



Upstream Learning

Copper River School District
Home Education Program
P.O. Box 108
Glennallen, Alaska 99588
1-888-822-3234 Fax 907-822-5933
www.upstreamlearning.org

REGISTRATION FORM

Grade Entering: _____ School Year: _____ District of Residence: _____

Student Last Name: _____ First: _____ MI: _____

Other name child is commonly known by (nickname, or short): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Parent's Email Address: _____ Student's Email Address: _____

Birth Date: _____ Gender: M _____ F _____ Birthplace: _____

Ethnic Background: Please circle: White - Black, not Hispanic Origin - Hispanic

Alaska Native - American Indian - Asian/Pacific Islander

School last attended: _____

Is student currently enrolled in another program? Yes: _____ No: _____ Name: _____

If so, please explain why: _____

Student lives with: Mother: _____ Father: _____ Step-Mother: _____ Step-Father: _____

Legal Guardian: _____

Mother's Last Name: _____ First: _____

Where Employed: _____ Phone: _____

Father's Last Name: _____ First: _____

Where Employed: _____ Phone: _____

Step-Mother's Last Name (if living with child): _____ First: _____

Where Employed: _____ Phone: _____

Step-Father's Last Name (if living with child): _____ First: _____

Where Employed: _____ Phone: _____

Please list how you would like your parent labels to be addressed (names only ex: Mr. & Mrs. Doe) _____

Has your child been taught at home before? _____ If so, for which grades? _____

Has your child ever received Special Education Services provided under an Individualized Education Plan (IEP)? Yes: _____ No: _____ If yes, When?: _____ Did he/she meet the goals?: _____

Please explain the basis of the IEP: _____

Does your child currently have a Section 504 Plan in place? Yes: _____ No: _____

Has the student been expelled at any time during the previous school year? Yes: _____ No: _____

If yes, please give dates and reason for expulsion: _____

Do you currently maintain residency in the State of Alaska? (AS*) Yes: _____ No: _____

Will you be traveling out of state for more than two months at a time? Yes: _____ No: _____

If yes, please explain and give dates: _____

Did your child take the required achievement testing this past spring? Yes: _____ No: _____ N/A: _____

If no, please explain why: _____

Please provide a copy of the latest testing with the registration form

(Required testing for the Standards Based Assessments (SBA) is Grades 3-9 ; High School Graduation Qualifying Exam is Grade 10)

Are you interested in full-time or part-time enrollment? Full-time: _____ Part-time: _____

If Part-time, what other school are you planning to enroll in? _____

List all other members of student's household other than parents:

NAME	BIRTH DATE	RELATIONSHIP TO STUDENT

Someone from our office will contact you to set up an appointment with our contact teacher (either in person or by phone) to develop a written Individual Learning Plan (ILP) for your student(s). Once the ILP is in place, enrollment is complete and you may then submit orders and access the student allotment.

I have read and signed the Home Teacher Agreement form and understand my obligations.

Parent Signature: _____ Date: _____

(Form must be signed to be valid)