

Monforton Elementary School

Student Enrollment Form

(Please use a pen & print. Complete all sections. Mark N/A if section is not needed. Incomplete forms will not be processed)

Date _____

Student Information (Please Print)

Student's Full Legal Name _____ Gender M F
Last First Middle (Full)

Birthdate ____/____/____ Birth Certificate #: _____ (A copy must be provided if newly enrolled in Monforton Public School)
Ex: 02/02/2002

Grade _____ Student SS# _____ Home Phone (____) _____

Ethnicity White (Not of Hispanic Origin) Black (Not of Hispanic Origin) Hispanic
American Indian or Alaskan Native Asian or Pacific Islander Other _____

Parent/Legal Guardian Information (These Primary Guardians are the ones with whom the student lives. Proof of legal custody/guardianship required)

Guardian #1 Name _____ Relationship to student _____
Last First Middle (Full)

Ethnicity White (Not of Hispanic Origin) Black (Not of Hispanic Origin) Hispanic American Indian or Alaskan Native
Asian or Pacific Islander Other _____

Work Phone (____) _____ Cell Phone (____) _____ Email _____@_____

Educational Level: (Highest completed: check grade & degree) 8 9 10 11 12(high school graduate) 13 14 Associate Degree
15 16 Bachelors Degree Graduate Degree

Military: Y N

Guardian #2 Name _____ Relationship to student _____
Last First Middle (Full)

Ethnicity White (Not of Hispanic Origin) Black (Not of Hispanic Origin) Hispanic American Indian or Alaskan Native Asian or
Pacific Islander Other _____

Work Phone (____) _____ Cell Phone (____) _____ Email _____@_____

Educational Level: (Highest completed: check grade & degree) 8 9 10 11 12(high school graduate) 13 14 Associate Degree
15 16 Bachelors Degree Graduate Degree

Military: Y N

Address:

Residence Address _____ Apt# _____ City _____ County _____ State _____ Zip _____

Mailing Address (If different) _____ City _____ State _____ Zip _____

Parent/Guardian may be asked to provide proof of residency (deed, mortgage receipt, rent receipt, rental agreement, utility bill, etc.) at the time of enrollment.

Other Parent/Legal Guardian Information (Shared parenting responsibility: Second mailing information)

Name _____ Relationship to student _____
Last First Middle (Full)

Mailing Address _____ Apt# _____ City _____ State _____ Zip _____ - _____

Household Telephone _____(____)_____ Cell Phone _____(____)_____ Work Phone _____(____)_____

Email _____@_____

Emergency Contact Information (other than parent/guardian. This section must be completed. They do not have to be local)

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Emergency Contact Information (other than parent/guardian. This section must be completed. They do not have to be local)

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Is any individual named on this enrollment form (including parent, guardian, student, sibling, caretaker relative, emergency contact) currently or formerly a registered sex offender? Yes No

If yes, state name and relationship to student: _____

Student Previous School Information

Last School Attended _____

School Phone (____) _____ Counselor Name: _____

City, State, Zip _____ Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? Y N

Is your child presently under consideration for expulsion? Y N

Is your child presently involved in the Juvenile Justice system? Y N

Special Services Information

Is your child receiving special education services? Y N

Does your child have a current 504 plan? Y N

Was your child in any Gifted/Talented Programs? Y N Please list: _____

Student participated in the lunch program as Paid Reduced Free

Transportation: Student will Ride Bus twice daily Ride Bus once daily a.m. p.m. Will not ride the bus

Medical Information

Is your child taking any medications regularly? Y N If yes, please list:

Student Permission forms for Prescribed Medication are available at the school office. This form must be completed for any medication a student will need to take during school hours. Medication will not be dispensed without proper completed paperwork.

Known Medical Problems: Asthma/Breathing problems Diabetes Heart problems Epilepsy/Seizures

Allergies to food, medication, or insects Other Please explain any item checked _____

If your child has any other health condition not listed above, please explain: _____

Is your child currently under a physicians care for the above conditions? Y N

Special Medical Instructions:

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Physician name: _____ Address _____ City _____

State _____ Zip _____ Phone (____) _____

Student Insurance Company: _____ Group #: _____ Policy#: _____

Medicaid#: _____

Please provide an updated form anytime any of the medical information changes so that the school health team is informed.

By signing this form, I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions, and parasites by trained school personnel. ***In case of an emergency and no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed and/or call 911 for emergency transportation. I will not hold the school district financially responsible for the emergency care and/or transportation of my child. Signing this form shall release Monforton Public Schools and staff members from any liability of any nature in assisting my child during a medical emergency.***

Parent checklist: Current Montana Immunization Certificate provided (required by state law) Copy of Birth certificate provided Lunchroom application completed

Other Children Under Age 18 Living in the Home (include all children regardless of age)

First Name	Middle (Full)	Last Name	Birthdate	Age	Gender	Relation to Student	School Attending

(Add additional names on a separate sheet if needed)

Parent/Guardian Signature _____

Date _____

(Do not sign this form if any of the statements are incorrect)