



# Hamilton Middle School

209 South 5<sup>th</sup> Street, Hamilton MT 59840

Phone: 406-363-2121 ext. 3101 Fax: 406-363-7032

## Request for Release of School Records

Student Name (print): \_\_\_\_\_

Current Grade in School: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_ Previous School Fax: \_\_\_\_\_

Please FAX or EMAIL Immunizations, Birth Certificate and IEP to Lindsey Menteer at 406-363-7032 or [menteerl@hsd3.org](mailto:menteerl@hsd3.org)

Please MAIL the student's cumulative file, including 504's, IEP's and Special Education records, if applicable, to:

Hamilton Middle School  
209 South 5<sup>th</sup> Street  
Hamilton MT 59840

1<sup>st</sup> date requested \_\_\_\_\_ Signature \_\_\_\_\_

2<sup>nd</sup> date requested \_\_\_\_\_ Signature \_\_\_\_\_

3<sup>rd</sup> date requested \_\_\_\_\_ Signature \_\_\_\_\_

This release is in compliance with the Family Education Rights and Privacy act of 1974 and is to include any and all administrative, achievement, psychological, health, medical, immunization and Special Education data, as well as any other information on file.

# HAMILTON SCHOOL DISTRICT STUDENT INFORMATION

Please furnish our school with complete information for your child's records. It is important that you fill in all blanks. Please keep us advised of any changes during the school year (address, phone, custody, etc.). **THANK YOU!** Please **PRINT** the following:

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_

(☐ Step) Mother's Name \_\_\_\_\_ (☐ Step) Father's Name \_\_\_\_\_  
☐ Okay to pick up ☐ Lives with ☐ Legal custody ☐ Okay to pick up ☐ Lives with ☐ Legal custody

Address \_\_\_\_\_ PO Box \_\_\_\_\_ Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

(☐ Step) Mother's Name \_\_\_\_\_ (☐ Step) Father's Name \_\_\_\_\_  
☐ Okay to pick up ☐ Lives with ☐ Legal custody ☐ Okay to pick up ☐ Lives with ☐ Legal custody

Address \_\_\_\_\_ PO Box \_\_\_\_\_ Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

Guardian (if not parent) Name/relationship \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY CONTACTS: It is important that school personnel have a contact person to call in case of emergency when we are unable to reach you. Please list contact (s) who may pick up this student.**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Known medical concerns/serious allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

My child last attended \_\_\_\_\_ grade at \_\_\_\_\_ School in \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has your child received any of the following services? ☐ IEP; ☐ Title I reading; ☐ Title I math; ☐ Gifted/Talented; ☐ CSGT

Siblings in family: Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

SIGNATURE

RELATION TO STUDENT  
(must be parent or legal guardian)

DATE

**Hamilton School District #3**  
**"Student Residency"**

Street Address: \_\_\_\_\_  
                                    Number                                    Street                                    City

**Residence Information**

The following questions are intended to address the McKinney-Vento Act of 2001. The answer to this residency information are confidential and help determine the services that a student may be eligible to receive.

\_\_\_\_\_ Family owns home/rents home

\_\_\_\_\_ Family is Homeless (One who lacks a fixed, regular, and adequate nighttime residence)

If homeless, please check one of the following:

\_\_\_\_\_ Family is living in a shelter

\_\_\_\_\_ Family is doubled up-staying with another family (non care-giver)

\_\_\_\_\_ Unsheltered (car, park, campground)

\_\_\_\_\_ Hotel/Motel

\_\_\_\_\_ Other: please explain: \_\_\_\_\_

\_\_\_\_\_ Family lives outside of the Hamilton School District and I have received, filled out and turned in the correct Out of District form

**Residence Verification**

Please indicate which form of residence verification you will be providing.  
Sorry, no driver's licenses.

\_\_\_\_\_ Utility Bill

\_\_\_\_\_ Telephone Bill

\_\_\_\_\_ Rental/lease agreement

\_\_\_\_\_ Buy/Sell agreement

\_\_\_\_\_ Bank Statement

\_\_\_\_\_ Notarized Affidavit of Residence

\_\_\_\_\_ Other: \_\_\_\_\_

A change of residence during the school year must be reported to and verified by the office within five (5) school days.

I hereby swear that the above address is my place of residence and that my child/children reside in the Hamilton School District. I understand that giving false information on this form may lead to my child/children being prohibited from attending the Hamilton Schools.

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

\_\_\_\_\_  
Date

# 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?  
 If yes, in which state? ☐ Yes ☐ No  
 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:  
 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 Pacific Islander  
 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

ORIGINAL USE ONLY			
Submitted by	Date Submitted	Date Received	

**Hamilton School District  
Confidential Student Health History**

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

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

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

Birth Date: \_\_\_\_\_

Dear Parent:

The information you provide about your child's health conditions may be disclosed to your child's teacher (s) and other school staff as needed to provide for your child's health and safety at school. Please check any conditions that apply and give additional information as indicated.

- ☐ **Allergies:** To what? \_\_\_\_\_  
Symptoms your child had: \_\_\_\_\_  
What medications were used to treat those symptoms? \_\_\_\_\_  
Has your child ever been given a written prescription for epinephrine (EpiPen)? Yes \* No
- ☐ **Asthma OR Reactive Airway Disease:** What "triggers" cause asthma symptoms in your child?  
☐ Exercise ☐ Respiratory Infection ☐ Change in temperature ☐ Animals ☐ Strong odors or fumes  
☐ Foods \_\_\_\_\_ Dust ☐ Pollens ☐ Molds ☐ Carpets in rooms  
☐ Other \_\_\_\_\_  
☐ \_\_\_\_\_  
What medications does your child use for asthma? \_\_\_\_\_  
Will/does your child have an inhaler in the school office? ☐ Yes\* ☐ No Carry Inhaler with them? ☐ Yes\* ☐ No
- ☐ **Diabetes:** Type: \_\_\_\_\_ Medications: \_\_\_\_\_ ☐ Pump ☐ Injections
- ☐ **Seizures:** Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_  
Current anti-seizure medications: \_\_\_\_\_
- ☐ **Hearing loss or impairment:** ☐ Wears hearing aid Other: \_\_\_\_\_
- ☐ **Vision Impairment:** Describe: (Yes/No) \_\_\_\_\_ Wears glasses or contacts? ☐ Yes ☐ No
- ☐ **Surgeries:** Type and Date: \_\_\_\_\_
- ☐ **Hospitalizations:** Date and cause: \_\_\_\_\_
- ☐ **Other Health Conditions, physical restrictions or medication at home that may require consideration at school:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications that must be given during the school day require an annual order/permission form signed by both the primary care provider and the parent. To ensure the safety of all our students, parents must bring all medications to the school office in the original pharmacy or manufacturer labeled container. All medications except for life saving medications, (EpiPen, inhalers, and diabetic medications) the student has been authorized to carry must be kept in the school office.

Please ask the school secretary for the correct forms.

In the case of accident or serious illness, the school will provide first aid and contact the parents to obtain further medical attention. The school may notify emergency services if deemed necessary. If appropriate and the school is unable to contact the parent, the school may contact the medical provider listed below and follow his/her instructions.

In case of emergency: Doctor/ Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date \_\_\_\_\_

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 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

(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2.

What is the individual's race? (Choose one or more races below)

☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.)

☐ Black or African American (A person having origins in any of the black racial groups of Africa.)

☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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 \_\_\_\_\_

## NOTIFICATION OF ELECTRONIC PHOTOGRAPH REPOSITORY

The 2019 Montana Legislature passed Senate Bill 40 requiring the Montana Office of Public Instruction (OPI) to create and maintain an electronic directory photograph repository of all Montana students for the exclusive purpose of locating missing school-age children. The repository is expected to be available to law enforcement in 2020. It will use students' current school photos that most schools take annually for school directories, ID cards, year books, etc.

Parents have the right to have their child's photograph included in this repository by "opting-in." If a parent chooses to have his/her child's photograph included in the repository, the District will notify OPI.

Your child's photograph will only be used by law enforcement for the express purpose of locating your child should he/she be reported to law enforcement as missing. No other use by OPI or law enforcement is permitted. Access by OPI staff will be strictly limited and controlled to staff or contractors creating and maintaining the repository.

Photos will be updated annually; you will be given an opportunity each year to opt-in to the repository. If you fail to opt-in in any year after previously permitting your child's photograph to be included in the repository, the photo will be purged after two years.

Even if you have opted-in to the inclusion of your child's photograph in the repository, you may opt-out at any time and your child's photograph will be removed from the repository.

If you would like your child's photograph included in the electronic photograph repository please check the box below, sign and date it and return it to the District.

Please check:

☐ I wish for my child's photograph to be included in the OPI electronic photograph repository.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Automated System Use Consent

The Federal Communications Commission requires Hamilton School District to obtain your consent to send outreach messages to you via our automated system, Infinite Campus Messenger. Outreach message can include information about schedule changes, school events, parent reminders, cancelled activities, and other non-emergency messages.

The District wants to keep you informed in multiple ways. Our system allows us to send messages to you through different mediums - phone calls, texts, emails - regarding important school information. To ensure we are able to do this, please fill out this form. You have the right to not consent to receiving messages from our system - **you will still continue to receive emergency calls even if you do not consent.** You can also revoke your consent to receive messages from our system at any time by contacting the District Office at (406)363-2280.

Student name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Please check:

☐ I give the District and my child's school consent to send me outreach messages.

The District can reach me via the following (check all mediums in which you request messages to be sent and enter the phone number/address):

☐ Telephone/cell phone: \_\_\_\_\_

☐ Text message: \_\_\_\_\_

☐ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

OR:

☐ I do not give the District and my child's school consent to send me outreach messages. I understand I will only receive emergency calls.

Parent/Guardian Signature: \_\_\_\_\_

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