

# Helena School District

# K-12 Enrollment Form

Office Use Only	Date Received:
	Time Received:

Student Information	Last Name (Legal)	Ethnicity Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No  Race (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____
	First Name	
	Middle Name	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Grade	
	Birthdate	
	Birthplace	
	Student Resides With	
	Home Address	
	City, State, Zip	
	Is this a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
	Does student have a parent on active duty in the regular Armed Forces, National Guard, or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> NO	

Parent/Guardian Information		Father's Information	Mother's Information
	Last Name		
	First Name		
	Address		
	City, State, Zip		
	Work/Day Telephone		
	Employer		
	Home Phone		
	Cell (Alt) Phone		
E-Mail Address			

Other Parent/Guardian Information <small>e.g. step parent, relative w/ custody, or other guardianship</small>		Relationship to Student: _____	Relationship to Student: _____
	Last Name		
	First Name		
	Address		
	City, State, Zip		
	Work/Day Telephone		
	Employer		
	Home Phone		
	Cell (Alt) Phone		
E-Mail Address			

Emergency Contact Information <small>Other than Listed Above</small>	Emergency Contact #1	Sibling Information	Name	School		
	Relationship to Student		(Last, First)	Attending		
	Daytime Telephone		1			Grade
	Emergency Contact #2		2			
	Relationship to Student		3			
Daytime Telephone	4					

Last School Attended <small>Include preschool if registering for kindergarten</small>	Name of School or Preschool		Phone Number:	
	Address		Fax Number:	
	City, State, Zip		Dates Attended:	
	Has student ever been expelled or be considered for expulsion?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has student previously attended school in Helena School District?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Social Services		Has <b>NEVER</b> received this service	Is <b>CURRENTLY</b> receiving this service	Has been <b>EXITED</b> from this service	FOR OFFICE USE ONLY
	Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Speech Only (Special Education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gifted and Talented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Transportation	How will student get <b>to school</b> (fill in the blank)?	How will student get <b>home from school</b> (fill in the blank)?

Signatures	<i>I affirm that the above information is true and accurate to the best of my knowledge.</i>		
	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		<input type="checkbox"/>	
		Medical History Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Verification of Residence		<input type="checkbox"/>	
		Copy of Immunizations		<input type="checkbox"/>	
	Completed Registration Form	<input type="checkbox"/>	<input type="checkbox"/>		
	If Applicable	506 Form	<input type="checkbox"/>	<input type="checkbox"/>	
		F/R Lunch Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Boundary Exception Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Guardianship Paperwork	<input type="checkbox"/>	<input type="checkbox"/>	
Entered into PowerSchool		Initials	Date	School	