



BILLINGS PUBLIC SCHOOLS PK-12 ENROLLMENT FORM

OFFICE USE ONLY	Student State ID:	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunizations Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	School Entry Date: School Name:
I. Student Information				
1. (LEGAL NAME ONLY) Last Name: _____ First: _____ Middle: _____ Suffix (Jr, II, III): _____				
2. Other name(s) used previously (AKA):			3. Nickname:	
4. Grade:	5. Birth Date: _____ / _____ / _____	6. Birth Place (city, state):		7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Is student a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Previously enrolled in School District #2 if yes: Date: _____ Grade: _____ School: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native Tribal Affiliation: _____ <small>(Please attach 506 form with enrollment form)</small>
10. Previously enrolled in a Montana School if yes: Date: _____ Grade: _____ School: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Family Primary Phone ()		
14. Language(s) Spoken at Home		15. Student's Primary Language		
16. Home Address			City	State
			Zip Code	
17. Mailing Address (if different than home address)			City	State
			Zip Code	

II. Parent and Emergency Contact Information								
PARENT/GUARDIAN	Check all that apply	<input type="checkbox"/> Custody	Last Name		First Name			
		<input type="checkbox"/> Lives with student	Relation to Student	Email Address		Place of Employment		
		<input type="checkbox"/> School Pickup	Home Address (if different than Box 16)			City	State	Zip Code
		<input type="checkbox"/> Emergency Contact	Mailing Address (if different than home address)			City	State	Zip Code
		<input type="checkbox"/> Receive Mail	Primary Phone <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home () <input type="checkbox"/> accepts text msg		Alternate Phone <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home () <input type="checkbox"/> accepts text msg			
PARENT/GUARDIAN OTHER	Check all that apply	<input type="checkbox"/> Custody	Last Name		First Name			
		<input type="checkbox"/> Lives with student	Relation to Student	Email Address		Place of Employment		
		<input type="checkbox"/> School Pickup	Home Address (if different than Box 16)			City	State	Zip Code
		<input type="checkbox"/> Emergency Contact	Mailing Address (if different than home address)			City	State	Zip Code
		<input type="checkbox"/> Receive Mail	Primary Phone <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home () <input type="checkbox"/> accepts text msg		Alternate Phone <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home () <input type="checkbox"/> accepts text msg			
20. LOCAL EMERGENCY CONTACT (Other than Parent/Guardian)	Last Name		First Name					
	Relation to Student	Primary Phone <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home () <input type="checkbox"/> accepts text msg		Alternate Phone ()				
	Home Address			City	State	Zip Code		
21. ADDITIONAL CONTACT	Last Name		First Name					
	Relation to Student	Primary Phone <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home () <input type="checkbox"/> accepts text msg		Alternate Phone ()				
	Home Address			City	State	Zip Code		

Please attach separate sheet if more contact information is needed

III. Siblings

22. Complete this section only if applicable. Include only siblings who are currently in Grade PK-12 in Billings Public Schools

Sibling #1 full name:	Grade:	School Name:
Sibling #2 full name:	Grade:	School Name:
Sibling #3 full name:	Grade:	School Name:
Sibling #4 full name:	Grade:	School Name:

IV. Previous Schools

	Name of School	City	State	Grades
23. Last Elementary School Attended				
24. Last Middle School Attended				
25. Last High School Attended				
26. Any additional schools attended in the past year				

OFFICE USE ONLY	Records Requested: / /	Records Received: / /
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V. QUESTIONS FOR PARENTS

27. Has student ever received service from or been involved in: (check all that apply):

- Special Education
 Title 1
 Reading Tutor
 Section 504
 Speech Therapy
- English 2nd Language
 Behavior Management
 Counseling
 Gifted Program

Other:

<p>28. Have you been engaged in migrant work in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>29. Has student immigrated to the United States <input type="checkbox"/> Yes* *if yes: date first enrolled in US School: <input type="checkbox"/> No</p>
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30. Has this student ever been under long term suspension or been suspended from school? Yes No

31. Legal Bindings: Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: (copy of the legal documentation is required).

32. Is there any other information that would help us better serve your student?

33. Dependent of Active Duty Military Member: Is this student the dependent of an active duty military member? If so:

Name of Military Member: _____

Relationship: _____

The US Military (Army, Navy, Air Force, Marines, or Coast Guard)
 Active Duty National Guard
 Active Duty Reserve Force of the US Military
 Transitioning out of Active Duty to National Guard or Reserve

All information provided in sections I to V are complete and accurate to the best of my knowledge.

X _____ Date _____
 Parent/Guardian signature (required)

Health and Medical Information

Allergies to: Bee Sting Food Environment Latex Medication Other

Name of Medication(s): _____
 *needs medication at School takes medication at home

Describe reaction and intervention: _____

List other allergies: _____

Asthma:
Name of medication(s) _____
 *needs medication at School takes medication at home carries inhaler on person inhaler in school office

Attention Deficit Disorder:
Name of Medication(s) _____
 *needs medication at School takes medication at home diagnosed but no medication

Diabetes: *Insulin dependent/ needs school program set up *Self manages snacks, diet, testing, coverage

Headaches:
Name of medication(s) _____

Seizures:
Name of medication(s) _____
 *needs medication at School takes medication at home history of seizure but not currently on medication

Other Medications: *needs medication at School takes medication at home Diagnosis: _____
Name of medication(s) _____

Hearing Concerns:
(Please explain) _____

Vision Concerns:
(Please explain) _____

Physical Restrictions:
 *Uses mobility aide (wheelchair, walker, crutches, etc.)
 *Restricted because of _____
 Must avoid this/these activities _____
(Doctor's letter is required for some P.E. adaptations)

Other: Describe health history (operations, serious accidents, and serious illness)

Diseases/Conditions: If known, please indicate the year of the disease/condition when applicable:
 Chicken Pox Measles/Rubella Mumps Rubella (3 day) Scarlet Fever Sinusitis
 Eczema Whooping Cough Heart Disease Rheumatic Fever Kidney/Bladder Disorder Congenital Condition
 Other (please describe): _____

Hospital Sign Off: In case of an emergency, I authorize medical/dental care:
Please indicate hospital of choice: Billings Clinic St. Vincent's Either

Doctor's name: _____	Dentist's name: _____
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***NOTE:** All items will require notification of the school nurse. If medication is needed, the parent must complete a medication authorization form before the first dose of medication can be given at school. This health concern information may be shared with school personnel as necessary to benefit the health and safety of this student and others. Please keep school staff informed as to changes to the information so the student's records can be updated as needed.

<i>Parent/Guardian signature (required)</i>	<i>Date</i>
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**Billings Public School
Home Language Survey**

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
If yes, in which state? _____
If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
If yes, please provide school names(s), state, and dates attended:
Name of School _____ State _____ Dates attended _____
Name of School _____ State _____ Dates attended _____
Name of School _____ State _____ Dates attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
A. Native American Indian C. Native Pacific Islander
B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? Father: _____
Mother: _____

10. Please describe the language understood by your child (check only one)
A. Understands only the home language and no English
B. Understands mostly the home language and some English
C. Understand the home language and English equally
D. Understand mostly English and some of the home language
E. Understands only English

Parent or Guardian's Signature _____ Date _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	