



Frenchtown School District #40 Registration of New Students

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

- ✓ Upon receipt of completed registration packet, current immunization record and birth certificate; student will begin school on the **NEXT** school day.
- ✓ Register before 1:00 pm on Monday, start school on Tuesday.

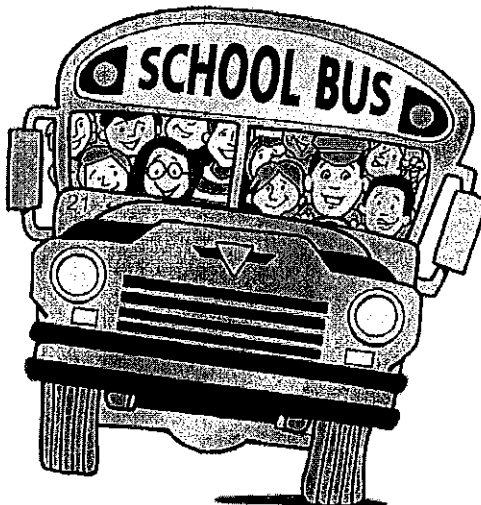
Registration forms submitted **AFTER** 1:00 pm:

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

- Birth Certificate
- Immunization record
- This packet
- Proof of residency (such as a rental agreement, power bill or other form of mail).



Frenchtown School District #40

Screening and Consent Form

Today's Date: _____

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) _____

Student's 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 _____ Cell Phone _____ Email Address: _____

Father's Name: (last) _____ (First) _____ (Middle) _____

Father's Address: _____

(City) (State) (Zip)

Father's Place of Employment: _____

Work Phone _____ Cell Phone _____ Email Address: _____

Student Lives With: Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____

Name of other Adults in the home: _____

Legal Guardian: Name: _____ Relationship: _____

Legal Guardian's Address _____

(City) (State) (Zip)

Legal Guardian's Place of employment _____

Work Phone: _____ Cell Phone _____ Email Address _____

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. _____

Life long 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:

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 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 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

Frenchtown Public School
Family Composition Questionnaire

Date: _____

Student Name: _____

Child Lives with: (check one)

Both parents _____

Mother _____

Father _____

Other _____

If other, please explain:

Has anyone other than the parents had a substantial roll in rearing this child?

Yes _____ No _____

If yes, please explain: _____

How many schools has this child attended? _____

Number of Siblings: _____ Number living in the home: _____

Do both parents have legal custody? Yes _____ No _____

If not, please provide a brief description and attach legal documentation.

Name, location, and phone number (if know) of previous school/teacher:

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:

Registration Frenchtown School District #40
Bus Transportation Information

Please complete the following:

Pick-up address: _____

Drop-off address: _____

Alternate pick-up/drop-off (if any): _____

Day care provider (if any): _____

Authorized person(s) to pick up your child:

Name	Phone
------	-------

Name	Phone
------	-------

Name	Phone
------	-------

Student Name: _____

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 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 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: _____

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 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: _____

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	

Frenchtown School District #40
P.O. Box 117
Frenchtown MT 59834-0117

REQUEST FOR RECORDS

Date: _____

Student's Name _____

Birth Date _____

Last grade **completed** _____

Grade **Entering** at Frenchtown Intermediate School _____

To: Previous School _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

The student, previously enrolled at your school, is now in attendance at Frenchtown Intermediate School. **Please send us all academic cumulative, special education, medical, and Title/Resource files. Please send records to:**

Frenchtown Intermediate School
Attention: Tammy Blanchard
P.O. Box 117
Frenchtown, MT 59834-0117

**Please fax immunization records and a copy of the birth certificate at 406-626-2623.
Thank you.**

Parent / Guardian Signature _____