

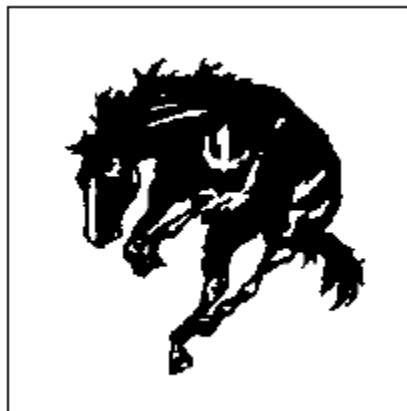
Frenchtown Elementary School Kindergarten Registration

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, 2023)
 - 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 **Varicella** vaccine
 - Proof of residency (such as rental agreement, power bill, driver's license)

(It is recommended the child also have two **Hepatitis A** and three **Hepatitis B** vaccinations.)

Child's Name: _____



Frenchtown School District #40

Today's Date: _____ Please Circle One: Male/Female **Grade: PK K 1 2 3**

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

Birthdate: _____ Birthplace: (City) _____ (State) _____

Student's Home Phone # _____

Student's Physical Address: _____

(City) _____ (State) _____ (Zip) _____

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 ___
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

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

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)

Section A	Section B
<input type="checkbox"/> In a shelter (Watson’s Children’s Shelter, YWCA Women’s Shelter, Southgate Inn, Joseph’s Residence, etc.) <input type="checkbox"/> Doubled with another family in their house or apartment <input type="checkbox"/> BY CHOICE <input type="checkbox"/> In a motel, car, or campsite <input type="checkbox"/> In Transitional Housing (McClay Commons, YWCA Transitional Housing) <p><u>Continue if you checked a box in Section A complete the rest of this form.</u></p>	<input type="checkbox"/> Choices in Section A do not apply <p>STOP: If you checked this section you do not need to complete the rest of this form</p> <hr style="border: 0.5px solid black;"/> <p>Signature/Date</p>

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: _____

ACADEMIC INFORMATION

SUBJECT	HIGH	AVERAGE	BELOW AVE.	LOW
Math				
Reading				
Science				
Language				
Social Studies				
PE/Health				

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 in 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:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Parent Signature: _____

Military Connected Student

Dear Parent(s)/Guardian(s),

As per Montana code Annotated, Section 20-1-230 the Office of Public Instruction will be requiring school districts to identify 'Students of Military Families' annually. The purpose of collecting this data is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.

Definition of a Military Connected Student: Military Connected student means a student enrolled in a school district who is a dependent of an active duty member of:

- The United States Military (Army, Navy, Air Force, marines, or Coast Guard)
- Active Duty Reserve National Guard
- Active Duty Reserve Force of the US Military
- Transitioning out of Active Duty to National Guard or Reserve

If your child is a 'Military Connected Student' per the guidelines listed above, please fill out this form and send it back to the school office that your child attends in Frenchtown School District #40.

Military Connected Student

Students Name: _____ Students School: _____

Parents Name: _____

Please select the area the Parent(s)/Guardian(s) reside within:

____ The United States Military (Army, Navy, Air Force, Marines, or Coast Guard)

____ Active Duty National Guard

____ Active Duty Reserve Force of the US Military

____ Transitioning out of an Active Duty to National Guard or Reserve

Parent Signature: _____ Date: _____

Frenchtown Elementary School
Frenchtown School District #40
16495 Main Street
Frenchtown, MT 59834
(406)626-2620 Phone
(406)626-2625 Fax

PROOF OF RESIDENCE

Student Name(s) _____

Parent/Guardian Names _____

Address of Parent(s)/Guardian(s) _____

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: _____

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 Elementary 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/Resoure files.** Please send records to:

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

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

Parent/Gaurdian Signature _____