Frenchtown School District #40
Registration of New Students

Registration forms submitted before 1:00pm:
- Upon receipt of completed registration packet, current immunization record, and birth certificate; student will begin school on the NEXT school day.
- Register before 1:00 pm on Monday, start school on Tuesday.

Registration forms submitted after 1:00pm:
- Students will miss the next school day and begin on the 2nd school day.
  Register after 1:00 pm on Monday, start school on Wednesday.

This procedure allows time for the office to process paperwork and for teachers to prepare for the student.

Items needed:
1) Birth certificate
2) Immunization record
3) This packet
4) Proof of residency (such as rental agreement, power bill, or other form of mail)
Frenchtown School District #40
Screening and Consent Form

Today's Date: __________________________ Please Circle One Male / Female Grade: K 1 2 3 4 5 6

Student's Full Name: (last) __________________________ (first) __________________________ (middle) __________________________

Birthdate: __________________________ Birthplace: __________________________
(city) __________________________ (state) __________________________

Student's Home Phone #: __________________________ Social Security #: (optional) __________________________

Student's Physical Address: __________________________

Student's Mailing Address: __________________________

Student's Mailing Address: __________________________ (City) __________________________ (State) __________________________ (Zip) __________________________

Mother's Name: (last) __________________________ (first) __________________________ (middle) __________________________

Mother's Address: __________________________

Mother's Place of Employment: __________________________ Work Phone: __________________________ Cell Phone: __________________________

Mother's Email Address: __________________________

Father's Name: (last) __________________________ (first) __________________________ (middle) __________________________

Father's Address: __________________________

Father's Place of Employment: __________________________ Work Phone: __________________________ Cell Phone: __________________________

Father's Email Address: __________________________

Student Lives With: Both Parents (@same address) Mother Father Stepmother Steppfather Other __________________________

Who has legal custody of student: Both Parents (@same address) Mother Father Stepmother Steppfather Other __________________________

Local Emergency Contact: Must be filled out to act on behalf of you if you are not available

Name: __________________________

Home Phone: __________________________ Work Phone: __________________________ Cell Phone: __________________________
Family Doctor: ______________________ Office Phone: ______________________

Health History

**Allergies:** If any allergies please list.
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

**List medications taken daily:**
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

**Lifelong health issues:** (i.e. asthma, diabetes, orthopedic, etc.)
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

**Physical restrictions or health issues that may require special seating or bathroom privileges:**

**Special diet or food restrictions:**
Wear _____ glasses or _____ contacts

**Other family health issues:** (Please list)

Has your child ever received any of the following services:
1. Special Education ______ Yes ______ No
2. Speech Therapy ______ Yes ______ No
3. Chapter / Title ______ Yes ______ No
4. Gifted / Talented Program ______ Yes ______ No
5. Counseling Program ______ Yes ______ No

**Authorization:** I understand the Frenchtown School District does not offer insurance for students participating in school activities. I understand that injury can result from participation in such activities. Please initial: __________

Check your choice: _____ YES or _____ NO permission for authorized personnel of the school to seek medical attention for my/our child from a licensed medical doctor and/or treatment facility in the event the child is injured or becomes ill if I/we cannot be reached. I/We accept full financial responsibility for all costs associated with treatments and relieve the school and all its agents from all liability associated with the treatment. If I/We do not give permission for authorized personnel of the school to get medical treatment for our child, I/We accept full responsibility for the consequences. Please initial: __________

**Fluoride Program:** Students in Grades K-6 participate in a fluoride rinse program to reduce decay and promote dental health. Do you give permission for your child to participate in the program? YES ______ NO ______

**Authorization for Treatment:**

Frenchtown School policy requires your consent in order to administer medications described below:
1. Administer prescription medication needed utilizing the District Medication Policy.
2. Use antibacterial soap and antibiotic ointment on cuts/abrasions.
3. In grades K-8 administer Tylenol as needed according to weight. Tylenol will be provided by the school and cannot be given more than twice a day.
4. Use sterile saline as needed for eye irrigations.

_____ I DO GIVE permission to the school nurse or designee ___________________________ Parent/Guardian

_____ I DO NOT GIVE permission to the school nurse or designee ___________________________ Parent/Guardian
Today's Date: ____________________________

Student's Name: ____________________________

Has anyone other than the parents had a substantial role in rearing this child? Yes ______ No ______
If yes, please explain: ____________________________

Do both parents have legal custody? Yes ______ No ______ If not, please provide legal documentation. (Required)

How many schools has this child attended? ______ Number of siblings: ______

Names of siblings attending Preachtown Schools

______________________________

Name, school, and phone number (if known) of previous school/teacher:

______________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>OK to pickup child</th>
<th>Legal Custody</th>
<th>Lives with</th>
<th>Receives Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ACADEMIC INFORMATION

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>HIGH</th>
<th>AVERAGE</th>
<th>BELOW AVE</th>
<th>LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Arts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE/Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special strengths of this child:

__________________________________________________________

__________________________________________________________

### SOCIAL INFORMATION

*(check if yes)*

- Does this child have behavioral problems in school?
- Has this child ever been retained?
- Is this child easily distracted?
- Is this child shy or withdrawn?
- Does this child have difficulties making friends?
- Has this child lived somewhere other than the home?
- Has or is this child currently being medicated for behavior or mood?

Areas of concern for this child: (if applicable, please give details)

- Special Education:

- Speech Therapy

- Chapter I - Tutorial Help:
Frenchtown School District #40
Bus Transportation Information

Please complete the following:

Student Name: ________________________________

My child will be riding the bus:
   To School:   ___ Y ___ N
   From School: ___ Y ___ N

Physical Address: ____________________________________________

Alternate pick-up/drop-off (if any): ____________________________

Authorized person(s) to pick up your child from bus stop:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent Signature: ____________________________________________
Race/Ethnicity Reporting Form
Frenchtown School District #40

A change has been made to the reporting of race and ethnicity in educational data to better reflect the country’s growing diversity. 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 as well.

Student Name: ________________________________

First  Middle  Last

Date of Birth: ________________________________ Grade: ________________________________

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

Part 2
What is the individual’s race? (Choose one or more races below)
   American Indian or Alaska Native
   Asian
   Black or African American
   Native Hawaiian or Other Pacific Islander
   White

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

Parent/Guardian Signature ________________________________ Date ________________________________
Proof of Residence

17620 Frenchtown Frontage Rd, Frenchtown, Mt 59834 (406) 626-2600 Fax (406) 626-2605

Student Name(s)

Parent/Guardian Names

Address of Parents/Guardian

Date School Grade

In order to register your child/children in any school in the Frenchtown School District, you must provide one form of documentation indicating your place of residence. Proof of residence may be demonstrated with documentation such as:

1. Rental/lease agreement.
2. Purchase/escrow agreement or annual tax statement.
3. Driver's license or copy of a utility bill.
4. Notarized statement from owner/renter indicating:
   a. Names of people who are living with the owner/renter
   b. Anticipated length of time of residence with owner/renter.
   Notes: Owner/renter proof must be documented.

I swear/affirm that the above information is accurate.

Parent Signature

Please be advised: If an investigation indicates non-residence in the above-named school boundary area, your child/children may be withdrawn from the school and reassigned.

To be completed by school personnel:

1. ______________________ (document showing proof of residence)
2. ______________________ (Date of occupancy)
3. ______________________ (Current address if different from the address shown above)

Employee Signature
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 B. ☐ Alaska Native
   C. ☐ Native Hawaiian C. ☐ Native U.S. Virgin Islander

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
Frenchtown School District #40  
THE MCKINNEY-VENTO HOMELESS  
EDUCATION ASSISTANCE PROGRAM  

Contact:  Mr. Aaron Griffin MV Coordinator/Principal FTJH  
17620 Frenchtown Frontage Rd.  
Frenchtown, MT 59834  
(406)-626-2650  

STUDENT RESIDENCY QUESTIONNAIRE  

This questionnaire address the McKinney-Vento Act of 2001. Your answers will help determine services available.  

Presently, where is the student living? (Check one box)  

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ In a shelter (Watson’s Children’s Shelter, YWCA Women’s Shelter, Southgate Inn, Joseph’s Residence, etc.)</td>
<td>□ Choices in Section A do not apply</td>
</tr>
<tr>
<td>□ Doubled with another family in their house or apartment</td>
<td>STOP: If you checked this section you do not need to complete the rest of this form</td>
</tr>
<tr>
<td>□ BY CHOICE</td>
<td></td>
</tr>
<tr>
<td>□ In a motel, car, or campsite</td>
<td></td>
</tr>
<tr>
<td>□ In Transitional Housing (McClay Commons, YWCA Transitional Housing)</td>
<td></td>
</tr>
<tr>
<td>Continue if you checked a box in Section A complete the rest of this form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signature/Date</td>
</tr>
</tbody>
</table>

In the past 24 months, has your child attended: □ 1 School □ 2-4 Schools □ More than 4 Schools  

Date Enrolled in FTSD: ___________________________  Grade: ___________________________

Name of Student: ________________________________________________________________

□ Male  □ Female  Date of Birth: ___________________________

Name of Parent/Guardian: ______________________________________________________

Current Address: (City and State): ______________________________________________

Phone/Message Number: ___________________________  Alternate Phone: ___________________________
REQUEST FOR RECORDS

Date: ____________________________________________

Student's Name ____________________________________________

Birth Date ____________________________________________

Last grade completed ____________________________________________

Grade Entering at Frenchtown Intermediate School ____________________________________________

To: Previous School ____________________________________________

Address ____________________________________________

City __________________________ State _______ Zip __________________________

Phone # __________________________ Fax # __________________________

This student, previously enrolled at your school, is now in attendance at Frenchtown Elementary School. Please send us all academic cumulative, special education, medical, and Title/Resources files. Please send records to:

Frenchtown Elementary School
P.O. Box 117
Frenchtown, MT 59834

Please fax immunization records and a copy of the birth certificate to 406-626-2625. Thank you.

Parent/Guardian Signature ____________________________________________