



## MONTANA CONFERENCE ELEMENTARY SCHOOLS PK-8 ENROLLMENT FORM

<i>Office Use Only</i>	School Name:		School Entry Date:			
	Student ID:	<input type="checkbox"/> Birth Certificate: <input type="checkbox"/> Physical	<input type="checkbox"/> Immunizations Received <input type="checkbox"/> Financial Agreement Form	<input type="checkbox"/> Record Requested Date: <input type="checkbox"/> Record Received Date:		
<b>I. Student Information</b>						
1. (LEGAL NAME ONLY) Last Name		First		Middle		Suffix (Jr, II, III)
2. Other name(s) used		3. Is student a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Grade	5. Age	6. Birth Date		7. Birth Place (city, state)		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Church Affiliation Is student baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date			10. Home Phone		11. Race (Select one or more) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native	
12. Home Address			City	State	Zip Code	
13. Mailing Address (if different than above)			City	State	Zip Code	

<b>II. Parent and Emergency Contact Information</b>							
<b>PARENT/ GUARDIAN</b>	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Student's Legal Guardian <input type="checkbox"/> SDA Member	14. Last Name		First Name			
		Relation to Student	Email Address		Occupation		
		Mailing Address			City	State	Zip Code
		Cell Phone:		Home Phone:		Work Phone:	
		Church Affiliation:					
<b>PARENT/ GUARDIAN OTHER</b>	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Student's Legal Guardian <input type="checkbox"/> SDA Member	15. Last Name		First Name			
		Relation to Student	Email Address		Occupation		
		Mailing Address (if different than above)			City	State	Zip Code
		Cell Phone:		Home Phone:		Work Phone:	
		Church Affiliation:					
<b>16. LOCAL EMERGENCY CONTACT(S) (Other than Parent/Guardian)</b>	Last Name		First Name				
	Relation to Student	Home Phone		Work Phone		Cell Phone	
	Last Name		First Name				
	Relation to Student	Home Phone		Work Phone		Cell Phone	
<b>17. PHYSICIAN</b>		Name			Phone		
<b>18. DENTIST</b>		Name			Phone		

OFFICE ONLY Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Student ID: \_\_\_\_\_

### III. Siblings

19. Complete this section only if applicable. Include only siblings who are currently in Grades PK-8 in this school.

Sibling #1 full name:	Grade:	School Name:
Sibling #2 full name:	Grade:	School Name:
Sibling #3 full name:	Grade:	School Name:
Sibling #4 full name:	Grade:	School Name:

### IV. Previous Schools

20. Last Elementary School Attended	Grade
21. Address	City
	State
	Zip

### V. QUESTIONS FOR PARENTS

22. Has student ever received service from or been involved in: (check all that apply):  
 Special Education     Title I     Reading Tutor     Speech Therapy     Gifted Program  
 English 2<sup>nd</sup> Language     Behavior Management     Counseling     Other:

23. Has this student ever been under long term suspension or been suspended from school?     Yes     No

24. **Legal Bindings:** Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: (copy of the legal documentation is required).

25. Is there any other information that would help us better serve your student?

#### 26. Continuing Consent to Treatment and Authorization to Release Information

I, the undersigned parent/guardian of the above named student, do hereby consent to any x-ray, examination, anesthetics, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instruction of the above named physician or a licensed hospital. It is understood that reasonable effort will be made to contact the physician listed above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize the school or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or the school.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the student accident insurance carrier or its representative any and all information with respect to any illness, medical history, consultation, x-ray, or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

#### 27. Directory of Students

I give permission to publish parent & student names, addresses, phone number, and student's grade level in school directory.

Yes     No

#### 28. Photographic Release

I give permission to use photos for publicity, promotional, and school/conference use.

Yes     No

OFFICE ONLY

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student ID: \_\_\_\_\_