

Student Registration Form

		S	tudent Ir	nformatio	on		Date:		
Name <u>:</u>								Gender	мО гО
Last, First, Middle				5					-
Primary Residence <u>:</u>			City	State, 7		Date of Bi		/	/
	Street name and number	г	City	State, 2	Zip code		MM	DD	YYYY
Secondary Residence:			200			Nick Nam	e:		
(If applicable)	Street name and number	!F	City	State, 7	Zip code				
Birth certificate pres	ented? Yes O	No O				Grade Ent	ering:		
		Parent	/Guardia	n Inform	ation				
Parent/Guardian	#1								
Name							Conc	tor M	0.0
Last, First, Middle Ini							Geno	aer IVI	0 10
Cell Phone ()	-	Work Phone	()	-	Other	Phone ()	-	
		. TOTAL HOHE			_ Other	THORIE	•		
hysical Address						Rela	tionship t	o Stude	nt
	name and number	Cit		State, Zip code	е				
Nailing Address	name and number or PO								
Primary email address		BOX CI	ity	State, Zip cod	le				
Secondami email eddi									
Secondary email add	ress							. 100-011-0	
Parent/Guardian #	2								
me							Gende	er MC	FO
Last, First, Middle Initia	I								*********************************
ll Phone ()	-	Work Phone _	()	-	Other F	Phone () -		
ysical Address						Relati	onship to	Studen	ıt
Street na	ame and number	City		State, Zip code			• •		
ailing Address									
Street na	ime and number or PO Bo	ox City		State, Zip code					
imary email address			1 1 1						
econdary email addre	SS								
			1		1 1				



Signature

Student Registration Form

Date

	Sibling	Info	orma	ation				
NameLast, First NameLast, First NameLast, First				Grade Grade	Ag	gege	_	
	Medical	Inf	orma	ation				
n.case of accident or illness where a doctor is needed a o the doctor? Yes No	nd you cannot	be co	ontacted	l, do you hereby g	give permission fo	r the school to	o take yo	our child
Doctor Doctor Dentist		,)		1st Choice 2nd Choice			
	Other In	nfo	rmat	tion	Allies (1)			
Nearest Relative or Neighbor Name				,		Gender	мО	FO
With whom does the student primarily reside? Name		en en de financia de proceso de la companya de la c				Gender	мО	FO
Approval of Principal to admit student		and the second s			nguannon ment di sel gerhaaftes del silver e ette alemente, e este alemente, e este alemente, e este alemente,			



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:	and the short of the late
Name	Grade	
Emergency Contact #1 (other than pare	nt)	
Name Last, First, Middle Initial		
Cell Phone () - Other Phone () - Relationship to Student	Gender M ○ F	: 0
Emergency Contact #2 (other than parer	t)	
NameLast, First, Middle Initial		
Cell Phone () - Other Phone () -	Gender M ○ F	0
Relationship to Student		
Emergency Contact #3 (other than paren	i t)	
Jame		
Cell Phone () - Other Phone () -	Gender M○ F	0
Relationship to Student		
designate these three people as alternates to whom my children may be rel	eased 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?
Developmental History
List illnesses or diseases during pregnancy:
Type of Delivery: ONormal OBreech Ory Forceps OCesarean
Other Complications:
List any problems the child may have had within the first five days:
Does your child sleep well? OYON
What time does your child go to bed at night?
What time does your child wake up?
Does your child have any special fears? OYON
If yes, please explain
How is your child's appetite?
Do you have any concerns about any aspect of your child's development? OYON If yes, please explain:
Do you feel your child's speech is clear? OYON Can strangers understand when he or she speaks? OYON Did this child ever acquire speech and then stop talking? OYON If yes, please describe:
Is any language other than English used in the home? OYON
List illnesses your child has had:
Does your child get any of the following illnesses frequently:
○ Colds ○ Earaches ○ Sore Throat ○ Stomachaches ○ Fevers



Boulder Elementary School Cumulative Health Record

Today's Date:	
Student Name:	

CHARAMONASAS		Camalative Health Nedard
		DOB:
Does your child l	nave any of	the following:
Asthma	OYON	Medications:
Allergies	OYON	Specify:
ADD/ADHD	OYON	Medications:
Congenital Defec	ts OYON	Specify:
Chronic Condition	ns OYON	Specify:
Diabetes	OYON	Age of onset:
Heart Condition	OYON	Specify restrictions:
Seizures	OYON	Age of onset: Medications:
If you answe	red yes to	any of these, you will need to consult with our nurse to fill out an Action Plan
	2.9/2.52.0500000000000000000000000000000000	
Does your child h		
Vision problems	OYON	Contacts or glasses OYON
Hearing problems		Hearing aids OYON Frequent ear infections OYON
		problems that may require special seating, bathroom privileges, etc. OYON
	ase specify:	
Special diet or foo	THE PROPERTY OF THE PROPERTY O	ns OYON If yes, please specify:
Has your child eve	STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE	
Surgery	OYON	If yes, please specify:
•	OYON	If yes, please specify:
Chicken Pox	OYON	Date:
(-)	ntly taking a nedication(s):	ny medications? OYON

	For Use by School Personnel										
	Year										
	Grade										
上	Fall										
I	Spring										
	Fall										
WIT	Spring										
	Corrective Lenses?										
	Right Eye										
	Left Eye										
Vision	Both Eyes										*
	Near Point								я		
	Muscle Balance										
	Color (Check once by 7th Grade)										
හ	Pure Tone Right Ear										
Hearing	Pure Tone Left Ear										
(II)	Impedance										
Dental	Teeth Condition, class I, II, III										
De	Fluoride Mouth Rinse										
	Scoliosis Screening										
	Other , Specify										



Boulder Elementary School Cumulative Health Record

Today's Date:	
Student Name:	

(FICTOR TO AND ADDRESS OF THE ADDRES	DOB:
Date	Nurses Notes
A made over a family about the contract of the contract of	
9 · S · S · S · S · S · S · S · S · S ·	
and the factors and of control of the succession, was fine the same	
·	
	,



P.O. Box 1346 Boulder, Montana 59632 School District #7

Date _____

Phone Number 406.225.3316 Fax Number 406.225.9218

Release of Record

Scho	ol		Phone
Addre	SS		Fax
Is au	chorized to release records to Boulder Elementary School.		
	bove named school is hereby authorized to release, and replaced to release, and replaced by the check		
Stude	ent Name	Date of Birth	
Stude	ent Name	Date of Birth	
Stude	nt Name	Date of Birth	
	Birth Certificate		
	Immunization Records		
	Individualized Education Plan (IEP)		
	Psychological Testing		
	Social Information		
	Other academic information		
	Medical records and reports		
	Other		
pertine will be t	ent or guardian, acknowledge this notification of transferred records nt information from the above named school to Boulder Elementary S reated in a confidential manner and will not be transmitted to anothe nformation to be released is open for my inspection and review.	chool. I understand that t	he information transferred
Parent o	or Guardian Signature	Relationship to studen	<u> </u>

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 an	nd race of the indivi	dual by answering F	OTH questions
lucinity the ethnicity an	id race of the malvi	dual by allswelling E	oo in questions.
Part 1.			
Is the individual Hispa	anic or Latino? (C	hoose only one)	
☐ No, not Hispan	ic or Latino	,,	
Yes, Hispanic of			
(A person of	Mexican, Puerto R.	ican, Cuban, South	or Central American, or other Spanish
Part 2.	gin, regardless of ra	ace.)	
What is the individual	's race? (Choose	one or more races l	helow)
			g origins in any of the original peoples
			nerica, and who maintains tribal
affiliation o	r community attach	ment.)	
			peoples of the Far East, Southeast
			mple, Cambodia, China, India, Japan,
			Thailand, Vietnam and Laos.) s in any of the black racial groups of
Africa.)	in American (A p	erson naving ongin	s in any or the black racial groups of
	n or Other Pacific	Islander (A perso	on having origins in any of the original
		moa, or other Pacific	
		any of the original	peoples of Europe, the Middle East, or
North Africa	ā.)		
Note: Failure to answ	er both questions	will result in use	of prior racial/ ethnic data or an
observer identifying for			7.1
J) 8)	<i>y</i>		
Parent/Guardian Signat	ure		Date
3.111			# (BASE)



MT Office of Public Instruction HOME LANGUAGE SURVEY

Student Name:		Birth Date:			Sex:	Sex: □ Male □ Female		
F	Parent/Guardian Name:	_					a i cinale	
A	ddress:							
Н	ome Telephone:	Work Teleph	ione:					
S	chool:	Grade:			Date:			
1.	Was your child born in the United States? If yes, in which state?) Yes	□ No	o		
	If no, in what other country?							
2.	Has your child attended any school in the United States for any three years during their lifetime? If yes, please provide school name(s), state, and dates attended:		_		□ No			
	Name of School	Stat	e	Da	ites Attended_			
	Name of School	Stat	e	Da	tes Attended_			
	Name of School	Stat	e	Da	tes 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 B. □ German C. □ Spanish D. □ Other						_	
<u>6.</u>	Is your child's first-learned or home language anything other than E	inglish?	Q	Yes	□ No			
If yo	u responded "Yes" to question number 6 above, please answer t	the following	quest	ions:			_	
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?	(Fath	er) _					
		(Moth	er)					
10.	Please describe the language <u>understood by your child</u> . (Check only A. D. 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. Understands only English.	y one) sh.		8				
	a de la companya de l							
	Parent or Guardian's Signature			Date		_		

	OFFICE USE ONLY	
Student ID# Date Distributed.	Date Received	
了。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		27