Havre Public Schools
Enrollment Form

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: ___/___/___ Grade Entering: _____ Gender: □Male □Female

Household Primary Phone Number (call sequence #1)_____

Ethnicity:	**Race (check all that apply):**	**Current Programs:**	**Primary Language:**
Hispanic/Latino □Yes □No	□ American Indian or Alaska Native □Asian □Black or African American □Native Hawaiian or Pacific Islander □White	□Health Condition □Special Education (IEP) □Speech only (IEP) □Custodial/Legal Documents □English Language Learner (ELL) □Foster Care □Homeless □504	What is the primary language spoken in the home?_____ _____

Previous school attended: _____

Please provide the information below for the family the student resides with.

Parent/Guardian Information (Legal parent/guardian)

Primary Parent/Guardian Name:_____ Relationship to student:_____
Legal Custody Yes □ No □ Lives with Yes □ No□ Receives MailingsYes □ No□

Physical Address_____ P.O. or Mailing Address_____

City:_____ State:_____ Zip:_____

Primary phone:_____Secondary phone:_____ Email:_____

Work Phone:_____ Employer:_____Active Military Yes □ No□

Secondary Parent/ Guardian Name:_____Relationship to student:_____
Legal Custody Yes □ No □ Lives with Yes □ No□ Receives MailingsYes □ No□

Physical Address_____ P.O. or Mailing Address_____

City:_____ State:_____ Zip:_____

Primary phone:_____Secondary phone:_____ Email:_____

Work Phone:_____ Employer:_____Active Military Yes □ No□

If any other parent/guardian resides at a separate residence, please use the section on the back page.

Primary Parent/Guardian Name:_____ Relationship to student:_____

Legal Custody Yes □ No □ Lives with Yes □ No□ Receives MailingsYes □ No□

Physical Address_____ P.O. or Mailing Address_____

City:_____ State:_____ Zip:_____

Primary phone:_____Secondary phone:_____ Email:_____

Work Phone:_____ Employer:_____Active Military Yes □ No□

Secondary Parent/ Guardian Name:_____Relationship to student:_____
Legal Custody Yes □ No □ Lives with Yes □ No□ Receives MailingsYes □ No□

Physical Address_____ P.O. or Mailing Address_____

City:_____ State:_____ Zip:_____

Primary phone:_____Secondary phone:_____ Email:_____

Work Phone:_____ Employer:_____Active Military Yes □ No□

Emergency Contact Information:
#1 Emergency Contact Name:_____Relationship to student:_____

Primary phone number:_____ Secondary phone number:_____

#2 Emergency Contact Name:_____Relationship to student:_____

Primary phone number:_____ Secondary phone number:_____

#3 Emergency Contact Name:_____Relationship to student:_____

Primary phone number:_____ Secondary phone number:_____

#4 Emergency Contact Name:_____Relationship to student:_____

Primary phone number:_____ Secondary phone number:_____

If you checked heath condition please provide specific information:

_____

_____

If you checked custodial/legal documents, please provide specific information:

_____

_____

Student's school-age siblings:

Name_____ Relationship_____ Age/Grade_____

Name_____ Relationship_____ Age/Grade_____

Name_____ Relationship_____ Age/Grade_____

Name_____ Relationship_____ Age/Grade_____

I affirm that the information above is true and accurate to the best of my knowledge.

***Parent/Guardian Signature**:_____

English

Student Residency Questionnaire

Havre Public Schools

Student Residency Questionnaire

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Person completing form:

- ❑ Parent or guardian
- ❑ Youth
- ❑ Unaccompanied youth (a youth that does not live with a parent or guardian)
- ❑ 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: ❑ Yes ❑No	District Representative:	Comments:

Havre Public Schools, A Tradition of Excellence!

Parents or Guardians,

Does your student have one of the following documents?

Student Name:_____DOB_____

Guardian/ Parent Name_____Phone Number:_____

Special Education: Individual Education Plan (IEP)_____

504 for accommodations _____

Are they coming from a residential facility in state or out of state (Shodaire, Yellowstone Boys and Girls Ranch, Group Home, etc.)_____

English second language_____

This information will be provided to the Principal, Special Education teacher, and support services at the school the student will be entering. You will receive a phone call to set a date for an entrance meeting to best meet the needs and schedule of your student. This meeting will occur within 5 school days or sooner of enrollment. Please contact our Special Services Office if you have any questions.

Phone: (406) 395-8550

Cell phone: 406 399-3486 (text or call)

Email: solomons@blueponyk12.com or russellc@blueponyk12.com

This entrance meeting is imperative due to our intention to provide your students with best practice services upon entrance into our district.

Our school district Principals and support staff will be notified to attend this meeting once we have received your student's record so that we can gather all the necessary information to ensure your student has a successful start in our district and that staff are aware of your student's needs.

Thank you so much for your participation!

Cheryl Russell
Havre Public School
Special Services Director

MONTANA HOME LANGUAGE SURVEY

District: Havre Public Schools	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:	
Home Phone:	Work Phone:

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 the 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:	

revised 2/2025

OMB Control No. 1810-0021 (Exp. 06/30/2026)

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