

Grade in 2017 – 2018

Student Last Name	First Name	Middle Name	Preferred 1st Name	MAIN CONTACT PHONE NUMBER
Gender M or F	Birth Date	City/State of Birth	Country of Birth	
Date entered U.S.	Date entered U.S. schools	First Language Learned	Language Spoken in Home	
Street Address		City/State/Zip	Siblings Name/Age/School	
Mailing Address		City/State/Zip		
Email Address	This email may be shared with PACs, the Bozeman Schools Foundation, Friends of Music, and the Athletic Booster Club <i>unless you check this box.</i>			<input type="checkbox"/>

**CHOOSE ONE OF THE FOLLOWING:**

I certify that I am the parent/legal guardian of the student. I further certify that the street address I have provided is true and that I am a legal resident of the Bozeman School District pursuant to 1-1-215 M.C.A. <b>Please initial</b> _____
I certify that the parents' legal residence is outside of the Bozeman School District boundaries and I certify that the street address I have provided is located in the Bozeman School District and is where the student resides during the school week. <b>Please initial</b> _____ <b>If this is checked you must complete Out of District paperwork at the Enrollment Office.</b>
I certify that the parents' legal residence is outside of the district and the student lives outside of the Bozeman School District boundaries. I am requesting a mandatory or discretionary out of district enrollment. <b>Please initial</b> _____ <b>If this is checked you must complete Out of District paperwork at the Enrollment Office.</b>

**ETHNICITY** - To meet reporting requirements and for the purpose of assessing eligibility for various academic support programs, please answer these 4 questions:

1. Is this student Hispanic or Latino? (choose one)
  - \_\_\_ No, not Hispanic or Latino
  - \_\_\_ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
  
2. What is the student's race? (choose one or more)
  - \_\_\_ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
  - Native American Tribal Affiliation \_\_\_\_\_ Native American Tribal Affiliation # \_\_\_\_\_ Title VII form complete \_\_\_\_\_
  - \_\_\_ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
  - \_\_\_ Black or African American (A person having origins in any of the black racial groups of Africa.)
  - \_\_\_ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
  - \_\_\_ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
  
3. U. S. Citizen    YES \_\_\_ NO \_\_\_
  
4. Has your student been influenced/impacted by a foreign or American Indian language? YES \_\_\_ NO \_\_\_ Language \_\_\_\_\_

<b>Previous School</b>	<b>City/State/Zip</b>			
Is this move due to a military move or deployment? YES _____ NO _____				
Has your student received any special services from public schools? Please circle:				
Title I	Current IEP	504 Plan	Gifted	Other (please specify) _____
Has your student been in residential treatment? YES ___ NO ___		Dates of Treatment _____		Location _____

BSD7 is committed to meeting your child's social, emotional and academic needs. Has your child or family experienced any life events (e.g., pre-natal stress, family disruption, health issues, trauma) that might impact your child's ability to thrive in school? YES \_\_\_\_\_ NO \_\_\_\_\_

Is this student on a current or pending expulsion? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", from what school/district? \_\_\_\_\_ Dates of Expulsion \_\_\_\_\_

Reason for expulsion \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Who has custody of student** (Parent/Guardian Full Name): \_\_\_\_\_

Relationship to student (Please circle all that apply):

Both parents Mother Father Mother/Stepfather Father/Stepmother Grandparents Foster Joint Custody Other \_\_\_\_\_

**Student lives with** (Parent/Guardian Full Name): \_\_\_\_\_

Relationship to student (Please circle all that apply):

Both parents Mother Father Mother/Stepfather Father/Stepmother Grandparents Foster Joint Custody Other \_\_\_\_\_

**Are there Custody/Legal Concerns?** Yes \_\_\_ No \_\_\_ (If yes, please explain) \_\_\_\_\_

**Is there a legal custody document?** Yes \_\_\_ No \_\_\_ (If yes, please provide copy of document) Type of document: \_\_\_\_\_

**Are there other legal documents?** Yes \_\_\_ No \_\_\_ (If yes, please provide copy of document) Type of document: \_\_\_\_\_

FATHER		MOTHER		STEPPARENT	LEGAL GUARDIAN/FOSTER
Name _____		Name _____		Name _____	Name _____
Has Custody Yes ___ No ___		Yes ___ No ___		Yes ___ No ___	Yes ___ No ___
Employer: _____		_____		_____	_____
Work Phone: _____		_____		_____	_____
Cell Phone: _____		_____		_____	_____
Same Address as Student? Yes ___ No ___		Yes ___ No ___		Yes ___ No ___	Yes ___ No ___
Different Street _____		_____		_____	_____
Different City State, Zip? _____ (City, State, zip)		_____ (City, State, zip)		_____ (City, State, zip)	_____ (City, State, zip)
Different Home Phone? _____		Different HomePhone? _____		Different Home Phone? _____	Relationship to student _____

**Please send school mailings to the other custodial parent at a separate address:**

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Address, City, State & Zip \_\_\_\_\_

**Emergency Information: In the event a parent cannot be reached, school personnel will contact one of the following as Authorized for Emergency Pick Up.**

LOCAL:	Name	Day Phone	Cell Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**OUT OF AREA EMERGENCY CONTACT:**

1.	_____	_____	_____	_____
	Name	Day Phone	Cell Phone	Relationship

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

If yes, state name and relationship to student: \_\_\_\_\_

Current or former individuals on the Sex/Violent Offender Registry are not permitted on school property or have limited access per District Policy #4550.

MEDICAL INFORMATION – Please complete health history form if there are medical concerns

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

Seizures \_\_\_\_\_

Allergies \_\_\_\_\_ Is an EpiPen necessary to control allergic reactions? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, I (legal guardian) will provide. Please initial\_\_\_\_\_

Other \_\_\_\_\_

Medication Currently taking: AT HOME\_\_\_\_\_ AT SCHOOL\_\_\_\_\_

Doctor's Name:\_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*I certify that the above information is correct and authorize release of my child to the above named persons in the event of an emergency. Please initial\_\_\_\_\_

\*\*In the event my child is injured or becomes seriously ill, I hereby delegate school personnel to take emergency action as they believe necessary. Please initial\_\_\_\_\_

Parent/Legal Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Child Name (first and last)\_\_\_\_\_