Helena School District K-12 Enrollment Form

For Office Use Only	Date Received:
	Time Received:

Student Information

Last Name (Legal):
First Name:
Middle Name:
Gender: ☐ Male ☐ Female
Grade:
Birthdate:
Birthplace:
Student Resides With:
Home Address:
City, State, Zip:

Ethnicity:
Hispanic/Latino ☐ Yes ☐ No
Race (check all that apply)
☐ American Indian/Alaskan Native
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ Asian
☐ White
☐ Other: _____

Is this a temporary living arrangement? ☐ Yes ☐ No
Is this student in foster care? ☐ Yes ☐ No
Student has a parent on active duty in: the US Military (Army, Navy, Air Force, Marines or Coast Guard) ☐ Active Duty National Guard ☐
Active Duty Reserve Force of the US Military ☐ Transitioning out of Active Duty to National Guard/Reserve ☐

Parent Information
Required for Transcripts

Father's Information	(Please check all that apply)	Mother's Information	(Please check all that apply)
First Name:	☐ Custody ☐ School Pickup	First Name:	☐ Custody ☐ School Pickup
Last Name:	☐ Lives With ☐ Receives Mail	Last Name:	☐ Lives With ☐ Receives Mail
Employer:	(Please mark device & if we can text that #)	Employer:	(Please mark device & if we can text that #)

	Father: Daytime	Home	Mobile	Text	Work	Mother: Daytime	Home	Mobile	Text	Work
Preferred Phone Number:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alternate Phone Number:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alternate Phone Number:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Father's Information	Mother's Information
Primary Email Address:	Primary Email Address:
Additional Email Address:	Additional Email Address:
Home Address:	Home Address:
City, State and Zip:	City, State and Zip:
Mailing Address (if different):	Mailing Address (if different):
City, State and Zip (if different):	City, State and Zip (if different):

Other Parent/Guardian Information

Relationship to Student:		Relationship to Student:	
First Name:	☐ Custody ☐ School Pickup	First Name:	☐ Custody ☐ School Pickup
Last Name:	☐ Lives With ☐ Receives Mail	Last Name:	☐ Lives With ☐ Receives Mail

	Daytime	Home	Mobile	Text	Work	Daytime	Home	Mobile	Text	Work
Preferred Phone Number:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alternate Phone Number:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Primary Email Address:	Primary Email Address:
Home Address:	Home Address:
City, State and Zip:	City, State and Zip:
Mailing Address (if different):	Mailing Address (if different):
City, State and Zip (if different):	City, State and Zip (if different):

Emergency Contact

Emergency Contact #1		Emergency Contact #2	
Relationship to Student:		Relationship to Student:	
School Pickup: Yes ☐	Daytime Home Mobile Work	School Pickup: Yes ☐	Daytime Home Mobile Work
Phone Number:	☐ ☐ ☐ ☐	Phone Number:	☐ ☐ ☐ ☐

Sibling Information

Name (Last, First):	School Attending:	Grade:

Last School Attended (Include preschool if registering for kindergarten)		
	Name of School or Preschool:	Phone Number:
	Address:	Fax Number:
	City, State, Zip:	Dates Attended:
	Has student ever been expelled or been considered for expulsion?	☐ Yes ☐ No
	Has student previously attended school in Helena School District?	☐ Yes ☐ No

Social Services	Special Education	Has **NEVER** received this service	Is **CURRENTLY** receiving this service	Has been **EXITED** from this	FOR OFFICE USE ONLY
	Speech Only (Special Education)	☐	☐	☐	
	504	☐	☐	☐	
	IEP	☐	☐	☐	
	Gifted and Talented	☐	☐	☐	

English Learner (EL)					
	Student's Primary Language		☐ English	☐ Other: _____	
	What language did student learn when he/she first began to talk?		☐ English	☐ Other: _____	
	What language does the family speak at home?		☐ English	☐ Other: _____	
	What language does the parent/guardian speak to the student?		☐ English	☐ Other: _____	
	What language does the student speak to the parent/guardian?		☐ English	☐ Other: _____	

Transportation	How will student **get to school?**	How will student **get home from school?**

Signatures	*I affirm that the above information is true and accurate to the best of my knowledge.*		
	Signature of Parent/Guardian	Date	Please Print Name

FOR OFFICE USE ONLY					
	Required for Registration		Form Given to Parent/Guardian	Received	Notes
		Copy of Birth Certificate		☐	
		Medical History Form	☐	☐	
		Verification of Residence		☐	
		Copy of Immunizations		☐	
		Completed Registration Form	☐	☐	
	If Applicable	506 Form	☐	☐	
		F/R Lunch Form	☐	☐	
		Boundary Exception Form	☐	☐	
		Guardianship Paperwork	☐	☐	
	Entered into PowerSchool	Initials	Date	School	

cc 3135 REV. 8/23/22

English

Student Residency Questionnaire

Student Residency Questionnaire (Required by Federal and State Law)

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: _____
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.

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Date Completed:	Eligible: ☐ Yes ☐ No	District Representative:	Comments:

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Spanish

Student Residency Questionnaire

Cuestionario sobre la residencia de los alumnos (Obligatorio según la ley federal y estatal)

Nombre del/la alumno(a): _____ Fecha de nacimiento: _____
(mm/dd/aaaa)

Persona que completa el formulario:

☐ Padre/madre o tutor ☐ Joven sin compañía (alguien que no vive con su madre/padre/tutor)
☐ Joven ☐ Otro: _____

Nombre: _____

Correo electrónico: _____ Teléfono: _____

Responda estas preguntas sobre la residencia del/la alumno(a). La información que usted brinde es confidencial y está protegida por la Ley Federal de Derechos Educativos y Privacidad Familiar (Family Educational Rights and Privacy Act). Utilizamos esta información para decidir a qué escuelas deberían asistir los alumnos. También utilizamos esta información para garantizar que se cumplan los derechos de un/una niño(a), joven o joven sin compañía de conformidad con la Ley McKinney-Vento de Asistencia a Personas Sin Hogar (McKinney-Vento Homeless Assistance Act).

1. ¿La dirección particular del/la alumno(a) corresponde a una vivienda temporal? ☐ Sí ☐ No
2. ¿El/la alumno(a) reside en esta vivienda debido a la pérdida de su hogar o a dificultades económicas? ☐ Sí ☐ No

Si la respuesta a cualquiera de las preguntas anteriores es SÍ, complete lo siguiente:

¿Dónde vive actualmente el/la alumno(a) antes identificado(a)? (Marque una opción).

☐ En un motel u hotel debido a la pérdida de vivienda o dificultades económicas
☐ En un albergue de emergencia, centro de acogida de transición o se encuentra abandonado en un hospital
☐ Comparte la casa departamento de otra familia
☐ En un automóvil, un estacionamiento, un estacionamiento de casas remolque (esto no hace referencia al estacionamiento de casas móviles (remolques), sino que se refiere a un tipo de campamento para remolques de cinco ruedas u otros tipos de casas móviles), un campamento, la calle, un espacio público, una vivienda por debajo del estándar (que no cumple con los estándares de vida modernos) o en un edificio abandonado
☐ En una estación de autobús o de tren
☐ Se traslada de un lugar a otro (se vale de la hospitalidad de conocidos)
☐ En un espacio público o privado que no está equipado como lugar regular en el que se pueda dormir
☐ Otro: _____

Última escuela a la que asistió el/la alumno(a):

Escuela: _____ Distrito: _____

Ciudad: _____ Estado: _____

Nombre del padre/madre, tutor o persona responsable de la decisión educativa:

Nombre _____ Firma: _____
Nombre _____ Firma: _____
Dirección: _____
Ciudad: _____
Teléfono de casa: _____ Teléfono del trabajo: _____
Teléfono celular: _____ Dirección de correo electrónico: _____

O

Alumno(a) (si se trata de un/una joven sin compañía ni hogar):

Nombre _____ Firma: _____
Dirección: _____
Correo electrónico: _____ Teléfono: _____

Si un/una niño(a), joven o joven sin compañía NO vive en una residencia permanente, NO se requieren pruebas de residencia ni otros documentos que normalmente se solicitan para la inscripción (información de salud, registros escolares, etc.). El/la niño(a), joven o joven sin compañía debe inscribirse de inmediato en su escuela de origen, la escuela a la que otros alumnos asisten y que se encuentra en el área en la que vive actualmente, u otra escuela a la que pueda asistir según lo que sea de su conveniencia.

OFFICE USE ONLY			
Date Completed:	Eligible: ☐ Yes ☐ No	District Representative:	Comments:

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Please Respond in English

English

Home Language Survey

Helena Public Schools

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date:_____Sex: ❑ Male ❑ Female

Parent or Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone:_____

School: _____ Grade:_____Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? _____

2. What language does your child most frequently speak at home? _____

3. What language is spoken by you and your family most of the time at home? _____

4. Is there a tribal or heritage language spoken by you or your family within the past few generations? ❑ Yes ❑ No

   If yes, what language or languages? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

5. If available, in what language would you prefer to receive information from the school? _____

_____ _____

Parent or Guardian's Signature Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

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OMB Control No. 1810-0021 (Exp. 04/30/2023)

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

Helena Public Schools

Health History

School Year_____

Name		Date of Birth
Gender	School	Grade/Teacher
Physician	Dentist	

The school district considers this to be personal, confidential information that will be treated in a discreet manner. The form may be reviewed by the school nurse, the classroom teacher, the building administrator, and other educators on a need to know basis.

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTH CARE PROVIDER WITH ANY OF THE FOLLOWING:

Health Condition	Yes	No	Explanation if "Yes"
Allergies Bee Stings Food Allergies Other	☐ ☐ ☐	☐ ☐ ☐	Does your child require an EpiPen? Yes ☐ No ☐ List: EpiPen? Yes ☐ No ☐ List: EpiPen? Yes ☐ No ☐
ADD/ADHD	☐	☐	Medication:
Asthma	☐	☐	Asthma medication taken at home: Medication required at school:
Autism Spectrum Disorder	☐	☐	Describe: Verbal ☐ Non Verbal ☐ Medications:
Bowel/Bladder Issues	☐	☐	Describe:
Diabetes	☐	☐	Type 1 (insulin dependent) ☐ Type 2 ☐ Diabetes medications:
Hearing Loss	☐	☐	Right Ear ☐ Left Ear ☐ Hearing Aids ☐
Heart Condition	☐	☐	Describe:
Mental Health/Emotional/Behavioral	☐	☐	Describe: Medication/Treatment:
Seizure Disorder	☐	☐	Type of Seizure: Medications:
Serious Injury	☐	☐	Describe: Dates:
Surgery	☐	☐	Describe: Dates:
Vision	☐	☐	Glasses ☐ Contacts ☐ For Distance ☐ For Reading ☐

See Back

Other	☐	☐	**Describe:**
Please list medications taken at Home if not already listed: **Medication**			**Dose** **How often** **Reason**

Medications

Helena School District requires written permission from a Health Care Provider and parent/guardian before prescription or over-the-counter medication can be given to students K-8 grades at school. For High School students written permission from a Health Care Provider and parent/guardian must be provided for administration of prescription medications only. School Nurses **do not** have over-the-counter medications (Tylenol, Ibuprofen, Tums) to give to students. An *Authorization for Medications to be Given at School* form is available from your School Nurse or from the Helena School District website https://helenaschools.org/departments/health-services/

Parent/Guardian Signature **Printed Name** **Phone**

imMTrax Consent Form for Children

Child's Name:_____ Sex: M____ F____ Date of Birth:_____

I authorize my health care provider and 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**

Vaccines Required for School Attendance, Preschool -12th Grade

VACCINE	PRESCHOOL[1]	KINDERGARTEN - 12TH GRADE
Haemophilus influenza Type B (Hib)	**1 dose** (given on or after the 1st birthday, unless child is older than 59 months)[2]	None Needed
Diphtheria, Tetanus, and Pertussis (DTaP, Tdap)	**4 doses**	**4 doses** (one dose must be given on or after 4th birthday)[3,4] **Plus** **1 dose of Tdap** (prior to entering 7th grade)[6]
Polio (IPV or OPV)	**3 doses**	**3 doses** (one dose must be given on or after 4th birthday)[3]
Measles, Mumps, and Rubella (MMR)	**1 dose** (dose must be given on or after 1st birthday)	**2 doses** (first dose must be given on or after 1st birthday, and spacing between doses is 4 weeks)
Varicella "chickenpox" (Var)	**1 dose** (dose must be given on or after 1st birthday)[6]	**2 doses** (first dose must be given on or after 1st birthday, spacing between doses is 12 weeks for children under 13 years, and 4 weeks for those older than 13 years)[5,6]

[1]Per MCA 20-5-402, a preschool is defined as a facility that provides, on a regular basis and as its primary purpose, educational instruction designed for children 5 years of age or younger and that: (a) serves no child under 5 years of age for more than 3 hours a day; and (b) serves no child 5 years of age for more than 6 hours a day.

[2]Hib vaccine is not recommended for children older than 59 months.

[3]When following the ACIP schedule, children will have at least 5 doses of DTaP and 4 doses of polio vaccine.

[4]A pupil 7 years or older who has not completed the DTaP requirement must receive additional doses of Tdap vaccine or Td vaccine to become current in accordance with the Advisory Committee on Immunization Practice (ACIP) recommendations per ARM 37.114.705.

[5]While it is not recommended, if a child younger than 13 years receives their second dose of varicella at an interval of 4 weeks or longer, the dose does **not** need to be repeated.

[6]As of October 1, 2015 pupils are required to have varicella vaccine and all pupils 7th-12th grade must have a Tdap vaccine.

Note: A four-day grace period may apply, as appropriate, per the ACIP recommendations.

Documentation of a valid medical or religious exemption or conditional enrollment may be submitted in lieu of receiving all required vaccines.

September 2019