Yukon Flats School District
REGISTRATION FORM

☐ New Student

☐ Returning Student

1. Pupil's Name (Last, First Middle) ***Please Print***			2. Social Security Number	3. State Student ID
4. School Enrolling In	5. Grade	6. Date of Birth	7. Age	8. Birthplace (City & State)
9. Grade last attended	10. School last attended (include city & state)			11. Last day of attendance
12. Home Address (mailing)	13. Name of person(s) with whom student lives & relationship			14. Home Phone
15. Father's Name & Address	16. Home Phone		17. Occupation/Employer	18. Business Phone
19. Mother's Name & Address	20. Home Phone		21. Occupation/Employer	22. Business Phone

23. In case parents cannot be reached in an emergency, I request the School Authorities to obtain emergency medical care for the above named child. Yes No (circle one)

Emergency contact name/phone number _____

24. Ethnic Identity (circle one) **Circle One: Male/Female**

Hispanic Black White Asian American Indian Alaska Native

If American Indian or Alaska Native, indicate degree: 1/4 1/2 3/4 4/4

25. Has student been enrolled in the Headstart Program? Yes or No (cirlce one)

26. Please sign below: CONSENT FOR MEDIA RELEASE: _____ yes _____ no

Parent's Signature _____ Email address: _____ Date _____

DO NOT WRITE BELOW THIS LINE - TO BE FILLED OUT BY SCHOOL OFFICIALS

Home Address Description

How was birth certificate verified? (Place a copy in student's file)

Date of Entry	**Type of Entry**

Special Services

___ Special Education ___ Title I

___ Gifted & Talented ___ Migrant

___ Boarding Home ___ Indian Ed.(506 form on file)

Date of Withdrawal or Transfer	**In case of withdrawal or transfer, where did the student go?**

	ON FILE
SHOT RECORDS	
BIRTH CERTIFICATE	

Yukon Flats School District

HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT OR AS NEEDED

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH (MM/DD/YYYY)
SCHOOL			GRADE

MEDICAL HISTORY (*If YES to any of the below, please follow-up with the school*)

☐ **YES** ☐ **NO** **Does your child have any health concerns?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have restrictions to participate in any activities?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have any allergies?**
If yes, please list allergies: _____
What does the allergic reaction look like? _____

☐ **YES** ☐ **NO** **Is your child prescribed an EpiPen? For what allergies?** _____

☐ **YES** ☐ **NO** **Does your child have asthma?**
If yes, please describe type or triggers: _____

☐ **YES** ☐ **NO** **Does your child have diabetes?**
Type:_____ ☐Self manage ☐Needs supervision ☐Uses insulin pump ☐Uses CGM

☐ **YES** ☐ **NO** **Does your child have a heart condition?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have a bleeding disorder?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have an orthopedic condition?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have a history of seizures or another type of neurological disorder?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have any gastrointestinal concerns or issues with eating?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have any bowel or bladder concerns?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have behavioral, emotional, or mental health concerns?**
If yes, please describe: _____

☐ **YES** ☐ **NO** **Does your child have any vision concerns?** ☐ **GLASSES** ☐ Other: _____

☐ **YES** ☐ **NO** **Does your child have any hearing concerns?** ☐ **HEARING AID** ☐ Other: _____

☐ **YES** ☐ **NO** **Does your child currently take medications?**
If yes, please describe: _____
_____

DO ANY PRESCRIBED MEDICATIONS OR TREATMENT PLANS NEED TO BE ADMINISTERED/AVAILABLE AT SCHOOL?

☐**Diabetic medications/Diabetic Care Plan** ☐**EpiPen/Allergy/Anaphylaxis Care Plan** ☐**Inhaler/ Asthma Care Plan**

☐**Prescribed medications** ☐**Seizure medications/Seizure Care Plan**

☐**Other Treatments (describe)** _____

YFSD Personnel must be notified if any medications need to be given during the school day. State law requires written authorization from a health care provider and parent before any prescription medication can be given at school, including self-carry medication. All types of medication require an authorization/consent form AND the medication(s) must be delivered to the school by a parent/guardian in a pharmacy labeled container.

Please continue to the second page to complete this form

Yukon Flats School District

HEALTH HISTORY FORM

PLEASE COMPLETE FOR ALL NEW-TO-DISTRICT OR AS NEEDED

Last Name	First Name	MI	DOB

PARENT / GUARDIAN CONSENT AND AUTHORIZATION

PERMISSION TO ACCESS STATE IMMUNIZATION REGISTRY

☐ **I CONSENT** ☐ **I DO NOT CONSENT**

…for the nurse to review my child's immunization information in the State of Alaska immunization registry (VacTrak).
The parent/guardian can remove permissions at any time by submitting your request in writing.

PARENT ACKNOWLEDGEMENT

My signature below is acknowledgement that the information provided is current and correct. I have reviewed the health history form and understand that it is my responsibility to notify the school when my child's health information has changed. I agree to provide any medications or supplies needed for care of my child in school if needed. I will notify the school if my consent for the above items needs to be updated or changed, per my preference.

PARENT / GUARDIAN NAME (PRINTED)	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
PARENT / GUARDIAN (SIGNATURE)		DATE

MEDICAL PROVIDER / PEDIATRIC GROUP: _____Phone_____

OTHER PROVIDER: _____ Phone_____

Revised September 2021

Impact Aid Survey Form

The survey date is _____

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act) and may be provided to the U.S. Department of Education if the school district's application for payment is audited. This form must be signed and dated for the school district to receive funds based on this information. All boxes must be filled in with complete information, if applicable.

STUDENT INFORMATION

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name	
Home Address on the Survey Date (No P.O. Boxes)		City		State	Zip Code
If the student lives on federal property, enter the name of the property.	Name of Federal Property				

OTHER CHILDREN ENROLLED IN THE SCHOOL DISTRICT WITH THE SAME HOME ADDRESS AND PARENT/GUARDIAN

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name

By signing and dating this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

Signature of Parent/Guardian_____ Date_____

Student ID_____

Yukon Flats School District Migrant Education Program
Seasonal Work/Activity Eligibility Screener

Student's Legal Name:_____ Date of Birth:_____

Current Phone Number:_____

1. Within the past three years has anyone in your family engaged in any of the following activities:

   _____ Commerical fishing or other fishing activites (including shrimping, crabbing, & clamming) for the purpose of producing food for your family's use and needs?

   _____ Agriculture (may include berry picking)

   _____ Logging (with a logging company)

   _____ Fish processing (cannery work)

   _____ None of the above

If you did not check at least one activity above please stop. STOP

2. Did the activity require staying overnight away from your residence and outside the Yukon Flats School District area?

   YES NO

3. Is the activity an economic necessity for your family, meaning you need the income, harvest, or catch meet your household's basic needs?

   YES NO

This form does not enroll your child(ren) in the YFSD Migrant Education Program.
Eligibility is determined based on an interview with a Migrant Education Recruiter.
Please be prepared to provide details regarding the activity, including dates, location, gear, catch/harvest.

This form should be placed in the student's cumulative file.

PARENT LANGUAGE QUESTIONNAIRE
(Home Language Survey)

Yukon Flats School District **District ID #** _____

_____ grade: ____ **Date of Birth** _____
(school)

If a language other than English is part of a student's language background, state and federal law require us to test his/her English proficiency.

Student name: _____ Place of birth: _____
(last name, first name)

Has this student attended school outside of the U.S.? □ no □ yes, in _____
(country)

Circle grades completed outside of the U.S.: K 1 2 3 4 5 6 7 8 9 10 11 12

Date student first entered a U.S. school _____ Participating in an exchange student program? □ no □ yes

1. What is the primary language used in the home, regardless of the language spoken by the student?
□ English □ other _____

2. What is the first language this student learned to speak? □ English □ other _____

3. What is the language most often spoken by the student? □ English □ other _____

If English is the only language above, STOP **please sign and date at the bottom of the form.**

If a language other than English is written above, please complete the entire form.

A. What language(s) does this student speak? □ English □ other _____
*Do NOT include languages that your child is learning/has learned in school.

B. What language(s) does this student understand? □ English □ other _____

C. What was the first language spoken by mother/guardian? □ English □ other _____

D. What was the first language spoken by father/guardian? □ English □ other _____

E. Is there another adult who influenced this student's language development? □ no □ yes

relationship to student _____ language spoken _____

Parent/Guardian signature _____ **Date** _____

Parent/Guardian printed name _____

Income Declaration for Title I & E-rate
Yukon Flats School District

DATE: _____

Dear Parent,
The following information is needed by our school. This information will be used for the E-rate program to determine our school discount for telephone and internet. It is also needed to meet federal and state laws for Title I-A, and may be used to qualify for additional grants. (This table is from the Alaska Income Eligibility Guidelines for Free and Reduced Meals, but does not determine Free and Reduced Lunch eligibility.)
Please check the row that best describes your family's annual income level (including all taxable income).

Yearly Income

- ☐ $28,860 or less
- ☐ $28,861-$39,091
- ☐ $39,092-49,321
- ☐ $49,322-$59,552
- ☐ $59,553-$69,782
- ☐ $69,783-80,013
- ☐ $80,014-$90,243
- ☐ $90,244-$100,474
- ☐ more that $100,475

Number of people who **live in your** household: _____

Physical Address: _____

Children enrolled in school (include **all** children **in** schools in the **district**)

Child (Last, First Name)	School	Grade

This information is confidential and individual family information will not be reported.

OMB Number: 1810-0021 Expiration Date: 02/29/2020

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program**. This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):
_____ Federally Recognized
_____ State Recognized
_____ Terminated Tribe (Documentation required. Must attach to form)
_____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____State _____Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____State _____Zip Code _____

Email Address _____ Date _____

OMB Number: 1810-0021 Expiration Date: 02/29/2020

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized**- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe**-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group**- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

Yukon Flats School District

Media Release Form

We need student and parent permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you.

☐ **Yes – I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. his consent includes the use and editing of my child's image, voice and name in media projects by the Yukon Flats School District to print, broadcast or Internet media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Yukon Flats School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name, and the use, sale, editing and release to media outlets.

☐ **No – I do not consent** to non-YFSD use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at your school.

Date: _____
(day, month, year)

Student name: _____

Student signature: _____

Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name: _____

Parent or legal guardian signature: _____

Student Media-Release Forms

Parent-signed media releases are NOT needed when:

- Photographing or videotaping anonymous students engaged in normal classroom/ school activities.
- Photographing, videotaping or interviewing students at events that are open to the public, such as music, theater or athletic events.

Parent-signed media releases are ALWAYS needed when:

- Students are interviewed or will be identified by name in a photograph/news article.
- An individual student(s) is the focus of the story.
- Photographing, videotaping or interviewing students who are in special education classes/ services or certain specialized programs (drug/alcohol, detention/work detail, etc.).
- You feel the photograph, videotape or interview may be used in a negative way.

Yukon Flats School District
Mckinney-Vento Housing Questionnaire

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. ***The information you provide is confidential.*** Please complete the following questions regarding the student's housing in order to help determine the services the student may be eligible to receive.

Student Name (First and Last) _____

School _____

School Year _____ Student's Date of Birth _____

Did the student receive Mckinney-Vento services in the previous school district?

_____ Yes ____ No ____ N/A

Check all that apply	Housing Questionnaire Choice
☐	**Doubled Up** - Does the student live with another family or other person because of the loss of housing?
☐	**Doubled Up**- Do two or more families live in one house?
☐	**Other Temporary Living Situation** - Is the student living in a temporary place like an abandoned building, tent, campground, public places, or any other inadequate living space?
☐	**Permanent Housing** - Student is living in a fixed and regular housing situation.

If the student is **NOT** living in permanent housing, also indicate if the below applies:

☐	**Unaccompanied Youth** - Youth who is not in the physical custody of a parent or guardian.

Housing

	Does the student's house have any of the following? Check all that apply
☐	Student lives in a dry cabin.
☐	Does not have operable indoor plumbing.
☐	Does not have a usable flush toilet inside of the house for the exclusive use of the family.
☐	Does not have a usable bathtub or shower inside of the house for the exclusive use of the family.
☐	Does not have electricity, or has inadequate or unsafe electrical service.
☐	Does not have a safe or adequate source of heat.
☐	Should, but does not have a kitchen.

Print Name: _____

Signature_____ Date _____

Please check one box. Who is filling out the form?

☐Parent ☐Guardian ☐Caregiver ☐Unaccompanied Youth ☐Designee

Yukon Flats School District
Release of Student Directory Information

PO Box 350, Fort Yukon, AK 99740
(907) 662-2515

Dear Parents/Guardians,

As a parent (or a student 18 or over), you have the right to prohibit the Release of Student Directory Information about your student.

What is Student Directory Information?

"Student Directory Information" is information about students that may be disclosed by the Yukon Flats School District (YFSD) to identify enrollment and to publicize student accomplishments and activities. Examples of publication include:

- A playbill showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, such as for wrestling, showing weight and height of team members

Directory information may also be requested from YFSD by education-related vendors, colleges, or military recruiters who want contact information for YFSD high school students. Disclosure to outside organizations includes, but is not limited to, companies that manufacture class rings or publish yearbooks.

What Categories of Information Are Included?

The District has identified the following information as directory information.

- Student's Name
- Address
- Telephone Number
- E-mail Address
- Year of Birth
- Enrollment Status
- Dates of Attendance
- Grade Level
- Degrees, Honors and Awards
- Scholarship Eligibility
- Name of school most recently attended
- Participation in officially recognized activities and sports
- Height and weight of members of athletic team members

What Are Your Rights as a Parent (or Student 18 or Over)?

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that YFSD, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student's education records. However, YFSD may disclose appropriately designated "directory information" without written consent, ***unless you decline by completing this form.***

In addition, federal law requires YFSD to provide military recruiters and post-secondary institutions, upon request, with the name, address, school, student telephone number, and student email address of each high school student, ***unless you decline by completing this form.*** State law requires YFSD to provide contact information for students who have dropped out of high school to the Alaska Military Youth Academy, a program for students to finish their education and obtain a high school diploma or GED. ***You can decline this disclosure by completing this form.***

Release of Scholarship Eligibility Information

State law requires YFSD to provide information about the eligibility of high school seniors for University of Alaska Scholarships including the names and addresses of those students who qualify for a scholarship. ***However, you can decline to have eligibility information disclosed to the University of Alaska Scholarship program by completing this form.***

School officials may release directory information, as set forth above, about a student without first obtaining parental consent, unless you decline by signing and returning this Release of Student Directory Information form.

OFFICE USE ONLY STUDENT ID_____ SCHOOL NAME _____

Yukon Flats School District

Release of Student Directory Information

All Students K-12

_____YES _____ NO Grant **Directory Information Release** for the following types of publications:

- A playbill showing your student's role in a drama production
- Annual yearbook
- Sports activity sheets, such as for wrestling, showing weight and height of team members and athletic programs
- For awards recognition, achievements, certificates or Honor Roll

All High School Students

_____YES _____ NO Grant Directory Information Release for the following types of **graduation related activities**:

- Publicized Graduation lists
- Vendors for Class Rings and Photos
- Requests from outside agencies acknowledging Graduates with letters or certificates.

_____YES _____ NO Grant Release of student contact information to **College/Universities**

_____YES _____ NO Grant Directory Information Release (contact information for students who have dropped out) to **Alaska Military Youth Academy**

_____YES _____ NO Grant Release of student contact information to **Military Recruiters**

_____YES _____ NO Grant Release of **Scholarship Eligibility** information to the University of Alaska. Unless you select YES, your student's eligibility for the University of Alaska Scholarships cannot be disclosed to the organization that administers this scholarship program.

Student Information: Required fields **(*)**

*Student Name (Please Print) _____

*Parent/Guardian Name (Please Print) _____

*Parent/Guardian Signature _____

*Signature Date _____

Yukon Flats School District

P. O. Box 350
Fort Yukon, AK 99740
P: (907) 662-2515 or 1.800.322.2515
F: (907) 662-3094 or 2519

www.yfsd.org

Arctic Village
Beaver
Chalkyitsik
Circle
Fort Yukon
Venetie

Digital Equity Data

Student Name: _____

1. Digital Device
   - What device does the student most often use to complete schoolwork at home? _____

2. Device Access
   - Is the primary learning device a personal device or school-provided? _____
   - Is the primary learning device shared with anyone else in the household? _____

3. Internet Access in Residence
   - Can the student access the internet on their primary learning device at home? _____

4. Internet Access Type in Residence
   - What is the primary type of internet service used at home? Circle one

   Fiber
   Cable
   DSL
   Microwave
   Satellite
   Dial Up
   Personal Hotspot/Smartphone
   School-Provided hotspot
   Unknown
   None

5. Internet Performance
   - Can the student stream a video on their primary learning device without interruption? Circle One

   Yes, with no issues
   Yes, but not with consistent quality
   No

Yukon Flats School District
P.O. Box 350
Fort Yukon, AK 99740
Phone: (907) 662-2515
Fax: (907) 662-2519

Student Records Request

To: Registrar

_____
School Name

_____
Address

_____ _____
Phone Number Fax or Email

_____
Name of Student

_____ _____
Date of Birth Grade

Please forward any and all transcripts, withdrawal grades, test records, health records, special education records, psychological/diagnostic evaluations and discipline records to:

Yukon Flats School District
P.O. Box 350
Fort Yukon, AK 99740
Phone: (907) 662-2515
Fax: (907) 662-2519

Attn: Records
jerry.fisher@yfsd.org

Yukon Flats School District Department of Special Education
PO Box 350
Fort Yukon, AK 99740
Phone: (907) 662-2352
Fax: (907) 662-2958

Attn: Jamie Bachmann, Director of Special Ed
jamie.bachmann@yfsd.org

_____ _____
Parent Signature Date

_____ _____
Signature of School Official Date

We agree to observe appropriate confidentiality on all material.