



Student Registration Form

Student Information

Date: _____

Name: _____ Gender M F
Last, First, Middle Initial

Primary Residence: _____ Date of Birth: ____/____/____
Street name and number City State, Zip code MM DD YYYY

Secondary Residence: _____ Nick Name: _____
(If applicable) Street name and number City State, Zip code

Birth certificate presented? Yes No Grade Entering: _____

Parent/Guardian Information

Parent/Guardian #1

Name _____ Gender M F
Last, First, Middle Initial

Cell Phone () - _____ Work Phone () - _____ Other Phone () - _____

Physical Address _____ Relationship to Student _____
Street name and number City State, Zip code

Mailing Address _____
Street name and number or PO Box City State, Zip code

Primary email address
[Grid for email address]

Secondary email address
[Grid for email address]

Parent/Guardian #2

Name _____ Gender M F
Last, First, Middle Initial

Cell Phone () - _____ Work Phone () - _____ Other Phone () - _____

Physical Address _____ Relationship to Student _____
Street name and number City State, Zip code

Mailing Address _____
Street name and number or PO Box City State, Zip code

Primary email address
[Grid for email address]

Secondary email address
[Grid for email address]



Student Registration Form

Sibling Information

Name _____ Grade _____ Age _____
Last, First

Name _____ Grade _____ Age _____
Last, First

Name _____ Grade _____ Age _____
Last, First

Medical Information

In case of accident or illness where a doctor is needed and you cannot be contacted, do you hereby give permission for the school to take your child to the doctor?

Yes No

Doctor _____ Phone () - _____ 1st Choice

Doctor _____ Phone () - _____ 2nd Choice

Dentist _____ Phone () - _____

Other Information

Nearest Relative or Neighbor

Name _____ Gender M F
Last, First, Middle Initial

Cell Phone () - _____

With whom does the student primarily reside?

Name _____ Gender M F
Last, First

Relationship to Student _____

Approval of Principal to admit student

Signature

Date



Emergency Contacts

In the event of an emergency or disaster, your child(ren) will remain at their assigned classroom or area until you or the person designated by your signature comes to the school and personally signs your child(ren) out. We are asking that you sign this release form giving alternate individuals permission to take your child(ren) home. If for some reason, you will not be home it should be understood that your child(ren) will be kept at the home of the assigned individual until you pick them up. It is very important for the safety of your child(ren) that they are aware of this arrangement and that your alternate agrees to assume the responsibility.

Student Information

Date:

Name _____ Grade _____
Last, First, Middle Initial

Emergency Contact #1 (other than parent)

Name _____
Last, First, Middle Initial

Cell Phone () - _____ Other Phone () - _____ Gender M F

Relationship to Student _____

Emergency Contact #2 (other than parent)

Name _____
Last, First, Middle Initial

Cell Phone () - _____ Other Phone () - _____ Gender M F

Relationship to Student _____

Emergency Contact #3 (other than parent)

Name _____
Last, First, Middle Initial

Cell Phone () - _____ Other Phone () - _____ Gender M F

Relationship to Student _____

I designate these three people as *alternates* to whom my children may be released in case of an emergency.

Signature of Parent/Guardian



Boulder Elementary School

Development and Social History

Student Name: _____

Date of Birth: _____

Gender: _____

Social History

Place of Birth _____

Name of Mother or Guardian _____

Name of Father or Guardian _____

Marital Status of Parents _____

Custody/Visitation _____

Arrangements _____

Telephone _____

Address _____

If child is adopted, list age of adoption: _____

Is child aware of adoption? _____

Y N

Developmental History

List illnesses or diseases during pregnancy: _____

Type of Delivery: Normal Breech Dry Forceps Cesarean

Other Complications: _____

List any problems the child may have had within the first five days: _____

Does your child sleep well? Y N

What time does your child go to bed at night? _____

What time does your child wake up? _____

Does your child have any special fears? Y N

If yes, please explain _____

How is your child's appetite? _____

Do you have any concerns about any aspect of your child's development? Y N

If yes, please explain: _____

Do you feel your child's speech is clear? Y N Can strangers understand when he or she speaks? Y N

Did this child ever acquire speech and then stop talking? Y N

If yes, please describe: _____

Is any language other than English used in the home? Y N

List illnesses your child has had: _____

Does your child get any of the following illnesses frequently:

Colds Earaches Sore Throat Stomachaches Fevers



P.O. Box 1346
Boulder, Montana 59632
School District #7
Phone Number 406.225.3316
Fax Number 406.225.9218

Release of Record

Date _____

School _____ Phone _____

Address _____ Fax _____

Is authorized to release records to Boulder Elementary School.

The above named school is hereby authorized to release, and requested to furnish to the Boulder Elementary School oral and/or written information as indicated by the checked items, from the records of:

Student Name _____ Date of Birth _____

Student Name _____ Date of Birth _____

Student Name _____ Date of Birth _____

- Birth Certificate
- Immunization Records
- Individualized Education Plan (IEP)
- Psychological Testing
- Social Information
- Other academic information
- Medical records and reports
- Other _____

I, as parent or guardian, acknowledge this notification of transferred records and authorized the release and exchange of any and all pertinent information from the above named school to Boulder Elementary School. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to another party without my written consent. I also understand that all information to be released is open for my inspection and review.

Parent or Guardian Signature

Relationship to student

**Guidance on Race/Ethnicity
Montana Office of Public Instruction (OPI)**

Race/Ethnicity Reporting Form

A change has been made to the reporting of race and ethnicity in educational data to better reflect the country's growing diversity. The change will take place in the 2010-2011 school year and will require all students to be identified using a new two-part race/ethnicity question. The federal government has established the two-part question to recognize Hispanic ethnicity and race as two separate and distinct concepts. Additionally, the change allows the reporting of multiple races (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White).

Student Name: _____
First Middle Last

DOB: _____ Grade: _____ School: _____

Identify the ethnicity and race of the individual by answering **BOTH** questions.

Part 1.

Is the individual Hispanic or Latino? (Choose only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino

(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2.

What is the individual's race? (Choose one or more races below)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Failure to answer both questions will result in use of prior racial/ethnic data or an observer identifying for you.

Parent/Guardian Signature

Date



MT Office of Public Instruction

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
If yes, in which state? _____
If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
If yes, please provide school name(s), state, and dates attended:
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

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

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

5. Please check if your child is:
A. Native American Indian C. Spanish
B. German D. Other _____

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

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

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

9. What language do you most frequently speak to your child?
(Father) _____
(Mother) _____

10. Please describe the language understood by your child. (Check only one)
A. Understands only the home language and no English.
B. Understands mostly the home language and some English.
C. Understands the home language and English equally.
D. Understands mostly English and some of the home language.
E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	