

Southside Elementary School

PERMISSION FORMS

PLEASE SIGN & RETURN ALL FORMS TO THE SCHOOL EVEN IF THEY DO NOT PERTAIN TO YOUR STUDENT.

If you have not already, you must provide:

- * A certified birth certificate;
- * A current and up-to-date immunization record;
- * Proof of guardianship is **required** if your name does not appear on the child's birth certificate;
- * A current *Certificate of Indian Blood (CIB)* if one has not previously been received.

PLEASE PRINT:

Student: (First) _____ (Middle) _____ (Last) _____

Sex: ☐ Male ☐ Female DOB: _____ Place of Birth: (City & State) _____

Student's *Birth Mother*: _____

Student's *Birth Father*: _____

STUDENT RESIDES IN THE HOME OF (PLEASE SELECT ONLY ONE):

☐ PARENTS

☐ MOTHER (ONLY)

☐ FATHER (ONLY)

☐ RELATIVE _____

Is this a current placement with: ☐ BIA ☐ DFS ☐ Other _____

LEGAL GUARDIAN NAME: _____

Native American:

Tribal ID# _____ Tribe Name _____

Is Home located on Tribal property? (Circle one) YES NO

Blood Quantum (*CIB required*) _____

*(BOTH ADDRESS SPACES MUST BE COMPLETED):

*Physical Address: _____

*Mailing Address: _____

City, State & Zip: _____

Home Phone: _____ Cell: _____ email: _____

May we contact you via email regarding student messages, etc? ☐ YES ☐ NO

Father/Guardian's Employer: _____ Phone Number: _____

Mother/Guardian's Employer: _____ Phone Number: _____

Southside Elementary School

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO REACH YOU, WHO WOULD YOU LIKE US TO CONTACT?
(It must be someone with a phone).

1). Name _____ Phone _____

Relationship to student (if any): _____

2). Name _____ Phone _____

Relationship to student (if any): _____

3). Name _____ Phone _____

Relationship to student (if any): _____

School last attended by this student: _____

Address: _____ Phone Number: _____

Reason for leaving: _____

In order to help ensure the safety of our students and staff, the school requires a list of people who are authorized to pick up your child during school hours. This list does not apply to activities before school or after school.

It is the responsibility of the parent/guardian to notify the school of any changes to the list during the school year.

EMERGENCY CONTACTS SHOULD ALSO BE LISTED HERE.

IF THERE ARE LEGAL ISSUE'S REGARDING YOUR STUDENT, YOU MUST PROVIDE A COPY OF THE LEGAL DOCUMENT TO THE SCHOOL.
WE ARE COMMITTED TO THE SAFETY OF OUR STUDENTS.

PLEASE LIST PEOPLE AUTHORIZED TO PICK UP YOUR STUDENT AND THE RELATIONSHIP TO THE FAMILY:
(Parent, Guardian, Grandparent, Sister, Brother, Aunt, Uncle, Friend, etc.), THANK YOU.

_____	_____
_____	_____
_____	_____

***** PARENT PORTAL NOTIFICATIONS PREFERENCES *****

Please fill out the following information should you wish to be notified of emergency, attendance or general messages and check the boxes for notification preferences, (Text messages CANNOT be sent to home phone numbers)

Contact Information	Messenger Preferences Contact Reasons		
	Emergency	Attendance	General
Email: Please write email address here	Email <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Email: Please write email address here	Email <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone Number: Please write cell # here	Voice <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone Number: Please write phone number here	Voice <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Text <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Southside Elementary School

Dear Parents and/or Guardians:

There are times throughout the year when classes will be taking local field trips. These trips may be for subject learning, rewards, community service, etc.

The teachers and chaperones may walk or they may provide transportation – either by car or school bus. The trips will be conducted within the time frame of the school day. In most cases, notification of the upcoming trip will be given, usually by a note from your child's teacher.

To allow for your child's attendance for each LOCAL event, you are being asked to sign and return this permission form below.

LOCAL FIELD TRIP PERMISSION FORM

2022 - 2023 SCHOOL YEAR

My child, _____, has my permission to attend local field trips with his/her class as they arise during the school year. This applies to in-town trips only and if an out-of-town trip is scheduled, a new permission form will be required.

I understand that they may walk or ride to the destination of the field trip.

Parent/Guardian: _____ Date: _____

STUDENT USER AGEEMENT EMAIL/INTERNET USAGE

All full-time, enrolled students of the WPSD 45-45A are assigned an email address (XXXXXXXXX@wolfpoint.k12.mt.us) that allows the user authorized access to the WPSD 45-45A computer network. By entry into this system, the student acknowledges that they are authorized to access this network and will abide by all school district network policies (WPSD Policy #3612). Should any violation or misuse occur, access to the District's computer network and/or the Internet may be revoked and disciplinary action may be taken.

It is the User's responsibility to protect their accounts from unauthorized use. Use of the account is solely limited to enrolled students of the WPSD 45-45A. Users shall protect their passwords and accounts from all unauthorized access.

In accordance with Network/Internet policies, a Parent/Guardian is required to sign this **STUDENT USER AGREEMENT** which signifies student eligibility to access the WPSD 45-45A network.

Print Student Name

Print Signer's Name

Parent/Guardian Signature

Date

McKINNEY-VENTO STUDENT RESIDENCY QUESTIONNAIRE

Wolf Point School Districts 45-45A

400 Fallon St

Wolf Point MT 59201

These required questions are intended to address the law known as the McKinney-Vento Act (also known as Title IX, Part A of the Elementary and Secondary Education Act, as amended in 2015). **Your responses will help determine if your child is eligible for specific educational services under this federal law.** All information will be kept confidential.

Enrolling School: SOUTHSIDE ELEMENTARY SCHOOL (PreK-3)

Student's Name (last, first)	Male/Female	Birth Date	Grade Level
Current Residential Address _____ (not a PO Box)			Phone Number _____

Please circle: Is this address temporary or permanent? Temporary Permanent

- ☐ Student lives with his/her parent or guardian
☐ Student is under the age of 18 and not living with his/her parent or guardian

Below, check the appropriate box under section 1 or 2 for where you and your family currently reside.

1.) ☐ Check this box if you rent an apartment, or home; if you live in your own tribal provided housing; or if you live in your own home. ****If you checked box #1, skip to #3, sign, and date**.**

2.) If you are living in **shared housing**, please check all of the following reasons that apply. If you currently have a **temporary living arrangement** due to **economic hardship, loss of housing (fire, flood), lack of housing, (waiting for a house or apartment)**, or **similar reason**, check the box(es) that best describes where you live.

- | | |
|---|--|
| <input type="checkbox"/> Temporarily live with another family, friends and/or relatives;
(<i>this is the most common living situation</i>) | <input type="checkbox"/> In a vehicle of any kind, park or campground or an abandoned/public building not designed for sleeping; |
| <input type="checkbox"/> Temporarily waiting for house or apartment; | <input type="checkbox"/> In an emergency shelter or transitional housing (including awaiting foster care); |
| <input type="checkbox"/> Economic situation; | <input type="checkbox"/> Parent or guardian is deployed; |
| <input type="checkbox"/> Providing care for a family member; | <input type="checkbox"/> Other (Please explain): _____ |
| <input type="checkbox"/> With an adult that is not my parent or legal guardian, or alone without an adult; | |
| <input type="checkbox"/> In a motel/hotel; | |

3.) Please read and complete the following:

Residency and Educational Rights

Students who are in temporary, inadequate, and/or homeless living situations have the following rights:

- Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the time of enrollment;
- Access to free meals and textbooks, Title I and other educational programs, and other comparable services including transportation;
- To attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situations.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 406-653-2361.

Print Parent/Guardian's Name _____

Parent/Guardian Signature _____

Date _____

Presenting a false record or falsifying records is an offense under Section 37.10, penal code, and enrollment of a child under false documents subjects the person to liability for tuition and other costs. TEC Sec. 25.002(3) (d)

2022-2023

Southside Elementary School

HOME/SCHOOL PARTNERSHIP CONTRACT

As a STUDENT, I will:

- Show respect for myself and others
- Show respect for my school
- Come to school ready to work and learn
- Work cooperatively with others
- Do my best in my work and behavior

Student signature: _____ Date: _____

As a PARENT/GUARDIAN, I will:

- Show respect and support for my child, the teachers, and the school
- See that my child attends school regularly and on time
- Encourage my child to complete required homework
- Support the school in developing appropriate behavior
- Encourage my child to read for enjoyment
- Attend Parent/Teacher Conferences and parent involvement activities

Parent/Guardian signature: _____ Date: _____

As a TEACHER, I will:

- Treat everyone with respect and dignity
- Accommodate individual differences
- Provide a safe teaching and learning environment
- Be fair and consistent
- Promote parent involvement
- Give parents and students clear and frequent progress reports

Teacher signature: _____ Date: _____

As a PRINCIPAL, I will:

- Treat everyone with respect and dignity
- Support this Home/School Partnership Contract
- Encourage and promote positive parent involvement
- Provide a safe teaching and learning environment

Principal signature: _____ Date: _____

Southside Elementary School

Note: Please sign and return this immediately for the safety of your child during

PHYSICAL EDUCATION CLASS

Student Name _____

Classroom Teacher _____

Physical Education (PE) at Southside Elementary School is held twice a week for kindergarten through third grade students. Each class is for 30 minutes. During that time children participate in a lot of fun activities without even noticing the exertion on their bodies.

It is very important that the physical education teacher knows, in advance, about any physical or medical conditions that your child may have. Please explain anything from asthma, hearing/vision problems, Cerebral Palsy, heart conditions, allergies, etc. *If your child has no problems, please indicate below, then sign and return this form.*

Another form may be sent home for you to complete, depending on medical circumstances.

Thank you for helping to keep your child safe!

Health Enhancement Teacher

_____ My child does not have a physical condition that you need to be aware of.

(Please sign at the bottom)

_____ My child has a physical condition that you should be aware of:

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Problems with ears, nose, or throat |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Coronary (heart) issues | <input type="checkbox"/> Taking prescription medications |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anything not on the list (please note diagnosis below) |
| <input type="checkbox"/> Digestive issues | |

(Describe the condition and list any restrictions that a doctor has suggested. Indicate if an inhaler is available if the diagnosis is asthma.)

Parent Signature

Date

2022-2023

415 4th Ave S
 Wolf Point, MT 59201
 (406) 653-1480 phone
 (406) 653-1483 fax
 School hours: 8:05 am – 3:55 pm



I have received a copy of the 2022-2023 Southside Student Handbook and have examined it with my parent/guardian.

I agree to follow the handbook rules for the time I am enrolled at the Southside School.

 Date

 Grade

 Student Signature

(PLEASE PRINT CHILD'S NAME IF THEY ARE UNABLE TO SIGN)

 Parent/Guardian Signature

.....
(ONLY NEEDS TO BE COMPLETED IF YOU *DO NOT WANT* PICTURES TAKEN)

From time to time, the Southside Elementary School will be taking impromptu, spur-of-the-moment pictures of students. These pictures could be used in videos, on bulletin boards, newsletters, class projects, newspaper articles, or even social media, no names will be used at any time.

If you do not want your child included in these pictures, please sign the bottom half of this letter and return to the school as soon as possible.

.....
 I **DO NOT** want any impromptu pictures taken of my child at the
 Southside School during the 2022-2023 school year.

 Student Name

 Classroom Teacher

 Parent Signature

 Date

D 506 Form

Indian Student Eligibility Certification for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ **Date of Birth** _____ **Grade level** _____

Name of School SOUTHSIDE ELEMENTARY SCHOOL School District: WPSD 45-45A

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach): _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ **Signature** _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ **Date** _____

For Parent/Guardians:**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Montana Office of Public Instruction (OPI)
Race / Ethnicity Reporting Form

Name of Student _____ Date of Birth _____

Current Grade _____ School Attended SOUTHSIDE ELEMENTARY SCHOOL

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).

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 _____

*Elsie Arntzen, Superintendent of Schools, Office of Public Instruction – www.opi.mt.gov
May 18, 2009 (rev.5/18)*



imMTrax Consent Form for Children

Childs Name: _____ Sex: ☐M ☐F Date of Birth: _____

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements.

I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Parent/ Guardian Signature: _____ Date: _____



Revised (10/2017)

WPSD – Southside Elementary
PARENT/GUARDIAN HOME LANGUAGE SURVEY

STUDENT NAME (PLEASE PRINT): _____

Relationship to student of person completing this survey:

☐ Mother

☐ Father

☐ Guardian

☐ Other (*Specify*) _____

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate:

	English	Other Language(s)
1. What language did the child learn when she or he first began to talk?	_____	_____
2. What language does the family speak at home most of the time?	_____	_____
3. What language does the parent(s) speak to her/his child most of the time?	_____	_____
4. What language does the child speak to her/his parent(s) most of the time?	_____	_____
5. What language does the child hear and understand in the home?	_____	_____
6. What language does the child speak to her/his siblings most of the time?	_____	_____
7. What language does the child speak to her/his friends most of the time?	_____	_____
	YES	NO
8. Can an adult family member or extended family member speak English?	_____	_____
9. Can they read English?	_____	_____
10. Do the parents/guardians request oral and/or written communication from the school to be in English?	_____	_____

Date: _____

SIGNATURE OF PERSON COMPLETING SURVEY _____

FOR STAFF COMPLETION:

ELP screener needed? (EG: W-APT)

☐ Yes

☐ No

Evaluator: _____

WIDA proficiency level:

Date: _____

Other assessment/achievement data:

Meets state criteria for identification as LEP?

☐ Yes

☐ No