Frenchtown Elementary School Kindergarten Registration

Complete the attached registration forms and return them to the Elementary secretary.

✓ Prior to the first day of school in the fall, you will need to provide the following:
   Birth Certificate. (Child must be 5 on or before September 10, 2019).
   Immunization Records: 4 doses of DTP vaccine, one after the 4th birthday
   3 doses of Polio vaccine, one after the 4th birthday
   2 doses of MMR vaccine
   2 doses of Varicella vaccine
   (It is recommended the child also have two Hepatitis A and Hepatitis B vaccinations.)

✓ A Kindergarten Round – Up and classroom visit is scheduled for Thursday April 11, 2019
   @ 6:00 P.M. The child will visit a Kindergarten classroom and parents will participate in
   an informational meeting.

✓ You will need to bring your child in for Kindergarten screening and parent interview
   during the week of June 3 – June 5, 2019. Please schedule this with the Elementary
   secretary when you return your registration packet. This information will help us better
   plan for the needs of all our new students as they begin their kindergarten experience.

Child’s Name: ____________________________

Interview/ Screening Date: ____________________ Time: ____________________
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: (first) (last) (middle)

Birthdate: _______________ Birthplace: (city) (state)

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

Student's Physical Address: ________________________________________________________________

(Student)

(City) (State) (Zip)

Student's Mailing Address: ________________________________________________________________

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

Mother's Address: ________________________________ Work Phone ___________ Cell Phone ___________

Mother's Place of Employment: ________________________________

Mother's Email Address: ________________________________________________________________

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

Father's Address: ________________________________ Work Phone ___________ Cell Phone ___________

Father's Place of Employment: ________________________________

Father's Email Address: ________________________________________________________________

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

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

**Last appointment:** ________

**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. In granting permission 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
Frenchtown School District #40
New Student Registration

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 Frenchtown 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>
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ACADEMIC INFORMATION

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<thead>
<tr>
<th>SUBJECT</th>
<th>HIGH</th>
<th>AVERAGE</th>
<th>BELOW AVE</th>
<th>LOW</th>
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<tbody>
<tr>
<td>Math</td>
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<td>Reading</td>
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<td>Science</td>
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<td>Language Arts</td>
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<td>Social Studies</td>
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<tr>
<td>PE/Health</td>
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</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 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 1 - 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:

Name   Phone

Name   Phone

Name   Phone

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 identifying for you.

Parent/Guardian Signature

Date
Proof of Residence

17620 Frenchtown Frontage Rd, Frenchtown, Mt 59834 (406) 626-2600 Fax (406) 626-2505

Student Name(s)

Parent/Guardian Name(s)

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.
   Note: 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
   ____________________________
   ____________________________
   ____________________________
   ____________________________

2. Has your child attended any school in the United States for any three years during their lifetime?
   □ Yes □ No
   ____________________________
   ____________________________
   ____________________________
   ____________________________

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
   D. □ 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 ____________________________

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504722
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>
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<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>
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<tr>
<td>☐ In a motel, car, or campsite</td>
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<tr>
<td>☐ In Transitional Housing (McClay Commons, YWCA Transitional Housing)</td>
<td></td>
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</tbody>
</table>

**Continue if you checked a box in Section A**  
**complete the rest of this form.**  

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: __________________________
Frenchtown School District #40
PO Box 117
Frenchtown MT 59834

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/Resource 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 ______________________________________________________