

ENROLLMENT/EMERGENCY INFORMATION
Big Sky School District #72

STUDENT INFORMATION: Permanent Resident Seasonal Resident: Start Date _____ End Date _____

Last Name _____ First Name _____ Middle Name: _____

Other Name _____ Grade Level _____ Sex _____ Student's Medicaid # (if applicable) _____

Ethnic Code (Check **all** that apply):

White _____ American Indian or Descendant _____ Black _____ Asian _____ Hispanic _____

Birthdate _____ Birthplace _____ Legal Last Name _____

My child received services by one of the following at his/her past school:

Please check all that apply

<input type="checkbox"/> Receives Supplemental Educ Srvcs (SES)	<input type="checkbox"/> Migrant	<input type="checkbox"/> Immigrant
<input type="checkbox"/> 21 st Century Participant	<input type="checkbox"/> Foreign Exchange	<input type="checkbox"/> Gifted/Talented
<input type="checkbox"/> Homeless _____ Nighttime residence	<input type="checkbox"/> McKenney-Vento	<input type="checkbox"/> Unaccompanied Youth
<input type="checkbox"/> Section 504	<input type="checkbox"/> Title I Services _____	<input type="checkbox"/> Other _____

One or more parents on active military duty? Army Navy Air Force Marines Coast Guard National Guard

I would like for my child's school picture to be included in the State's Digital Photo Repository. Yes No

PARENT INFORMATION:

Parent's/Legal Guardian's Name (Student resides with) _____ Home Phone: _____

Mailing Address _____

Physical Address (required): _____ **County:** Gallatin Madison

Mother's Name: _____ Father's Name: _____

Address _____ Address _____

Cellular Phone # _____ Work Phone # _____ Cellular Phone # _____ Work Phone # _____

Mother's e-mail: _____ Father's e-mail: _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Receive Report Card: Yes No Receive Report Card: Yes No

Custodial Parent: Yes No Custodial Parent: Yes No
(If non-custodial parent please provide paperwork) (If non-custodial parent please provide paperwork)

By signing, I hereby voluntarily consent to emergency treatment and first-aid screening examinations and minor treatment as may be deemed necessary by a physician or appointed school staff member. If an injured child requires further treatment and the school is unable to contact parent, the District will seek the necessary professional treatment and facilitate transfer to a medical facility if necessary.

Emergency Contact _____ Emergency Day Phone Number _____

Emergency Contact _____ Emergency Day Phone Number _____

Doctor Name _____ Doctor Phone Number _____

Special Medical Conditions/Allergies _____

Parents are hereby informed they have the right to inspect their child's cumulative record file, permanent record, and to inspect any information regarding their child that is used in discussions, Child Study Teams, evaluation and any process used to alter the child's school program. You may request items be removed from the file and, if denied, you may enter into the file a complete explanation of the items at issue. If dissatisfied, you may request a review by the Superintendent of Schools with further appeal to the Board of Trustees. Requests to inspect student records must be directed to the School Principal.

Signature _____ Date _____
Parent or Guardian **(Please see other side)**

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HOUSEHOLD INFORMATION:

Please list other children living in the household (including preschool):

Last Name	First Name	Middle Name	Date of Birth	Age/Grade
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Please list names, addresses and phone # of all other schools your child has attended:

Is there any other information you would like the school to know about your child?:

