



Grade (level): _____

Missoula County Public Schools Enrollment Form☐ 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
☐ Yes
☐ No**Race:** (check all that apply)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White**Programs:**
☐ Gifted
☐ 504
☐ 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:** _____ **DATE:** _____.....
MCPS Enrollment Office Use ONLY

Attendance Area School: _____ Placement School: _____ Enrollment Date: _____