

MISSOULA COUNTY PUBLIC SCHOOLS TRAILBLAZERS 4-YEAR-OLD EARLY LEARNING

PRE-SCREENING PACKET

Submit this completed packet and all required documents.
Once received, you will be contacted via email to schedule a March screening.*

REQUIRED DOCUMENTS:

- Completed Pre-Screening Packet (attached)
- Copy of student's certified birth certificate (not hospital certificate)
- Copy of student's complete immunization records
- Residency verification in guardians name.
Submit at least ONE of the following:
 - a. FULL utility bill showing the service address (w/in last 2 months)
 - b. Lease agreement
 - c. Renter's insurance



SUBMIT PRE-SCREENING PACKET:

Return the completed packet and required documents using one of the methods below:

• In Person:

MCPS District Office

909 South Ave. W. Bldg A

• **Fax:** (406) 542-4006

• **Email:** studentregistration@mcpsmt.org

QUESTIONS? CALL: (406) 728-2400



*STUDENTS WHO TURN 4 BY SEPTEMBER 10, 2026 ARE ELIGIBLE FOR A TRAILBLAZER 4 SCREENING; PLACEMENT IN THE PROGRAM IS BASED UPON ACADEMIC NEED AS INDICATED BY THE SCREENING.



Missoula County Public Schools Enrollment Form

Attendance Area School _____ Enrollment Date: ____/____/____

Grade (level): _____

- Trailblazer (4 yr olds/Screening Required) TEACH Academy (Charter School) CONNECT Academy (Charter School/Gr. 9-12)

Student Information: Please complete the following using the information as it appears on the student's birth certificate.

Student Last (Legal): _____ First: _____ Middle: _____

Student Nickname: _____ Birthdate: ____/____/____ Gender: Male Female

Household Primary Phone Number: _____ Student Phone Number: _____

Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Programs: <input type="checkbox"/> Gifted <input type="checkbox"/> 504 <input type="checkbox"/> Special Education (IEP)	Primary Language: What is the primary language spoken in the home? _____
---	--	---	--

Previous School: _____
(school name/address/phone)

Parent/Guardian Information: (Legal Parent/Guardian Only)

First Parent/Guardian Name: _____ **Relationship to Student:** _____

Okay to Pick Up: Yes No **Legal Custody:** Yes No **Lives With:** Yes No **Receives Mailings:** Yes No

Physical Address: _____ P.O. or Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Employer: _____

Second Parent/Guardian Name: _____ **Relationship to Student:** _____

Okay to Pick Up: Yes No **Legal Custody:** Yes No **Lives With:** Yes No **Receives Mailings:** Yes No

Physical Address: _____ P.O. or Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Employer: _____

Emergency Contact Information: (MUST BE SOMEONE OTHER THAN PARENT OR LEGAL GUARDIAN.)

Emergency Contact Name: _____ Relationship to Student: _____

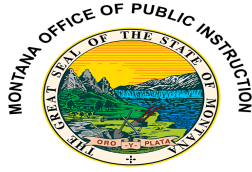
Phone Number:(home, cell, work) _____ Okay to Pick Up: Yes No

Emergency Contact Name: _____ Relationship to Student: _____

Phone Number:(home, cell, work) _____ Okay to Pick Up: Yes No

I authorize previous school to release my child's academic records, test scores and participation in interventions to MCPS Schools.

***Parent/Guardian Signature:** _____



MONTANA HOME LANGUAGE SURVEY

District:

School:

The Home Language Survey helps the school ensure that your child receives the highest quality education and services to which they are entitled. The process begins with determining the language(s) spoken in the home. Your responses are essential in order for the school to make the most informed program decisions for your child which may include assessing their English language proficiency. Please respond to the questions below as accurately as possible.

Student Name:

Birth Date:

Parent / Guardian Name:

Sex:

Address:

Phone Number:

Email:

Answer each question by marking either the YES or NO box:

YES

NO

1. Is your child's first-learned or home language anything other than English?

2. Does your child understand or communicate with anyone in the home using a language other than English?

3. Does your child read and/or write in a language other than English?

4. Does your child have exposure to a heritage or ancestral language other than English spoken by family, friends, or community members?

5. If you answered YES to any question, what language(s) other than English does your child hear or use at home?

AIM Census: Home Language

6. If you answered YES to any questions, what language(s) other than English is your child exposed to in their home or community?

AIM Census: Language of Impact

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

Parent / Guardian Signature:

Date:

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Missoula County Public School District 1
Student Residency QuestionnaireName of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Person completing form:

- Parent or guardian Unaccompanied youth (a youth that does not live with a parent or guardian)
 Youth Other: _____

Name: _____

Email: _____ Phone: _____

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? Yes No
 2. Is the student's living arrangement due to loss of housing or financial hardship? Yes No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship
 In an emergency shelter, transitional housing facility, or abandoned in a hospital
 Sharing another family's house or apartment
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building
 In a bus or train station
 Moving from place to place (couch surfing)
 In a public or private place not meant to be used as a regular place for people to sleep
 Other: _____

Last school the student attended:

School: _____ District: _____

City: _____ State: _____

Name of Parent, Guardian or education decision maker:

Name _____ Signature: _____

Name _____ Signature: _____

Address: _____

City: _____ Signature: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

OR

Student (if an unaccompanied youth that is homeless):

Name _____ Signature: _____

Address: _____

Email: _____ Phone: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
-----------------	---	--------------------------	-----------

School staff are informed of health conditions and treatments on a need-to-know basis in order to keep students safe. Information provided may be used to treat the student during class, activities, and health office visits. The information provided will also help us understand learning and health needs. **Note:** Food preferences, lifestyle/religious diets are addressed between the parent/guardian and the student. It is not the school's responsibility to monitor for preferences.

Please indicate YES or NO if your student has or has had the below conditions. A YES answer requires additional details. Conditions with an asterisk* indicate additional forms or information may be required. Please use blue or black ink.

Condition	Yes	No	Details	Condition	Yes	No	Details
ADHD, ADD				Frequent/recurring			
Autism				Dizziness			
Allergy- *Life-threatening				Headache			
*Epi Pen prescribed				Infections			
Allergies-other				Migraine			
Asthma				Nose bleeds			
*Inhaler at school				Pain			
Anemia				Stomach ache/nausea			
Bleeding disorder				Head injury/concussion dates:			
Arthritis				Heart Disease/condition			
Behavioral/emotional				Hospitalizations			
Bladder/bowel/urinary				Immune system issues			
*Ostomy				Lung/breathing conditions			
Bone/muscle/joint problems				Mental health /psychiatric			
Fractures/broken bones				Mobility/assistive device			
Developmental delays				Neurologic/neuromuscular			
*Diabetes				*Seizures (indicate type)			
Ear/hearing				Rescue meds			
Wears hearing aid(s)				Daily seizure meds			
Sign language				Sleep			
Eye/vision/color vision				Apnea			
Wears glasses/contacts				Snoring			
Color blind/deficient				Skin conditions/rash			
*Feeding Tube				Speech/communication			
*Food intolerances				Surgeries (Date/type)			
List food & reaction				Other:			
ADDITIONAL INFORMATION:							

***Medications & treatments**-list all meds, treatments, etc. **Please attach or enter additional information above, if needed.**

1. Treatment/med _____ Times needed _____ For _____
2. Treatment/med _____ Times needed _____ For _____
3. Treatment/med _____ Times needed _____ For _____
2. Treatment/med _____ Times needed _____ For _____

In case of an accident or serious illness, the school will provide first aid and contact a parent/guardian to obtain further medical attention. The school may notify emergency services if deemed necessary. If appropriate and the school is unable to contact the parent/guardian, the school may contact the medical provider listed below and follow his/her instructions.

Health care provider(s) _____ Phone(s) _____

Parent/guardian signature _____ Date _____