

<b>OFFICE INFORMATION</b>	<b>Date Of Registration:</b> (Today's Date):	<b>FOR OFFICE USE ONLY</b> <b>Home Room:</b>	<b>FOR OFFICE USE ONLY</b> <b>Locker Number:</b>
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PLEASE PRINT

<b>ENROLLMENT INFO</b>			
Student Last Name (Legal)		Mailing Address / P.O. Box	
Student First Name		City	
Student Middle Name		State	
Grade		Zip Code	
Gender (CHECK ONE)	MALE FEMALE	Telephone	
Birthdate		Student Resides With:	
Birthplace		Street Address (where student resides)	
Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	City (where student resides)	
Race (check all that apply)	<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	State (where student resides)	
		Zip code (where student resides)	
		Headings to Parent/Guardian (both if applicable)	

<b>Parent/Guardian Info</b>	<b>Father Information</b>	<b>Mother Information</b>	<b>Guardian (if applicable)</b>
Last Name			
First Name			
Address			
City, State, Zip Code			
Home Telephone			
Alt. Telephone (ex. cell), (local # only)			
Work Telephone/Ext			
Parent Email Address			
Employer			

<b>Parent/Guardian Info (cont.)</b>	<b>Step Parent Information (Student is residing with)</b>	<b>Step Parent Information (Student is residing with)</b>	<b>Guardianship authorization on file?</b>
Last Name			Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name			
Address			
City, State, Zip Code			
Home Telephone			
Alt. Telephone (ex. cell), (local # only)			
Work Telephone/Ext			
Parent Email Address			
Employer			



Emergency Contact Info (Other than Parent/Guardian)	Emergency contacts must be in Helena area and be able to respond if needed	Siblings Information	
Emergency Contact 1 (Name)		Name (First/Last)	Grade
Relationship to Student			School
Daytime Telephone			
Emergency Contact 2 (Name)			
Relationship to Student			
Daytime Telephone			
Physician's Name			
Physician's Telephone			

School last attended: \_\_\_\_\_ Telephone No. of last school attended: \_\_\_\_\_  
 Address of School last attended: \_\_\_\_\_ Fax No. of last school attended: \_\_\_\_\_  
 Beginning and ending dates of school last attended: \_\_\_\_\_  
 Was this student expelled or being considered for expulsion at the previous school? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has this student previously attended school in Helena School District No. 1? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what was the last Helena school attended and dates of attendance? \_\_\_\_\_

My child has a medical condition (example, allergies, asthma, diabetes, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please complete the medical form available from the school office or school nurse.*  
 Has the student ever been identified and participated in the following: Special Education Yes \_\_\_\_\_ No \_\_\_\_\_  
 Title One Yes \_\_\_\_\_ No \_\_\_\_\_ Gifted and Talented Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is the student currently identified and participating in the following: Special Education Yes \_\_\_\_\_ No \_\_\_\_\_  
 Title One Yes \_\_\_\_\_ No \_\_\_\_\_ Gifted and Talented Yes \_\_\_\_\_ No \_\_\_\_\_  
 If English is not the student's primary language please identify the primary language. \_\_\_\_\_  
 My child will be transported by: \_\_\_\_\_ Bus \_\_\_\_\_ Parent \_\_\_\_\_ Self \_\_\_\_\_  
 I affirm that the above information is true and accurate to the best of my knowledge.

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

<b>Office Use Only</b>	
Immunizations are current and have been reviewed by school nurse.	Person entering information into student management system please print name below.
Yes _____ No _____	_____