

JUNEAU SCHOOL DISTRICT

CITY AND BOROUGH OF JUNEAU

Date: _____

Student Name: _____ School: _____

I, _____, hereby grant the **Juneau School District** the irrevocable right to use photographic/videographic likeness and/or verbal and/or written comments for reproduction in any media including but not limited to print and electronic media and the Internet for purposes of news dissemination, public information, marketing or public policy discussion purposes. My release of these images and/or commentary is absent any/all further or additional conditions. I further declare that I am the person in photograph(s)/videotape(s) or the parent or legal guardian of the person in the photograph(s)/videotape(s). I waive any right, stipulated or implied, that I may have to inspect and approve the finished image or commentary that may be used or the use to which it may be applied. I release the Juneau School District and its administrative subdivisions, schools, departments and agencies from any claim(s) for remuneration associated with the editorial, news, marketing or public information use of these images and/or commentaries. Permission for Photo/Video Release will remain effective until a parent/guardian or eligible student submits a new request.

I affirm that I am more than 18 years of age, In the event the person in the photograph/video is a minor, I affirm I am the legal guardian or parent of the student and affirm I have the right to sign this release on behalf of the minor child.

Signature: _____ Telephone: _____

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

For School District Use Only

Received by School District Official: _____

Printed Name: _____

Photograph/Video Date: _____

Photograph/Video Location: _____

Photograph/Video Number: _____

Form # SU-90-01



JUNEAU SCHOOL DISTRICT STUDENT HEALTH HISTORY

Returning Student
 New Student

Student's Full Name _____ Date of Birth ____/____/____

Birth Place _____ Grade Entering _____ Gender: Female Male

Father/Guardian _____ home phone _____ work phone _____ cell _____

Mother/Guardian _____ home phone _____ work phone _____ cell _____

Physician _____ Last Physical exam (date) _____ Dentist _____

Last Juneau School Attended _____ Dates Attended _____

Last School Attended _____ City _____ State _____

****STUDENTS WILL NOT BE ENROLLED WITHOUT A VALID IMMUNIZATION RECORD. THIS IS REQUIRED BY ALASKA STATE LAW.****

***Has your child had? Circle and explain. (Note age or year)

***Has your child had? Circle and explain (Note age or year)

Head Injury / Concussion / Skull Fracture/ (year)

Asthma Uses inhaler at school? Yes___ No___

Recurrent Headaches/ Migraines

Asthma severity: Mild / moderate / severe (circle)

Asthma triggers: exercise, illness, environmental , other :

Tendency to faint or lose consciousness during exercise / stress

Pneumonia / Bronchitis / Cystic Fibrosis

High or low blood pressure (circle)

Skin Problems / Eczema / Severe Acne

Recurrent rash or boils / fungus infection / athlete's foot

Epilepsy / Seizures

Bone infection / Bone fracture (which bone / year)

Joint Injuries/ Osgood-Schlatter's

Eye / Vision Problem / Wears eyeglasses / wears contact lenses

Uncorrectable vision in one eye / blind in one eye / eye injury Right / Left

Stomach / Intestinal Problems / Constipation

Ear / Problem: frequent ear infection / eardrum perforation / Tubes

Hearing Problem Uses hearing aid(s): Right / Left / Both

Eating Disorder / Bulemia / Restricting

Nose Problem / recurrent sinus infection / allergies / broken nose

Liver disorder / Hepatitis

Seasonal Allergies / Hay Fever / Bee sting reaction / Hives / rash

Thyroid Disorder

Dental Problem / dental plate / repair of broken tooth / braces /

Difficulty with speech

Attention problems / ADD / ADHD / takes medication? Yes___No___

Heart Murmur / Heart Problem (describe)

Victim of Sexual Assault or Violence , Witness to violence

Diabetes / Type 1___ or Type 2___

Uses insulin yes___ no___

Alcohol Abuse / Drug Abuse / Tobacco use / Substance abuse

treatment completed (when?)

Bleeding Disorder / Hemophilia / Anemia / bruises easily

Behavioral / Emotional Problems

Would you wish to discuss an emotional problem or treatment

program with a nurse or psychologist? Yes___ No___

Kidney /Bladder Disorders / Urinary infections

Other Illness / Medical Disability:

Past Surgeries or Hospitalizations (type / year):

Allergies (other than medications) / reaction?

Medication Allergies / reaction? _____

Has your child ever had a **severe allergic reaction requiring emergency treatment or epinephrine?** Yes ___ No ___

Medication(s) my child is currently taking **at home**:

(Name, dose, time,reason): _____

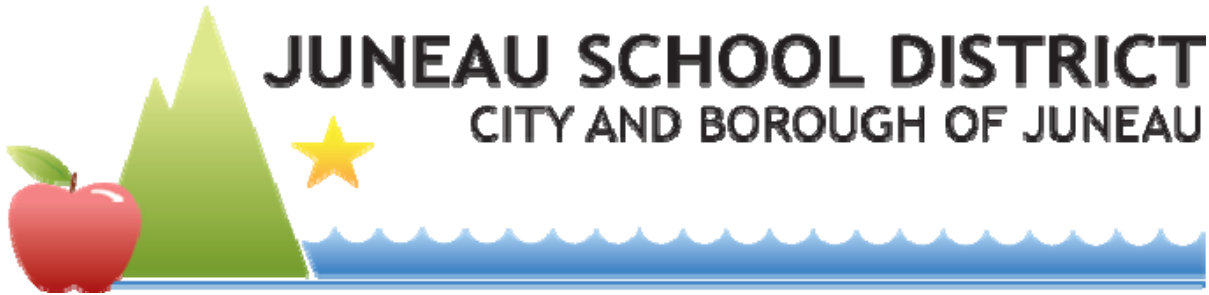
Medication(s) my child will be taking **at school** :

(Name, dose,time,reason): _____

Do you need to talk to the nurse about confidential information? Yes___ No___ (Please contact the nurse directly.)

Do you have concerns not covered above? If so, please explain: _____

Parent/Guardian Signature: _____ Date: _____



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PARENT AUTHORIZATION FOR ADMINISTERING ACETAMINOPHEN (Tylenol) or IBUPROFEN (Advil)

Student Name _____ Birthdate _____ Grade _____

I, _____, give my consent for _____
 (Print) Parent/Legal Guardian Name (Print) Student's Name

to be administered **Acetaminophen / Ibuprofen (circle one or both)** during the period he/she is enrolled in this school. If consent is granted, I agree to release the District from liability for the dispensation of the medication.

 Parent/Guardian Signature Date:

TUBERCULIN/PPD SKIN TEST CONSENT OR EXEMPTION

The State of Alaska (statute 27.AAC.27.213) requires all students in kindergarten, seventh grade, or new to the Juneau School District to have a PPD skin test for tuberculosis within 90 days of starting school. This is an intradermal (under the skin) injection with a small needle and syringe. A previous positive PPD skin test or documented PPD given within six months will be accepted and need not be repeated. This test may be done at school, Juneau Public Health, or your primary doctor's office.

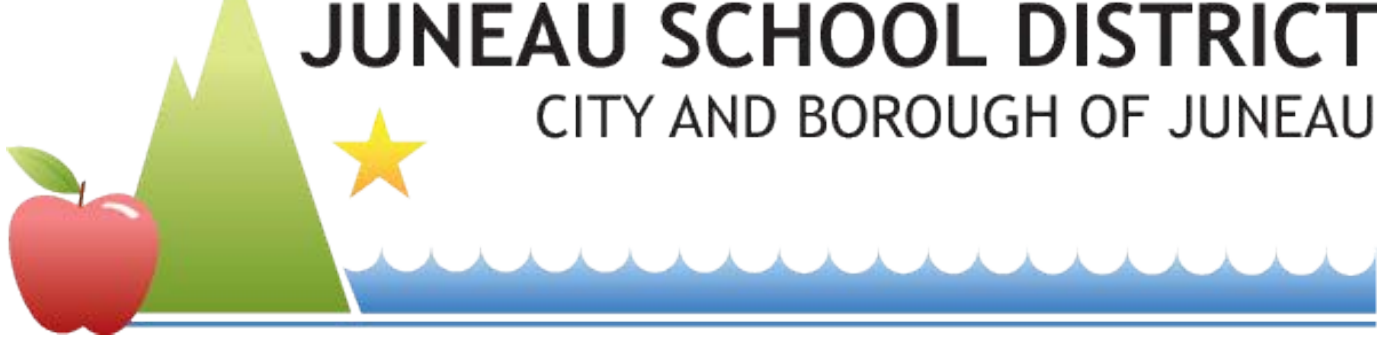
PLEASE CHECK ONE:

I give my consent for my child to have the PPD skin test done at school, when indicated, during the period he/she is enrolled. You will be notified if your child has a positive PPD skin test.

I do not give my consent for my child to have PPD skin test to be done at school. Reason: _____

 Parent/guardian signature Date

Please contact your school nurse if you have any questions.



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New Student Information

STUDENT'S NAME _____ Grade _____

Today's date _____

Note to parent/guardian: PLEASE SUPPLY THE FOLLOWING INFORMATION. PLEASE ESTIMATE IF YOU DON'T HAVE EXACT ANSWERS. IT IS IMPORTANT TO HAVE THIS INFORMATION IN ORDER TO SCHEDULE YOUR CHILD.

1. Is your child currently participating in one of the following programs?
(a) Gifted/Talented (of "Extended Learning") Yes No
If "Yes," qualified in which subject?

-
- (b) Resource assistance (or Special Education) Yes No
(c) English as a Second Language Yes No
(d) Alternative Ed type programs (usually self-contained) Yes No
(e) ED/BD (classroom for emotional disturbed/behavior disordered) Yes No
(f) Any other special programs? Yes No

-
2. Has your child EVER participated in any of the above programs?

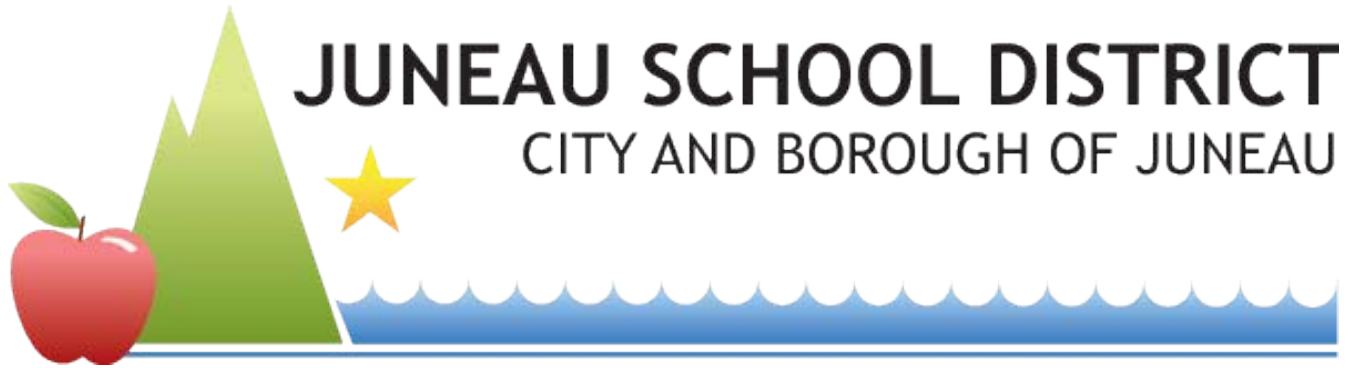
- | | High | Average | Low |
|---|--------------------------|--------------------------|--------------------------|
| 3. What is your child's estimated ability in Math? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is your child's estimated ability in Reading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Did the previous school make any recommendations for your child's math placement?

- Yes (What was their recommendation?) _____
 No (A recommendation was not made)

6. Does your child have any special needs which you want us to know about?

A counselor is available if you would like to discuss any of the above information.



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REQUEST FOR STUDENT RECORDS

STUDENT _____

DOB _____ **GRADE** _____

Last School Attended _____

School Mailing Address _____

School City/State/ZIP _____

School Phone _____ **School Fax** _____

Please FAX the requested records and mail student's cumulative file:

- Transcript**
- Immunizations**
- Withdrawal Grades**
- Test Scores**
- Special Education Records**
- Psychological Reports**
- Discipline Records**

Please fax/mail the requested records to the school marked below:

<input type="checkbox"/> Dzantik'i Heeni Middle School 10014 Crazy Horse Dr. Juneau AK 99801 Phone: 907-463-1899 Fax: 907-463-1877	<input type="checkbox"/> Floyd Dryden Middle School 10014 Crazy Horse Dr. Juneau AK 99801 Phone: 907-463-1850 Fax: 907-463-1828
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Registrar's Signature _____

Registrar's Printed Name _____

Date _____

A school district in which a student enrolls may request student records from the school the student last attended without a parent signature of approval. "Privacy Act", Section 438, Subsection (b)(1), Parts A & B, Page 9, amended in 1976.

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State Organized Indian Group
_____ Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
_____ Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

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

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

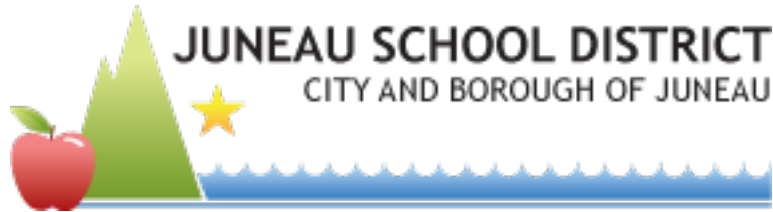
PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

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 3E200, Washington, D.C. 20202-6335.



• Office of Instructional Services • 10014 Crazy Horse Drive • Juneau, AK 99801 • (907) 523-1737

Dear Parent(s) or Guardian(s),

The Juneau School District receives Title VII funding to support five cultural paraeducator employees who provide academic support and culturally responsive activities in classrooms throughout the district. The funding allocation is based on the number of Native students enrolled in the district, which is verified by a federal document titled “*Title VII Student Eligibility Certification*,” typically referred to as the **506 Form** through the U.S. DOE Office of Indian Education.

Please read the definition on the attached form to determine if your child meets the eligibility criteria. If your child in Tlingit, Haida, Tsimshian, Aleut, Eskimo, and/or Native American heritage, he/she is eligible for services delivered through their school’s cultural paraeducator.

For more information, please contact your school’s cultural specialist or cultural paraeducator. You may also call our program manager, Barbara Cadiente-Nelson’s Office at 523-1737/32.

Please complete, sign, and return the form to your child’s school office as soon as possible.

Thank you!

Marla Johnson
Administrative Assistant
Indian Studies Program