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:_____

Revised 9/15/26

MONTANA HOME LANGUAGE SURVEY

District:	School:

The purpose of this survey is to ensure that your child receives the highest quality education and services to which they are entitled. The information you provide will be used to assist in making the most informed program decisions for your child.

Student's 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. Do you use a language(s) other than English with the child?		
3. Does the child understand when someone communicates with them in a language other than English?		
4. Does the child have significant exposure to another ancestral language other than English spoken by their family, friends or other community members?		
5. Does the child read in a language(s) other than English?		
6. Does the child write in a language(s) other than English?		

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home?	
8. If you answered YES on one or more of questions 1-6, what language(s) other than English is the student exposed to in their community?	
9. If available, in what language would you prefer to receive communication from the school?	

Parent or Guardian's Signature:	
Date:	

Missoula County Public Schools **Full Student Name:** _____Grade:_____
CONFIDENTIAL Student Health History

School:_____Date of birth:_____

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_____

Form revised 1/2026

Request for Student Records
Missoula County Public Schools

Office Use Only

1st Request_____

2nd Request_____

Notes_____

_____

Welcome! Please select the MCPS High School student will be enrolled in.

☐ **Big Sky High School**
3100 South Ave. W.
Missoula, MT 59804
Phone# (406)728-2400 ext. 8030
Fax# (406) 329-5902
Email: mbierwag@mcpsmt.org

☐ **Hellgate High School**
925 Gerald Ave.
Missoula, MT 59801
Phone# (406)728-2400 ext. 6023
Fax# (406) 728-2496
Email: lwillumsen@mcpsmt.org

☐ **CONNECT Academy**
909 South Ave. West
Missoula, MT 59801
Phone# (406)728-2400 ext. 1082
Fax# (406) 542-4009
Email: studentregistration@mcpsmt.org

☐ **Seeley-Swan High School**
P.O. Box 416
Seeley Lake, MT 59868
Phone# (406) 677-2224
Fax# (406) 677-2949
Email: astevenson@mcpsmt.org

☐ **Sentinel High School**
901 South Ave. W.
Missoula, MT 59801
Phone# (406)728-2400 ext. 7024
Fax# (406) 329-5959
Email: jowen@mcpsmt.org

Please provide student's previous school information.

TO:_____
(Former School)

ADDRESS:_____

PHONE:_____ **FAX:**_____

STUDENT NAME:_____ **GRADE**:_____

I authorize the release of the above-named student's records as indicated below for your purposes of school placement and/or education planning. I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974. I understand the student and/or I have a right to a copy at our expense, if requested, and have an opportunity for a hearing to challenge the content of records. I understand that the information transferred is treated in a confidential manner and interpreted by competent school personnel. They will not be transmitted to a third party without my consent.

PARENT/GUARDIAN SIGNATURE:_____ **DATE:**_____

CURRENT ADDRESS:_____ **PHONE:**_____

RELATIONSHIP TO STUDENT:_____

PLEASE MAIL:

- **Official High School Transcript - Stamped with School Seal**
- **Academic Records (test scores, cumulative file)**
- **Health/Medical Records**
- **Special Education and Psychological Records**

PLEASE FAX OR EMAIL UPON RECEIPT:

- **Transcript and Withdrawal Grades**
- **Immunization Record**
- **Behavior and Attendance Records**
- **IEP Record**

Missoula County Public School District 1

School Year:

Student Residency Questionnaire

By completing this questionnaire, you are helping the district to comply with the McKinney-Vento Act (42 U.S.C. § 11431 et seq.). Your answers will be confidential (and are protected by the Federal Education Rights and Privacy Act) and help the district identify services that the student may be eligible to receive and to help decide which schools students should attend.

Name:	**DOB**:	**Age**:	**Grade**:	**School**:
Name of Guardian or Educational Decision Maker:				**Phone**:
Address:	**City**:	**Zip**:	**Email**:	

The student lives with:	☐ Parent/Legal Guardian	☐ And adult that in not parent/legal guardian (UYH)	☐ Alone, without an adult (UHY)

Is the student's address a temporary living arrangement?	☐ Yes	☐ No
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	☐ Sharing another family's house or apartment
☐ In an emergency shelter, transitional housing facility, or abandoned in a hospital	☐ In a bus or train station
☐ Moving from place to place (couch surfing)	☐ Other:
☐ 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/movable campers), camp ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building	
☐ In a public or private place not meant to be used as a regular place for people to sleep	

Last school the student attended:			
School:	**District**:	**City**:	**State**:

Person completing form:	

Transportation Requested? ☐ Yes ☐ No

Please list all children living with you between the ages of birth and 21 years old: can add more on back

Name:	Age:	Grade:	School:

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:	District Representative:	Eligible?	☐ Yes	No
Notes:		UHY?	Yes	☐ No

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:

- o Membership or enrollment number establishing membership (if readily available) or
- o 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