

# WELCOME TO LINCOLN PRIMARY SCHOOL

## 3yr and 4yr old Programs

ADDRESS: 506 CHESTNUT STREET, 59711

MAIN PHONE NUMBER: 406-563-6141

FAX NUMBER: 406-563-5639

MASCOT: LINCOLN LIONS



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**Attached are the following documents to be signed and returned before student is put on our list for 2021-2022**

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- **White Card**
  - **Yellow Health Card**
  - **Student Information**
  - **Early Kinder Transitional Application**
- 

**We also need, Immunization Records and a copy of birth certificate!**

**You will receive a letter of acceptance or kept on a waitlist by mid-August.**

Student ID # \_\_\_\_\_

OFFICE USE ONLY

# ANACONDA PUBLIC SCHOOLS EMERGENCY FORM

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M/F  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Student lives with: Mother/Father Mother only Father only  
(Please circle) Mother/Step Father Father/Step Mother Other \_\_\_\_\_

**(If two households, please complete two cards.)**

After school arrangements: Bus # \_\_\_\_\_ Daycare# \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Mother Cell #: \_\_\_\_\_ Father Cell # \_\_\_\_\_ Guardian Cell # \_\_\_\_\_

\_\_\_\_\_  
Mother Email Address \_\_\_\_\_ Father Email Address \_\_\_\_\_ Guardian Email Address \_\_\_\_\_

\_\_\_\_\_  
Mother Work Place & Phone # \_\_\_\_\_ Father Work Place & Phone # \_\_\_\_\_ Guardian Work Place/Phone # \_\_\_\_\_

List 2 alternate individuals who can assume temporary care of your child:

1. Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency School Closure:** In case of school closure, the above named individuals can be contacted to take care of my child.

**Please complete information on reverse side of card.**

Student Picture  
Office USE ONLY

Doctor \_\_\_\_\_ Office # \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

**MEDICAL RELEASE:** In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.

**Please Circle Answer:**

Yes No I give permission for the school nurse to share pertinent health information with staff on a "need to know" basis.

Yes No I give permission for the school nurse to share immunization with private physicians and the local health department who will enter this information on the electronic immunization registry to provide a permanent immunization record for my child.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Complete the information below if this applies to your child.**

**RIGHT OF ACCESS**

Usually both parents have the right of access to their own child/children. This right can be limited or denied by court order. If you have been awarded custody of your child and you have such court order, and you do not want your ex-spouse to be able to interact with your child at school or to take your child from the school grounds, please sign below. **Must provide a copy of court order to school.**

I certify that I have been awarded custody of my child and there is a court order on file at \_\_\_\_\_ County Courthouse which denies or limits \_\_\_\_\_ right of access to my child named on front of this card.  
Ex-Spouse/Other Name

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

# CUMULATIVE HEALTH RECORD

**STUDENT NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F  
LAST FIRST MI

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
STREET

Mailing Address: \_\_\_\_\_  
STREET CITY ZIP

Mother's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Student's Doctor:** \_\_\_\_\_ Doctor's Clinic Name: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_ The Clinic Address: \_\_\_\_\_

Allergies (specify): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications? Y N List if Yes: \_\_\_\_\_

Vision Concerns? Y N Corrective Lenses? Y N Hearing Concerns? Y N Hearing Devices? Y N

Mobility Restrictions? Y N Special Diet? Y N Ever Had Chickenpox? Y N Speech Therapy? Y N

**COORDINATION OF IMMUNIZATIONS:** I give permission for the school nurse or school health services designee to share the above named student's immunization records with the student's healthcare provider(s) or the Public Health Department for the purpose of coordinating vaccination services and/or updating the above named student's immunization record for school enrollment. Y N Enrollment Guardian's Initials: \_\_\_\_\_

**IIS RECORDS:** I authorize collection and preservation of the above listed student's immunization history into the Department of Public Health and Human Services' (DPHHS) Immunization Information System (IIS; aka *imMTrax*). The IIS is a confidential electronic system containing immunization records. I understand that IIS information may be released to a public health agency or my student's healthcare provider to assist in medical care and treatment. IIS information may also be released to the above listed student's childcare facility and/or schools of enrollment to comply with state immunization requirements. I understand that I can revoke authorization by contacting the local Public Health Department 406-563-7863. Y N Enrollment Guardian's Initials: \_\_\_\_\_

**MEDICAL RELEASE:** I understand that pertinent health information may be shared with staff on a "need to know" basis. Furthermore, in the event of an emergency, the school has my authorization to obtain emergency medical care necessary for the above student's condition. The school may also arrange for emergency transportation to a healthcare facility if warranted. Y N Enrollment Guardian's Initials: \_\_\_\_\_

**DECLARATION:** I declare that the information on this form is true and correct. I will notify the school office immediately of any changes:

Parent / Guardian Name (PRINT) Parent / Guardian Signature Relationship Date



Student Name (PRINT):

SCHOOL	YEAR	/	/	/	/	/	/	/	/	/	/	/	/	/	/
STUDENT	GRADE														
HEIGHT	FALL														
	SPRING														
	*NOTE														
WEIGHT	FALL														
	SPRING														
	*NOTE														
VISION	METHOD														
	RESULT(S)														
	*NOTE														
HEARING	RIGHT EAR	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>
	PASS / FAIL	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F
	LEFT EAR	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>	<u>1-2-4</u>
	PASS / FAIL	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F	P / F
	*NOTE														
DENTAL	SCREENED														
	FLUORIDE														
	*NOTE														
OTHER:															
OTHER:															

DATE	*SCREENING NOTES	INITIALS

# Anaconda School District #10

## Student Information

Child's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
MM DD YY

Student's Race/Ethnicity (please check all that apply)

\_\_\_ White \_\_\_ American Indian/Alaska Native \_\_\_ Asian American  
\_\_\_ Hispanic \_\_\_ African American \_\_\_ Native Hawaiian/Pacific Islander

Parent(s)/Guardian Name(s) : \_\_\_\_\_  
Last First

\_\_\_\_\_ Last First

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Child lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_ Guardian

Immunization Records \_\_\_\_\_ Birth Certificate \_\_\_\_\_

### Bus Service:

Bus Service for students is provided to students in the bus route areas and also to students outside the city limits. Will your child be riding the bus? Yes \_\_\_ No \_\_\_

### Special Concerns:

Medications: \_\_\_\_\_

Are there any special concerns you would like us to know about? \_\_\_\_\_

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**LINCOLN ELEMENTARY SCHOOL**  
**PRINCIPAL, NORAH BARNEY**  
**506 CHESTNUT – ANACONDA, MT 59711**  
PHONE (406)-563-6141      FAX (406)563-5639

**Early Kindergarten/Transitional Kindergarten Application**

Please read the following information and indicate which “exceptional circumstance” you believe your child falls under as it relates to Policy 3100 (please see attached policy)

Child’s Name: \_\_\_\_\_

Child’s Birthdate: \_\_\_\_\_

Date of Application: \_\_\_\_\_

The Board of Trustees declares the following to be qualifying “exceptional circumstances” within the meaning of that term as used in 20-5-101(3), that merit waiving the age provisions of 20-5-101(1), MCA for qualifying children under 6 years of age:

\_\_\_\_\_ A child at least 3 years of age with a disability qualifying the child for services under the federal 24 Individuals with Disabilities Education Act.

Or

A child who is 4 years of age or older on or before September 10 of the school year in which enrollment is to occur who:

\_\_\_\_\_ Meets the income eligibility guidelines for free or reduced-price meals under the National School Lunch Program;

\_\_\_\_\_ Is Limited English Proficient within the meaning of Title III of the federal Elementary and Secondary Education Act;

\_\_\_\_\_ Is Gifted and Talented within the meaning of that term as used in 20-7-901, MCA;

\_\_\_\_\_ Is an enrolled member of a federally recognized American Indian Tribe;

\_\_\_\_\_ Is homeless as defined in 42 U.S. Code § 11302, or, as determined by the administration,

\_\_\_\_\_ Exhibits other characteristics or lives in circumstances that are uncommon, unusual, atypical, rare or otherwise distinguished from ordinary or typical which place the child at risk of failing to achieve at adequate levels.

After receiving the full application which includes:

- Birth Certificate
- Immunizations
- Any other required paperwork

The application will be stamped on the date it was received. We will then proceed to follow policy 3100 and present the application to the School Board on the 2<sup>nd</sup> Wednesday of the month. After the board makes their decision regarding a child's application you will receive a letter indicating acceptance or denial.

By signing below, you are stating that you understand Policy 3100 and that the information presented in this application is true and accurate to the best of your knowledge.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

Date application is presented to the School Board:

\_\_\_\_\_



Anaconda Public Schools

Adopted on: 03/11/15  
Reviewed on: 04/21/16

3100

STUDENTS

Revised on:

Student Enrollment, Exceptional Circumstances Meriting Waiver of Age Requirements for Pupils

The administration shall ensure admission, enrollment and assignment of all qualifying children referenced in this policy. The administration shall place children enrolled pursuant to this policy in either a half-time or full-time kindergarten program as an integral part of the elementary school program. The administration shall also ensure provision of a free appropriate public education in the least restrictive environment possible, pursuant to terms of each student’s individualized education program, for all children enrolled under this policy who are qualified for services under the Individuals with Disabilities Education Act.

The administration shall include children enrolled pursuant to this policy in the district’s calculation of average number belonging (ANB) as reported to OPI.

The Board of Trustees declares the following to be qualifying “exceptional circumstances” within the meaning of that term as used in 20-5-101(3), that merit waiving the age provisions of 20-5-101(1), MCA for qualifying children under 6 years of age:

1. A child at least 3 years of age with a disability qualifying the child for services under the federal Individuals with Disabilities Education Act.
2. A child who is 4 years of age or older on or before September 10 of the school year in which enrollment is to occur who:
  - a. Meets the income eligibility guidelines for free or reduced price meals under the National School Lunch Program;
  - b. Is Limited English Proficient within the meaning of Title III of the federal Elementary and Secondary Education Act;
  - c. Is Gifted and Talented within the meaning of that term as used in 20-7-901, MCA;
  - d. Is an enrolled member of a federally recognized American Indian Tribe;
  - e. Is homeless as defined in 42 U.S. Code § 11302, or, as determined by the administration, exhibits other characteristics or lives in circumstances that are uncommon, unusual, atypical, rare or otherwise distinguished from ordinary or typical which place the child at risk of failing to achieve at adequate levels.

Legal Reference:

§ 20-5-101, MCA	Admittance of child to school
§ 20-6-501, MCA	Definition of various schools
§ 20-7-117, MCA	Kindergarten and preschool programs
§ 20-9-309, MCA	Basic system of free quality public elementary and secondary schools defined
Individual with Disabilities Act	Federal Rehabilitation Act of 1973
National School Lunch Act (Public Law 396, 79 <sup>th</sup> congress, chapter 281, 2 <sup>nd</sup> session)	
Title III, ESEA (English language Acquisition, language Enhancement, and Academic Achievement Act)	
MicKinney-Vento Homeless Assistance Act of 1987 (Pub. L. 100-77, July 22, 1987, 101 Stat. 482, U.S.C. § 11301 et seq.	

Anaconda Public Schools

Adopted on: 04/21/16

Reviewed on:

Revised on:

3100P

STUDENTS

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Student Enrollment, Exceptional Circumstances Meriting Waiver of Age Requirements for Pupils

When implementing Board Policy 3100, the District shall follow these procedures:

1. The administration shall review the criteria set forth in the Policy 3100 and make the preliminary determination whether an individual student or class of students meets the criteria for exceptional circumstances set forth therein;
2. The administration shall notify the parent(s)/legal guardian(s) of the administration's recommendation to the Board regarding the enrollment of the student(s) under the exceptional circumstances meriting waiving of the age requirements;
3. The administration shall present the information to the Board for approval within thirty (30) days of making the preliminary determination;
4. In presenting the information to the Board, the administration shall either: (1) remove all identifying information about the student(s) when presenting the information to the Board in order to protect the privacy rights of the student under state and federal law, or (2) provide the name(s) of the students(s) to the Board in a closed session with notice to the parent(s)/legal guardian(s) that he/she/they have the right to attend the closed session; and
5. The Board shall make the final decision on the enrollment of students under the District's exceptional circumstances policy.

The trustees shall annually review this policy and procedure based on changing circumstances pertaining to the criteria used for determination of the program.