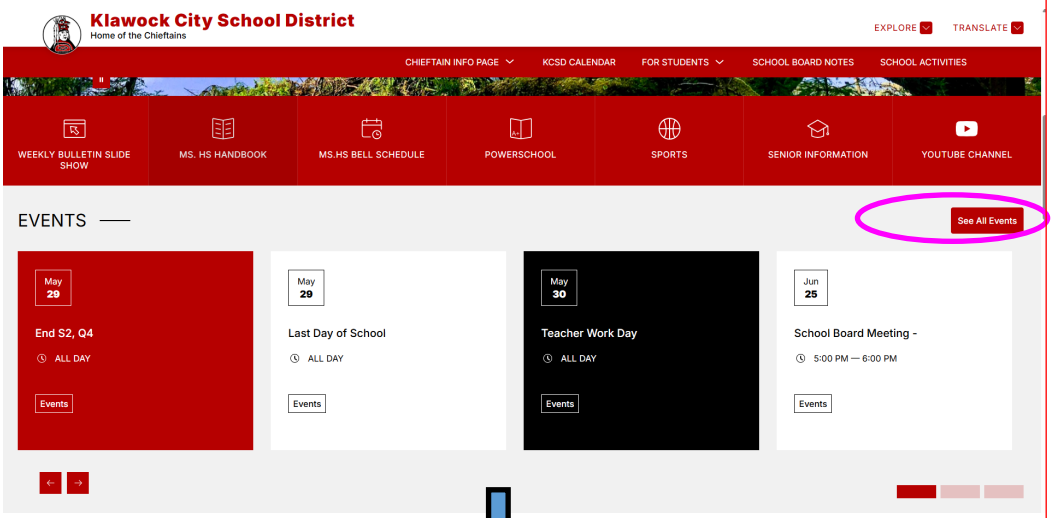
You can access PowerSchool from our website: klawockschool.com

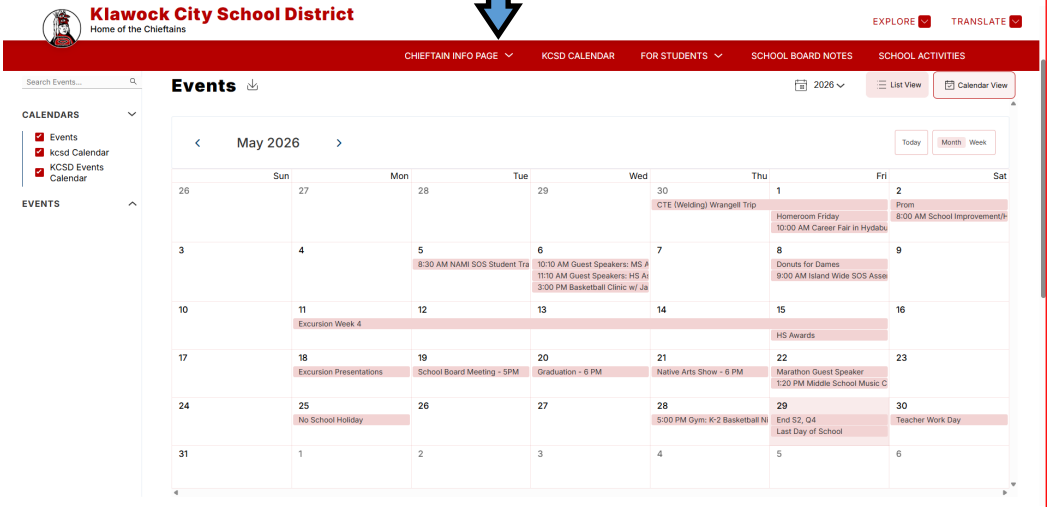


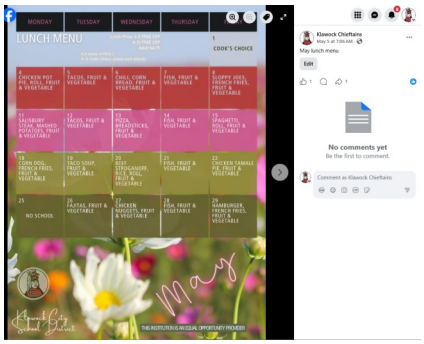
Download the app for Android or iPhone users

Use the school code or by click "Where's My District Code?"

Stay in the know, with access to our school calendar www.klawockschool.com







Lunch Menu:

Menus are texted out to parent/guardian(s),

also found on Klawock Chieftains Facebook as well

Klawock City School District

P.O. Box 9 Klawock, AK 99925 Phone(907)755-2220 Fax (907)755-2913

Rebecca F. Stallworth
Superintendent

Chase Cantrell
K-12 Principal

Dear Klawock School District Families,

In compliance with the Alaska Safe Children's Act of 2017, our School Based Clinician, Edward McCarthy, will be working with our students on the topic of Personal Safety. These lessons comply with Alaska Statute **14.30.355 Sexual Abuse & Sexual Assault Awareness & Prevention**, which provides for the teaching of safety topics to K-12 students yearly.

This will be taught throughout the school year by a Licensed Professional Counselor, using a District and State of Alaska approved curriculum from the nationally recognized curriculum developer; Committee for Children.

Specific topics include:

- General safety
- Touching safety
- Assertiveness skills

The curriculum distinguishes between safe, unsafe, and unwanted touch. It covers rules about touching private parts of the body. The curriculum does not specifically identify male or female body parts, but refers to private parts of the body as those "covered by a swimsuit". Our School Based Clinician has 14 years of experience working with children and families, promoting health, safety and advocacy and is highly qualified to teach it to our students in a caring and sensitive manner.

If you have any questions about the upcoming lessons, please contact Edward McCarthy at edward.mccarthy@klawockschool.com. If you DO NOT want your child to participate in these lessons, Alaska law allows for a written opt-out procedure, so please send me and our principal a written request for opt out via email or hard copy.

Sincerely,

Edward W. McCarthy IV, LPC

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KLAWOCK CITY SCHOOL DISTRICT
2026-2027 ENROLLMENT FORM

PO Box 9
Klawock, AK 99925
(907)755-2220

Office use only

Student #	Grade	Enter Date	Sibling ☐

STUDENT INFORMATION:

Student Legal Name: _____ (Legal Last Name), _____ (Legal First Name), _____ (Middle Name) Sex: _____ Gender Identity : _____

***If needed* Name used:** _____ (Last Name), _____ (First Name) Student Cell Phone # _____

May we periodically text the student? ○ Yes ○ No

Date of Birth: _____ **Place of Birth:** _____

Ethnicity & Race: Please answer both questions 1 & 2

1. Ethnicity: Is this student Hispanic or Latino?

○ Yes ○ No

2. Race: Please identify student's race **(check all that apply)**.

☐ Caucasian ☐ Latino/Hispanic ☐ Black or African American
☐ Alaska Native ☐ American Indian ☐ Asian
☐ Hawaiian or Pacific Islander

If not completed by the guardian, the use of observer identification for ethnicity and race is required by federal government.

Military & Race: Check if applicable to parent/guardian.

☐ Not on active duty in any branch of the Armed Forces of the US, AK Nat. Guard, AK Naval Militia or AK State Defense Force this year.

☐ Active US Military, Reserve Forces or Commissioned Corps.

GUARDIAN INFORMATION: Please list legal parents and/or guardians, including step-mother or step-father.

Any person listed on this form in the guardian information section will be given all the rights and responsibilities of a parent or legal guardian, including the ability to create a PowerSchool guardian account. Any person who is a contact but should not be offered parental rights should be listed as an emergency contact in the appropriate section below.

Same as Sibling ☐	Parent/Guardian		*IF NEEDED Parent/Guardian*	
	Parent/Guardian 1	**Parent/Guardian 2**	***Parent/Guardian 3***	***Parent/Guardian 4***
Name	Student Lives with? ☐	Student Lives with? ☐	*Student Lives with?* ☐	*Student Lives with?* ☐
Relationship to Student				
Email				
Home Mailing Address				
Home Physical Address				

Please designate **ONLY TWO** Primary/Home phone numbers for Attendance/Outreach Notifications

Home or Primary phone	000-000-0000 Primary? ☐	000-000-0000 Primary? ☐	*000-000-0000 Primary?* ☐	*000-000-0000 Primary?* ☐

Please designate **ONLY TWO** Text phone numbers for Outreach Notifications

Cell/Text phone	Text? ☐	Text? ☐	*Text?* ☐	*Text?* ☐
Work Phone				
Employer				

EMERGENY OR OTHER CONTACT INFORMATION (*other than Parent/Guardian.* Parent/Guardian are always the first emergency contact.)

1st Contact: _____ Phone: _____ Relationship: _____
2nd Contact: _____ Phone: _____ Relationship: _____
3rd Contact: _____ Phone: _____ Relationship: _____
4th Contact: _____ Phone: _____ Relationship: _____

Other School Age Children Name: _____ Name: _____ Name: _____

PARENT SIGNATURE:

Giving false information can be penalized by law.

X _____ **Date:** _____

Parent/Guardian Signature *required* ***I understand I must notify the school office of any changes to this information***

* IMPORTANT—EVERYONE MUST ANSWER QUESTIONS BELOW *

Student may qualify for the following (*check all that apply*)**:**

JOM / Indian Education: ☐ *(Must provide Tribal Enrollment #, and fill out ED 506 Form)*

Migrant Education: *(See question below)* ☐ **YES** ☐ **NO**

Has your child participated in any type of commercial fishing this past summer? Did your family or any of your children camp for subsistence or commercial fishing purposes this summer

MEDICAL INFORMATION

List any medical conditions of the student: _____

Does this student have any life-threatening food, medication, nut or insect allergies?:_____

Is student currently taking any prescription medications? Please list:_____

Recurring illness of the student (frequent sore throats, colds, etc.):_____

Medication Notice: District personnel shall not dispense or administer any medication to students without prior written authorization by a healthcare provider with written instructions and with written authorization of parents/guardians, except where, in the judgement of medical personnel, emergency provision of medication is necessary to prevent serious harm to the student. The District may decline for administration of medication in certain instances.

Restrictions of Contact and Information (when applicable.)

For KCSD to enforce "no contact" or "no release" orders, court documentation must be provided.

☐ Custody Papers specifying restrictions
☐ Other documentation provided:
☐ Order of protection _____

Name of Person Restricted:_____
Expiration: _____

Do you have internet access?

☐ Fiber
☐ DSL
☐ Microwave
☐ Satellite
☐ Dial Up
☐ Unknown
☐ Personal Hotspot/ Smartphone
☐ Other
☐ NONE

Please describe usual pick-up/drop-off routine:

Please notify school of any changes made

If eligible for district transportation, will student ride the bus?

To be eligible for bus, student's residence or pick-up/drop off location must be 1.5 miles or more away from school, with the exception of Kindergarten students afternoon drop-off.

*If yes, please fill out attached **Bus Request Form** before the first day of school.*

Morning Pick-up: ☐ YES ☐ NO

Afternoon Drop-Off: ☐ YES ☐ NO

Previous School Information

Name_____
Address_____
City_____ State_____ Zip_____
Phone_____ Fax_____

Special Ed at Previous School?	Yes / No
Title 1 at Previous School?	Yes / No
504 at Previous School?	Yes / No

Entry Type (Office Use Only)

❑ Non-enrolled student
❑ Transfer from a public school in a different school district in AK
❑ Transfer from a pubic school in a different state
❑ Transfer from homeschooling
❑ Transfer from private school
❑ Initial entry for school year (new to school)
❑ Returning student

New Student (Office Use Only)

❑ Birth Certificate
❑ Immunizations
❑ Records Request
❑ Transcripts

Klawock City Schools – Computer Use Contract

We are pleased to offer students of Klawock City School District access to the district computer network and the internet. To gain access to the internet, all students under the age of 18 must obtain parental permission and must sign and return this form to the principal's secretary. Parents may request alternative activities for their children that do not require internet access. Any violation of this acceptable use policy may result in loss of network and/or computer privileges, disciplinary action, and/or legal referral.

Access to the internet will enable students to explore thousands of libraries, databases, and bulletin boards throughout the world. Families should be warned that some material accessible via the internet might contain items that are illegal, defamatory, inaccurate, obscene or profane. We currently have in place a commercial quality filtering system that blocks out most of this inappropriate material and can also record where it is being accessed. While our intent is to make the internet access available to further educational goals and objectives, students may find ways to access other materials as well. We believe that the benefits to students from access to the internet in the form of information resources and opportunities for collaboration exceed any disadvantages. It is not practically possible for the District to monitor and endorse a wide range of social values in student use of the internet.

Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Klawock City School District supports and respects each family's right to decide whether or not to apply for access, and we encourage parents to specify to their children what material is and is not acceptable for them to access through the District System.

District Policies:

*Students are responsible for their behavior on school computer networks. Communications on the network are often public in nature. General school rules for behavior and communications apply. (See Klawock Student Handbook)

* The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege – not a right. Access entails responsibility.

*Individual users of the district computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with district standards and will honor the agreements they have signed. Beyond the clarification of such standards, the district is not responsible for restricting, monitoring or controlling the communications of individuals utilizing the network.

*Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain systems integrity and insure that users are using the system responsibly. Users should not expect that files stored on district computers or servers will be private.

*Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility of such guidance as they exercise with information sources such as television, telephones, movies, radio and other potentially offensive media.

Specific Rules:

1. Do not use the internet without direct adult supervision.
2. Do not send or receive personal e-mail during class time.
3. Never send, display, copy or print offensive messages or pictures or use rude, inappropriate or obscene language.
4. Do not damage computers, computer systems or computer networks.
5. Do not violate copyright laws.
6. Do not use another person's password or trespass in another person's folders, work or files.
7. Do not employ the network for commercial purposes.
8. Do not use chat lines, streaming audio or instant message services.
9. Do not use internet e-mail accounts without teacher permission.
10. Do not use software without teacher/ administrative permission.
11. Do not print, download information, graphics, or music from the internet without teacher permission.
12. Do not access, submit, post, publish or display any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material.

Any user determined to be a security risk will be denied access to the network and the internet and may be liable for disciplinary action or prosecution. Violations may result in a loss of access as well as another disciplinary or legal action.

This contract between the Klawock City School District, the student and the student's parent/guardian, must be completed, signed and returned to the office before a student can access the internet from any school computer. Once completed and on file, this contract is valid for the entire school year.

The Klawock City School District makes no warranties of any kind whether expressed or implied for services it is providing. The District will not be responsible for damages you suffer while on the system. These damages include loss of data as a result of delays, non or miss-deliveries, or service interruptions. Use of any information obtained is at your own risk and the school does not guarantee the accuracy of any information. By entering into this Contract, the student and the parent/guardian agrees to be bound by this release of liability and waives any and all rights to assert claims which may arise due to use of these electronic services.

Student Agreement

As a student of the Klawock City School District, I acknowledge that I have read, understand and agree to abide by the procedures, guidelines, rules and regulations as stated in this Internet / Computer Use Contract as well as the Klawock Student Handbook. I further understand, agree and acknowledge that I will be held accountable for actions and will be subject to discipline actions. If I do not abide by this agreement, my access privileges will be revoked and school disciplinary action and/or appropriate legal action may be taken.

Name of Student (please print):

_____

Signature of student: _____ **Date:** _____

Parent/ Guardian Agreement

As a parent(s) / guardian(s), I (we) acknowledge that I (we) have read the Internet / Computer Use Contract and the specific information in the Handbook related to computer / internet use and I (we) grant permission for my (our) child to access networked computer services such as e-mail and the internet. I (we) understand that access is designated for educational purposes and I (we) also recognize it is impossible for Klawock City School District to restrict access to all controversial material and I (we) will not hold them responsible for materials acquired on the network. Further, I (we) accept full responsibility for supervision if and when my child's use is not in a school setting. I (we) hereby give permission to issue an account for my child and certify that the information on this form is correct.

Name of Parent / Guardian (please print):

_____

Signature of Parent / Guardian:

_____ **Date:** _____

Klawock City Schools – Permission

Release of Directory Information (Board Policy 5125.1 a-b)

The Superintendent or designee may authorize the release of student directory information to representatives of the news media, prospective employers or nonprofit organizations. Directory information which school officials may disclose consists of the following: student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, degrees and awards received, and most recent previous school attended. The above student information will be released to the Military upon official written or verbal request per the Federal Elementary and Secondary Education Act (ESEA). Directory information shall not be released regarding any student whose parent / guardian notifies the district in writing that such information may not be disclosed, unless required by state or federal law. Any parents wishing to deny permission for the child's picture or name to be published on the KCSD website are asked to please notify the school in writing.

Field Trip Permission

Klawock City School District

2026—27

Dear Parent / Guardian,

During the course of the school year your child's class will be going on several field trips in connection with their studies. All field trips will be properly supervised.

Each student must have this signed permission form on file with the school office before being allowed to go on any class-connected field trip. Please sign and return this form as soon as possible.

Prior to each field trip your student's teacher will send home a note providing you with information regarding destination, date and time of trip. You may send that note back with your signature if you would prefer your child not attend.

STUDENT'S NAME(S)	**GRADE(S)**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above student(s) has/have my permission to attend planned field trips in connection with class studies while she/he is enrolled at the Klawock School.

I agree that a copy of this permission slip is as valid as the original.

_____ _____

Parent / Guardian Date

PARENTAL RELEASE FORM

FOR STUDENT(S) PARTICIPATING IN ANY SCHOOL SPONSORED ACTIVITY.

The **Klawock City School District** welcomes your child's participation in school sponsored activities. It is necessary, however, for the **Klawock City School District** to have an understanding with you regarding the **Klawock City School District's** responsibility in the event of an accident or illness, involving any participant registered for this activity.

We, therefore, ask you to agree to the following terms and conditions:

I, as a responsible parent or guardian of the participant and for myself agree as follows:

The participant and his/her parent or guardian agree to abide by the rules and regulations established by the **Klawock City School District** for the health, safety, and welfare of the participants.

Klawock City School District shall not be responsible for articles of clothing, personal effects, or other belongings that are lost or damaged by fire, theft, other event participants, staff or volunteers.

The **Klawock City School District** reserves the right to dismiss any participant whose conduct is deemed, as determined by the staff, as being detrimental to other children, staff, volunteers or any aspect of their involvement. **Klawock City School District** reserves the right to cancel the attendance of any participant if that participant is found by the staff to exhibit any physical or emotional condition which would impede their ability to fully participate in the events activities.

I understand and acknowledge that my child's participation carries a risk of injury, including death. I hereby agree to release and hold harmless the **Klawock City School District** and any officers, directors, employees and/or agents of **Klawock City School District** from any claims, costs, expenses (including attorney's fees), and/or damages arising out of my child's participation in this **Klawock City School District** sponsored activity.

I understand that the **Klawock City School District** does not provide accident or dental insurance and that I shall be responsible for any and all medical bills should my child sustain an injury in conjunction with their participation in this activity. In the event that I cannot be reached in any emergency, I hereby grant permission to the physician selected by the **Klawock City School District** to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

I have read the above and agree to all the terms of this agreement including but not limited to that portion which limits the responsibility of the **Klawock City School District**, for any injuries sustained by my child as a result of participation in this **Klawock City School District** sponsored activity.

Parent or Guardian's Name (please print)_____

Relationship to Participant:

Name of Child Participant: _____**Grade**_____

Name of Child Participant: _____**Grade**_____

Name of Child Participant: _____**Grade**_____

Name of Child Participant: _____**Grade**_____

Parent or Guardian's Signature _____**Date:** _____

Approved by (school representative): _____**; Title:**_____

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Dear Parent or Guardian,

Klawock City School District has partnered with SEARCH Dental to provide fluoride varnish application to all students in Klawock City School District.

Fluoride varnish is a topical fluoride treatment that is painted on the teeth to help prevent tooth decay by making the teeth more resistant to decay.

Fluoride Varnish Procedure: A high concentration fluoride varnish is painted directly on the teeth by a certified dental professional. Fluoride application will be provided in the classroom and will be done once every three months during the school year (averages 3 applications total).

Benefits: Fluoride varnish coats the outside of the tooth and is safe and effective for cavity prevention. It can reduce tooth sensitivity and can stop very early tooth decay from progressing.

Cost: This service is provided at no-cost to all students. If resources exist, reimbursement will be attempted whenever possible.

Picture of fluoride varnish being applied to a tooth.



Fluoride varnish application protects teeth from tooth decay but does not completely prevent decay. Fluoride varnish application does not replace a comprehensive dental exam. We recommend your child receive a dental exam once a year and brush their teeth 2 times a day with fluoride toothpaste.

If you have any questions about the fluoride varnish program, please contact Di Thain at the SEARHC Dental P:907-755-4918

SEARHC

Your consent is required for your child to receive fluoride varnish application at Klawock City School District

Child's Name:_____ **Child's Date of Birth:**_____

Mailing Address:_____ **Phone Number:**_____

Please mark:

□ **NO, I DO NOT** give consent for my child to participate.

□ **YES, I DO** give consent for my child to receive fluoride varnish application.

(if yes, please **complete all fields and sign below**)

Health Information

Does your child have any current tooth or dental problems? (if yes, describe) _____

_____

Please list any physical conditions, allergies, illness, or surgeries that the dental staff should be aware of (asthma, recurring illnesses, disabilities, chronic illness, etc.):_____

_____

Billing Information

Does your child have Medicaid/ Denali KidCare? □ No □ Yes, please provide #_____

Does your child have insurance? □ No □ Yes, please provide:

Insurance Information:_____

Insurance holder's first and last name:_____DOB:_____

By signing below, I acknowledge, understand, and give consent for my child to receive fluoride varnish application at Klawock City School District. I hereby authorize any third-party insurance benefits to be paid directly to the Southeast Alaska Regional Health Consortium (SEARHC). I also authorize SEARHC to release to my insurance company, Medicare or Medicaid any information required to process this claim. I am financially responsible for non-covered services.

Parent or Guardian's Name (print):_____

Signature: _____ Date:_____

SEARHC

Klawock School

Bus Request

2026-27

Generally, a student is eligible for bus transportation if their residence or daily drop-off location is 1.5 miles or more from their school.

If you believe your child is eligible for bus transportation, please fill out this form and return to school before Tuesday, August 25th.

Student Name: _____ **Grade:** _____

Parent / Guardian Name: _____

Address: _____ **City:**_____

Home Phone: _____ **Daytime Phone:** _____

Cell Phone: _____

Pick Up Location: _____

Drop off Location: _____

Please Note:

Addresses provided help bus driver determine nearest bus stop location – this does not guarantee home pick-up or drop-off.

_____ _____

Daycare / Person **Telephone Number**

The bus driver will be contacting parents prior to the first day of school to inform of pick-up/drop-off times & locations.

This form needs to be returned with registration packet before August 25th in order for your child to be put on the bus schedule beginning the first day of school, August 26th.
THANK YOU!