



ELDER GROVE SCHOOLS

"HOME OF THE OUTLAWS"

~OUTLAW PRIDE, GENERATIONS OF SUCCESS, STRIVING FOR EXCELLENCE~

Required Documents

First and foremost, WELCOME to Elder Grove!

You will need to complete ONLINE Student Registration to start the process of registering your student. Then you will need to bring the following forms to one of the school offices.

**ALL FORMS BELOW NEED TO BE TURNED IN BEFORE THE STUDENT
WILL BE PLACED IN A ROSTERED CLASS**

- Copy of Birth Certificate
- Immunization Records
- Copy of Parent or Guardian's Drivers License
- 2 Forms of Proof of Residence*

*One **MUST** be a Mortgage statement, Rental Contract, or Bill of Sale, and one **MUST** be an active utility bill.

Please note, you must be living in the district, not just own property within the district.

If it is a letter stating you are living with a relative - it **MUST** be Notarized.

Once all completed paperwork is received and entered, we will contact you with a start date. At least 48 hours is needed to complete the process.



Student Health Information Form

Student Name: _____ DOB: _____ M/F: _____

Parent/Guardian: _____ Relationship to student: _____

Best Daytime Phone # : _____ Alternate Phone #: _____

Physician: _____ Preferred Hospital: _____

Does your child have or had any of the following health conditions:

ADD/ADHD ☐	Ear infections ☐	Muscular/Orthopedic ☐
Allergy: (explain below) ☐	Epilepsy/Seizures ☐	Psychological/Psychiatric ☐
Asthma ☐	GI Condition ☐	Serious Injury ☐
Blood Disorder ☐	Hearing Condition ☐	Skin Condition ☐
Bronchitis ☐	Heart Condition ☐	Surgeries ☐
Chicken Pox ☐	Kidney Disorder ☐	Dietary Needs ** ☐
Diabetes ☐	Migraine/Headaches ☐	Other ☐

** Parents must provide the school office with a note from the doctor for any special dietary considerations **

If you checked any of the boxes above or if your child has MEDICAL CONDITIONS NOT LISTED, please explain (including specific food, medication or other serious allergies and reactions): _____

List any Medication your child is currently taking:

Medication Name: _____ Dose: _____ Reason: _____

Medication Name: _____ Dose: _____ Reason: _____

****** If your child will be taking medication during school hours, WE NEED a signed consent form from the Doctor with instructions..thanks**** We will also use Neosporin and Hydrocortisone cream if needed.**

I would like to make the school aware of the above information.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

iMTrax Consent Form for Children

Child's Name: _____ Sex: M__ F__ Date of Birth: _____

_____ I **Authorize** my healthcare provider and/or a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Parent/Guardian Signature: _____

Date: _____

----- **OR** -----

_____ I **Do Not Authorize** my healthcare provider and/or public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS).

Parent/Guardian Signature: _____

Date: _____



Elder Grove School

Elder Grove School
1532 South 64th St West
Billings, MT 59106
406.656.2893
www.eldergrove.k12.mt.us

Generations of Success. Striving for Excellence!

IMMUNIZATION INFORMATION FOR NEW STUDENT REGISTRATION

Dear Parent/Guardian:

The State of Montana requires that a student be immunized against Diphtheria, Tetanus and Pertussis (DTaP); Polio; Measles, Mumps and Rubella (MMR); and Varicella prior to enrollment in any school system. DOCUMENTATION BY A PHYSICIAN OR CLINIC INDICATING DATES OF IMMUNIZATIONS IS REQUIRED.

Required Accepted Documentation:

- Copy of the Immunization Schedule from a clinic/physician OR
- Blue State Immunization form, must be signed or stamped by a provider with name and location

Listed below are the minimum requirements for attendance:

- 1) DTaP -- 4 doses, one on or after the 4th birthday. 1 dose of Tdap required prior to entering 7th grade.
- 2) Polio -- 3 doses, one on or after the 4th birthday.
- 3) MMR -- 2 doses, first dose must be given on or after the 1st birthday.
- 4) Varicella (Chickenpox vaccine) -- 2 doses, first dose must be given on or after 1st birthday.

You may obtain your immunizations from your physician, or at a reduced fee from your local Health Department, Riverstone Health Clinic. **Immunizations are by appointment only!** No one will be refused for inability to pay. Hours and prices are subject to change.

Riverstone Health Clinic
123 South 27th Street
Billings, Montana 59101
Phone: 406-247-3382

Please take care of your child's immunizations now to avoid the August rush, waiting lines, and the possible delay of your child entering school in the fall. Please forward a copy of your child's immunization record that comes from the health care provider/clinic to your school nurse prior to the start of school. Thank you!

Elder Grove School New Student Information Letter

Regarding Immunizations and Health Issues

Montana School Immunization Requirements: All new enrolled students must meet the appropriate requirements before attending school unless an exemption or conditional attendance is in place.

* This means documentation by a physician or clinic of immunizations is required.

* If in the process of receiving vaccines, a conditional attendance is required.

* If vaccines are against your religious beliefs or your child has a health condition and cannot receive vaccines, then the proper exemption will need to be completed. You can get these forms from the secretary or school nurse. They also will be at kindergarten registration.

Medications Taken at School

All parents/guardians need to complete a medication consent form if their child plans to take medication at school no matter whether it is over-the-counter or a prescription medication. Medication must be in original bottle or pharmacy bottle. Prescription medication must have child's name, dosage, physician prescribing, and correct name of medication on prescription bottle label or box. Over the counter medication must have child's name on the bottle. **No medication in baggies will be accepted.**

Asthma

If your child has asthma, an asthma action plan/medication form needs to be completed by you and your physician. Montana law allows children to carry their inhalers but we need to have an asthma action plan/medication form completed yearly.

Food Allergies

If your child has a food allergy or several food allergies, a food allergy action plan will need to be completed by you and your physician. If your child is allergic to a lot of foods, you need to realize we have no dietitians at school and it would be best if you provided a lunch for your child for your child's safety. Always stay in contact with your child's teacher so if there is a party with snacks, you can provide your child with snacks they can have so they do not feel left out. If your child needs to have an Epi Pen, please make arrangements to come to school and do an Epi Pen training with staff.

EMERGENCY MEDICAL RELEASE FORM

To: Parents and/or Guardians of Students Representing School District No. 8 in ALL School Activities or Involved with School Transportation.

Recently, it has become exceedingly difficult to obtain medical services for students injured when competing without first obtaining parental/guardian consent in writing. So that proper emergency assistance may be provided, we ask that you review the following statement, sign, and return.

It is also understood that the card will be valid as long as your child is enrolled in School District No. 8, and any medical expenses will be paid by the parent or their insurance company.

"So that proper emergency assistance may be provided, I hereby authorize School District No 8 and its faculty members in charge of my child named below to obtain all necessary medical care for my child, and I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child."

Check the appropriate box:

- ☐ Permission **granted** for emergency medical treatment
- ☐ Permission **denied** for emergency medical treatment

Student's Name: _____

Student's Date of Birth: _____

Address: _____

Preferred Hospital: _____

Preferred Physician: _____

Parent/Guardian Signature: _____

Date: _____ Phone #: _____



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Request for School Records

Date: _____

To: _____

(Former School)
(Address)
(City, State & Zip)
(Phone & Fax)

The following student(s) have enrolled in Elder Grove School. Please release the Student's Cumulative Record and forward to the address listed below.

I understand these records will include:

- ☐ Attendance Records
- ☐ Standard Test Records
- ☐ Psychological Records
- ☐ Medical History
- ☐ Grades at time of withdrawal
- ☐ CURRENT IEP/504

***Please fax Birth Certificate and Immunization Records**
Elementary (406)651-4346 Middle School (406)656-7893

Name(s)	Birthdate	Current Grade Level

Please note: Parental permission is no longer required by authorized school personnel. (Family Education Rights and Privacy Act. Final Rule on Education Records, Federal Registrar, June 17, 1976, Vol 41, No. 118, Page 24673.)

Please mail records to:

Elder Grove School
1532 South 64th St. West
Billings, MT 59106

Elder Grove Middle School
6281 Hesper Rd
Billings, MT 59106