

**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)

Ethnic Origin: Native American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

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 \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Other \_\_\_\_\_

Name of Other Adults in the Home: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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. 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

## 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 here. **Please send us all ACADEMIC CUMULATIVE, Special Education, Medical, and Title/Resource files.** Send them attention Billie Warner (Registrar) 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
<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><b><u>Continue if you checked a box in Section A complete the rest of this form.</u></b></p>	<input type="checkbox"/> Choices in Section A do not apply  <p><b>STOP: If you checked this section you do not need to complete the rest of this form</b></p> <hr style="border: 0.5px solid black;"/> <p><b>Signature/Date</b></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: \_\_\_\_\_

# 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?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
 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 C.  Native Pacific Islander  
 B.  Alaska Native 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

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

### Student Directory Information Notification

Please sign and return this form to the school within ten (10) days of the receipt of this form **ONLY** if you do not want directory information about your child disclosed to third parties in accordance with the Family Educational Rights and Privacy Act (FERPA). If we receive no response by that date, we will disclose all student directory information at our discretion and/or in compliance with law.

\_\_\_\_\_ *Date*

Dear Parent/Eligible Student:

This document informs you of your right to direct the District to withhold the release of student directory information for \_\_\_\_\_

*Student's Name*

Following is a list of items this District considers student *directory information*.

<ul style="list-style-type: none"> <li>-Student's name</li> <li>-Address</li> <li>-Telephone listing</li> <li>-Electronic mail address</li> <li>-Photograph (including electronic version)</li> <li>-Date and place of birth</li> <li>-Major field of study</li> <li>-Dates of attendance</li> <li>-Grade level</li> </ul>	<ul style="list-style-type: none"> <li>-Enrollment status (e.g., undergraduate or graduate; full time or part time)</li> <li>-Participation in officially recognized activities and sports</li> <li>-Weight and height of members of athletic teams</li> <li>-Degrees</li> <li>-Honors and awards received</li> <li>-Most recent educational agency or institution attended</li> </ul>
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If you do NOT want directory information provided to the following, please check the appropriate box.

Institutions of Higher Education,    Potential Employers,    Armed Forces Recruiters,    Other

NOTE: If a student's name, grade level, or photograph is to be withheld, the student will not be included in the school's yearbook, program events, or other such publications.

\_\_\_\_\_ *Parent/Eligible Student's Signature*

\_\_\_\_\_ *Date*

Adopted on: 06/09/09  
 Reviewed on: 06/17/2014  
 Revised on: 11/20/12

## 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 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.

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## 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 Active Duty to National Guard or Reserve

Parent Signature: \_\_\_\_\_

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





# Proof of Residence

17620 Frenchtown Frontage Rd. Frenchtown, Mt 59834 (406) 626-2600 Fax (406) 626-2605

Student Name(s) \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address of Parents/Guardian \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

