



# LEAD Correspondence Registration Form

Today's Date: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
(As it appears on the Birth Certificate):      Last    First    Middle

Student's Gender:      M      F      Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Place of Birth: \_\_\_\_\_      With whom does the student reside? \_\_\_\_\_

Student's Ethnicity (required)	Is the student Hispanic? Native American	Yes	No	If Not African American	White	Alaska Native Native Hawaiian/Pacific Islander	Asian
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Who will be the primary homeschool instructor? \_\_\_\_\_

School Most Recently Attended: \_\_\_\_\_      Public      Private      Homeschool

Address of School: \_\_\_\_\_  
   Street / PO Box    City    State    Zip

Year last attended the above school: \_\_\_\_\_      What grade is the student entering? \_\_\_\_\_

Has your student been enrolled in homeschool before?      Yes      No      If yes, year \_\_\_\_\_

Will your student be attending any another **public school** during this school year?      Yes      No  
( If yes, Dual Enrollment Form is required.)

If your student will also be enrolled with a **private school**, name of private school: \_\_\_\_\_

Does your student have/had an active IEP in Special Education?      Yes      No

School District that has your student's most recent IEP? \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(required)      Street / PO Box    City    State    Zip

Physical Address: \_\_\_\_\_  
(required)      Street / PO Box    City    State    Zip

Contact/Home Phone# _____	Emergency Contact Phone# _____
Father's Cell Phone# _____	Contact Name/Relationship to Student _____
Father's Work Phone# _____	Father's Email _____
Mother's Cell Phone# _____	Mother's Email _____
Mother's Work Phone# _____	Student Email _____

Parent / Guardian / Adult Student Signature \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Please be advised that submitting this form online does not constitute an official enrollment. All forms must be signed and dated. If submitted online a Parent Advisor will contact you to set up and appointment to complete the enrollment process. )



**LEAD CORRESPONDENCE**  
Leading Education in Alaska via Distance

# NGCF 'Eqt t gur qpf gpeg Program

## Requirements Form

**Parent Name:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_

The following are requirements of the Yakutat Homeschool Program. As a homeschooling parent, I agree to:

- Turn in work samples by the specified deadlines (see LEAD Correspondence Student Handbook).
- Keep LEAD Correspondence informed as to enrollment status, change of address and / or any other change of situation.
- Follow procedures and policies as outlined in the Student Handbook.
- Ensure that if I have a kindergarten enrollee he/she will turn 5 years old by September 1<sup>st</sup>.
- Apply for reimbursements and / or submit orders only for materials and supplies related to my student's LEAD Correspondence educational program.
- Apply for reimbursements that are not religious or doctrinal in nature..
- If my student withdraws from LEAD Correspondence or enrolls in another state-funded public/ correspondence school prior to Nov. 1<sup>st</sup> all reimbursed funding and materials must be returned immediately; after November 1<sup>st</sup> all textbooks & equipment must be returned.
- Participate in state mandated tests if my child is in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, or 10<sup>th</sup> grade. I understand that the consequence for failure to attend testing is possibly being barred from re-enrollment and my family fund account may be frozen.
- Meet State of Alaska and LEAD Correspondence graduation requirements if my high school students plans to graduate from LEAD.

**Signature is Required:** Your signature confirms your acceptance to all of the above requirements.

\_\_\_\_\_  
Parent / Guardian / Adult Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**NOTE:** Please note that failure to comply with any of the above requirements may result in the involuntary withdrawal of your student from LEAD Correspondence.



# LEAD CORRESPONDENCE

Leading Education in Alaska via Distance

LEAD Correspondence

PO Box 429

Yakutat, AK 99689

U.S. MAIL

024000

## Student Records Request Form

**Attention:** Registrar

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Parent's Full Name: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

School year the student last attended: \_\_\_\_\_ Last grade level completed: \_\_\_\_\_

Please send copies of the following	
<input type="checkbox"/>	Complete Transcript
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	All Test Results
Special Education Records	
<input type="checkbox"/>	IEP (Individual Education Program)
<input type="checkbox"/>	Speech & Hearing Records
<input type="checkbox"/>	Psychological Records
<input type="checkbox"/>	Eligibility Records

PLEASE FORWARD ALL RECORDS FOR THE ABOVE-NAMED STUDENT TO:

LEAD Correspondence  
Yakutat School District  
P.O. Box 429  
Yakutat, AK 99689

**OR** Fax to: \_\_\_\_\_

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Thank you for your time and consideration in this matter.

\_\_\_\_\_  
Parent / Guardian / Adult Student Signature / Registrar

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date