

Frenchtown School District #40

New Student Registration

Registration forms submitted **before** 1:00pm:

- Upon receipt of completed registration packet, current Immunization record, and birth certificate; student will begin school on the NEXT school day.

Example- Register before 1:00 pm on Monday, start school on Tuesday

Registration forms submitted **after** 1:00pm:

- Students will miss the next day and begin on the 2nd school day

Example- Register after 1:00 pm on Monday, start school on Wednesday

This procedure allows time for the office to process paperwork and for teachers to prepare for the student.

Items Needed:

- 1. Birth Certificate**
- 2. Immunization Record**
- 3. This packet**
- 4. Proof of Residency (such as rental agreement, power bill, driver's license)**



Frenchtown School District #40

Screening and Consent Form

Today's Date: _____

Please Circle One Male / Female

Grade 09 10 11 12

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

Birthdate: _____ Birthplace: _____
(city) (state)

Student's Home Phone # _____ Social Security # (optional) ____-____-____

Students Physical Address: _____

(city) (state) (zip)

Student's Mailing Address: _____

(city) (state) (zip)

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

Mother's Address: _____

(city) (state) (zip)

Mother's Place of Employment: _____ Work Phone: _____

Mother's Email Address: _____ Cell Phone: _____

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

Father's Address: _____

(city) (state) (zip)

Father's Place of Employment: _____ Work Phone: _____

Father's Email Address: _____ Cell Phone: _____

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: _____

Heath 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. _____
4. _____

Physical Restrictions or Health Issues That May Require Special Seating or Bathroom Privileges:

Special Diet or Food Restrictions: _____

Wear _____ Glasses or _____ Last Eye Appointment: _____

Other Family Health Issues: _____

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 |
| 6. 504 Plan | _____ Yes | _____ No |

Authorization for Treatment:

I understand the Frenchtown School 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 _____ NO permission for authorized personnel of the school to seek medical attention for 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: _____

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. Administer Tylenol as needed. Tylenol will be provided by the school and will not be given more than twice per day.
4. Use sterile saline as needed for eye irritations.

_____ 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

[illegible]

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

Student's Date of Birth: _____ Student's Current Grade: _____

Identify the ethnicity and race of the individual 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)



Frenchtown High School
PO Box 117
Frenchtown, MT 59834-0117
Phone
406-626-2670
Fax
406-626-2676



REQUEST FOR RECORDS

Date: _____

To: School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Student's Name: _____

Birth Date: _____

Last grade **completed**: _____ Grade **Entering** at Frenchtown High School: _____

This student, previously enrolled at your school, is now in attendance at Frenchtown High School. **Please send us all Academic, Cumulative, Special Education, Medical, and Title/Resource files.** Send them attention High School Office. **Please fax current transcript and grades, immunization records and a copy of the birth certificate to 406-626-2676.**

Parent/Guardian's 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
<p><input type="checkbox"/> In a shelter (Watson's Children's Shelter, YWCA Women's Shelter, Southgate Inn, Joseph's Residence, etc.)</p> <p><input type="checkbox"/> Doubled with another family in their house or apartment</p> <p><input type="checkbox"/> BY CHOICE</p> <p><input type="checkbox"/> In a motel, car, or campsite</p> <p><input type="checkbox"/> In Transitional Housing (McClay Commons, YWCA Transitional Housing)</p> <p><u>Continue if you checked a box in Section A complete the rest of this form.</u></p>	<p><input type="checkbox"/> Choices in Section A do not apply</p> <p>STOP: If you checked this section you do not need to complete the rest of this form</p> <hr/> <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 AVERAGE	LOW
Math				
Reading				
Science				
Language				
Social Studies				
PE/Health				

Special strengths of this child:

SOCIAL INFORMATION

(check if yes)

- _____ Has this child had 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 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:

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

Student's Name: _____ Student's School: _____

Parent's Name(s): _____

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 Reserve National Guard

_____ Active Duty Reserve Force of the US Military

_____ Transitioning out of Active Duty to National Guard or Reserve

Parent Signature: _____ Date: _____