



## Student Household Information Sheet

School \_\_\_\_\_  
School Year \_\_\_\_\_  
Grade \_\_\_\_\_

Placement will be made  
based on space availability

Student's Legal Name: \_\_\_\_\_  
First Middle Last

Grade: \_\_\_\_\_ Any previous names of student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  M  F

Physical Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Household Phone # \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First Middle Last

Mother's Name: \_\_\_\_\_  
First Middle Last

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student of Military Family? **Yes**  **No**  If yes, which branch? \_\_\_\_\_ Migrant? **Yes**  **No**

Note: At this time, public schools are required by federal and state regulations to report ethnicity.

Is the student Hispanic or Latino? **Yes**  **No**

What is the student's race? (Choose one or more)

- Black or African American  American Indian/Alaska Native  Asian   
White  Native Hawaiian or Other Pacific Islander

U. S. Citizen? **Yes**  **No**

Has the student ever been enrolled with the Belgrade School District? **Yes**  **No**

If yes, which school \_\_\_\_\_

Are there custody/legal concerns? **Yes**  **No**  If yes, please explain \_\_\_\_\_

Is there a legal custody court certified document? **Yes**  **No**  If yes, please provide copy of document. Type of document: \_\_\_\_\_

Is there a parenting plan in place? **Yes**  **No**  If yes, please provide copy of court certified document. Are there other court certified legal documents? **Yes**  **No**

If yes, please provide copy of court certified document. Type of document: \_\_\_\_\_

**Parent/Guardian Household Information**

<u>Father/Guardian</u>	<u>Mother/Guardian</u>
Name: Relation to Student: _____ Contact Priority: # _____ Notification Settings: Phone <input type="checkbox"/> Portal Access <input type="checkbox"/> Mailing <input type="checkbox"/>	Name: Relation to Student: _____ Contact Priority: # _____ Notification Settings: Phone <input type="checkbox"/> Portal Access <input type="checkbox"/> Mailing <input type="checkbox"/>
Has custody? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Has custody? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Same address as student? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, provide address: _____	Same address as student? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, provide address: _____
Cell Phone number: Email address: _____	Cell Phone number: Email address: _____
Employer: Work Phone: _____	Employer: Work Phone: _____
<u>Stepmother/Other</u>	<u>Stepfather/Other</u>
Name: Relation to Student: _____ Contact Priority: # _____ Notification Settings: Phone <input type="checkbox"/> Portal Access <input type="checkbox"/> Mailing <input type="checkbox"/>	Name: Relation to Student: _____ Contact Priority: # _____ Notification Settings: Phone <input type="checkbox"/> Portal Access <input type="checkbox"/> Mailing <input type="checkbox"/>
Has custody? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Has custody? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Same address as student? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, provide address: _____	Same address as student? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, provide address: _____
Cell Phone number: Email address: _____	Cell Phone number: Email address: _____
Employer: Work Phone: _____	Employer: Work Phone: _____

**Local Emergency Information: In the event a parent cannot be reached, school personnel will contact one of the following as authorized for Emergency Pick Up.**

Name	Day Phone	Cell Phone	Relationship to Student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the above information is correct and authorize release of my child to the above named persons in the event of an emergency. **Yes**  **No**  **PLEASE INITIAL** \_\_\_\_\_

In the event my child is injured or becomes seriously ill, I hereby delegate school personnel to take emergency action, as they believe necessary-including transporting my child by ambulance as needed. **Yes**  **No**  **PLEASE INITIAL** \_\_\_\_\_

Is any individual named on this enrollment form (including parent, guardian, student, sibling, caretaker relative, emergency contact) currently or formerly a registered sex or violent offender? **Yes**  **No**

If yes, state name and relationship to student: \_\_\_\_\_

*Current or former individuals on the Sex/Violent Offender Registry are not permitted on school property or have limited access per District Policy #4550.*

**Medical Information**

Does the student have any medical condition: **Yes**  **No**

If yes, please list medical condition(s): \_\_\_\_\_

Medication currently taking: **AT HOME:** \_\_\_\_\_ **AT SCHOOL:** \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

**Special Services**

Has your student received any **special services** from public schools? **Yes**  **No**

Please circle: Title I    Current IEP    504 Plan    Gifted    Other (please specify) \_\_\_\_\_  
(BSD44 is committed to meeting your child's social, emotional and academic needs.)

Has your child ever been placed in:

- 1. Resource Room (been identified with a learning disability?) **Yes**  **No**   
If yes, please note the subject(s) in which your child received extra help and length of time \_\_\_\_\_
- 2. Title 1 (been identified as needing remedial reading or math)? **Yes**  **No**   
If yes, please note the subject(s) in which your child received extra help and length of time \_\_\_\_\_
- 3. Speech/Language Therapy Program? **Yes**  **No**  If yes, Where? \_\_\_\_\_ Exit date: \_\_\_\_\_
- 4. Has your child been diagnosed with ADD/ADHD? **Yes**  **No**   
If yes, does he/she take medication? At home  At school
- 5. Has your child ever been held back in school? **Yes**  **No**  If yes, what grade and year? \_\_\_\_\_
- 6. What grade did your child last attend? \_\_\_\_\_

Where should your child go after school? \_\_\_\_\_

Daycare Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will your child require bus services? **Yes**  **No**  IF YES: Round Trip    AM Only    PM Only

**(If yes, please fill out bus registration sheet available on request)**

Has your student been in residential treatment? **Yes**  **No**  Dates of Treatment \_\_\_\_\_ Location \_\_\_\_\_

Is this student on a current or pending expulsion? **Yes**  **No**  If "YES", from what school/district? \_\_\_\_\_

Dates: \_\_\_\_\_ Reason for expulsion: \_\_\_\_\_

Does student have prior or pending criminal charges? **Yes**  **No**

If yes to either question, please provide details (place, reason, dates, etc.) \_\_\_\_\_

Is there anything else you feel we should know about your child? \_\_\_\_\_

**Home Language Survey**

What language is spoken by you and your family at home? \_\_\_\_\_

Is your child's first-learned or home language anything other than English? **Yes**  **No**

If **yes** to above question, please answer following questions:

What language did your child learn when he/she began to talk? \_\_\_\_\_

What language is used most frequently at home by the child? \_\_\_\_\_

What language is spoken most frequently with child? \_\_\_\_\_

**Please check one about your child:**

Understands only home language \_\_\_\_\_

Understands mostly home language and some English \_\_\_\_\_

Understands home language and English equally \_\_\_\_\_

Understands only English \_\_\_\_\_

I certify that I am the parent/legal guardian of the student. I further certify that the street address I have provided is true and that I am a legal resident of the Belgrade School District. **Yes**  **No**

I certify that the street address I have provided is where the student resides during the school week. **Yes**  **No**

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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



## Guardianship Status Form

Under Belgrade Schools District Policy, a child is eligible to attend a school if their legal guardian resides within the school's boundaries. *Exceptions to this may only be through the Student Residency form.*

Please select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student Name: \_\_\_\_\_

- I am the parent (birth/adoptive) of this child and this child lives with:
  - Both parents
  - Mother
  - Father
  
- \*I am the parent (birth/adoptive) of this child and I am **not** currently married to the other parent:
  - I have been awarded physical custody/guardianship through the court.
  - I am a single parent and the only parent listed on the Birth Certificate.
  
- \*I am **not** the parent (birth or adoptive) of this child. I am a relative or a friend:  
(Check only one)
  - I have been awarded legal guardianship of this child through the court.
  - I have not been awarded legal guardianship of this child through the court.
  
- \*\*I am a foster parent.

Your name: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*To assist us in complying with court orders, please provide us with a copy of legal documents (i.e. parenting plan, order of protection)

\*\*Verification of court orders or DCFS verification from Belgrade District must be provided prior to the child being enrolled.



### Verification of Residency

In order to verify residency within the Belgrade School District, a copy of **one** the documents listed below must be provided. Please attach the requested copy to this document (showing parent/guardian/caregiver name and address) and return it to the district office.

If any of the following apply to you, please fill out the form found on the back of this form **instead**:

**In a shelter, motel/hotel, car/camper/couch surfing, doubled up with family/friends, kinship care (not legal guardian), transitional housing, unaccompanied youth.**

You only need to provide **ONE** of the documents below:

\_\_\_\_\_ Deed, escrow papers, mortgage book or statement or property tax form

\_\_\_\_\_ Lease agreement/rental contract and current rent receipt

\_\_\_\_\_ Letter on apartment complex or mobile home park letterhead signed by the landlord stating the parent/guardian/caregiver and child live there.

\_\_\_\_\_ Gas Bill

\_\_\_\_\_ Cable Bill

\_\_\_\_\_ Water Bill

\_\_\_\_\_ Phone Bill

\_\_\_\_\_ Garbage Bill

\_\_\_\_\_ Other: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian/caregiver of \_\_\_\_\_  
(Please print your name) (Please print student's name)

declare, under penalty of perjury, this student resides at the following address:

\_\_\_\_\_  
(Please print address)

***Falsification of any information or document required for residency verification, or the use of the address of another person, may result in the revocation of student enrollment.***

Signature of Parent/Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

#### **THIS SECTION FOR APPROVING DISTRICT OFFICIAL**

The attached document(s) show (s) the name and address of the person(s) enrolling the student named below:

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

School Year: \_\_\_\_\_ School: \_\_\_\_\_



Graduating students who have skills, knowledge, information and attitudes to become accomplished citizens in the 21<sup>st</sup> century.

## Student Residency Questionnaire

**Do not fill out this form if Section A does not apply to you.**

This questionnaire addresses provisions of the McKinney-Vento Act of 2001. Your answers will help determine services such as Free and Reduced lunch, possible bus transportation, enrollment assistance, and tutoring.

### Where is the student currently living?

<b>Section A</b>  <input type="checkbox"/> In a shelter: _____  <input type="checkbox"/> Awaiting Foster Care: _____  <input type="checkbox"/> In a motel or hotel  <input type="checkbox"/> In a car, camping, "couch surfing," on the streets	<input type="checkbox"/> Doubled up with friends or family  <input type="checkbox"/> In kinship care (NOT legal guardian)  <input type="checkbox"/> In transitional housing: Family Promise, HRDC  <input type="checkbox"/> Unaccompanied youth (not in the physical custody of a parent or guardian)
<b>Section B:</b> In the past 24 months has your child attended: <input type="checkbox"/> 1 school or less <input type="checkbox"/> 2-4 schools <input type="checkbox"/> more than 4 schools	

**Student(s) Name(s):** \_\_\_\_\_  
 \_\_\_\_\_

**Grades:**    PK    K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>  
 9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

**School(s) enrolling in:**    Heck/Quaw    Saddle Peak    Ridge View    MS    HS

**Current Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers: Cell/Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Message:** \_\_\_\_\_

**ALL children in the household (include names, schools, grades and ages):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Services requested** (NOTE: these services only apply if you checked a box in Section A):

- School Enrollment**
- Tuition Waiver**
- Transportation**
- Academic Support** (*tutoring, transfer of school records, etc.*)
- Family Advocacy** (*referrals and support for housing, medical dental and mental health, child development, social services, etc.*)

I understand that by checking a box in **Section A** and indicating my child attended more than one school in **Section B**, that Belgrade School District may share information regarding my child's grades, progress, and tutoring information to determine eligibility for and placement with services to help ensure my child's academic success.

\_\_\_\_\_  
**Parent/Guardian/Unaccompanied Youth Signature**

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

## CONFIDENTIAL STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:	

Has your child had any of the following medical concerns?	YES	NO	COMMENTS Please specify concerns
ADD or ADHD			
Allergies			
Asthma or other Respiratory			
Bone or Muscle Condition			
Cardiovascular (heart and blood vessels)			
Concussion or serious head injury (if so, how many?)			
Dental			
Diabetes			
Ears/Hearing			
Emotional or Mental Health			<i>If yes, are outside services involved?</i>
Eye/Vision			
Gastrointestinal (digestive system)			
Infectious Disease History			
Neurological (such as headaches, seizures)			
Reproductive System			
Skin			
Urinary (bladder)			
Other			

**Medications:**

Please list all medications your child takes both REGULARLY and AS NEEDED: \_\_\_\_\_

Medications that are (or may be) needed during the school day: \_\_\_\_\_

**PLEASE TURN OVER**





**PERMISSION TO EXCHANGE CONFIDENTIAL INFORMATION**

*This form allows for the exchange of confidential information between the listed service providers and the school nurse for the purpose of providing appropriate health care and services to:*

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  M  F

\_\_\_\_\_  
*Medical Provider*

\_\_\_\_\_  
*Medical Provider*

**As the parent/guardian of the above student, I understand that this exchange will involve only necessary information and include only individuals who need to know the information in order to provide appropriate services to the student.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

**I authorize the Belgrade District Nurse to obtain my child's immunization records from the MT Department of Public Health and Human Services' Immunization Information System (IIS/imMTrax). ImMTrax is a confidential computer system that contains immunization records. This information may be needed by the school in which my child is enrolled to comply with state requirements.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**Belgrade District School Nurses:** *Jennifer Rigard, RN (Heck/Quaw Elementary School and High School)*  
*Connie Bengtson, RN (Middle School)*  
*Kelli Robinson, RN (Ridge View and Saddle Peak Elementary School)*





BELGRADE SCHOOL DISTRICT

## 5-12 Acceptable Use of Technology Agreement

### *Parents and Students:*

Please read together. Both you and your child will sign the document, which will allow students access to the Belgrade School District's network and computer systems, as well as the Parents/Guardians consent for your child to have a Google Suite Account.

### **Purpose Statement:**

The Belgrade School Districts goal is to enhance the education of our students by ensuring all students have access to technology. Online services, the Internet and computers facilitate access to a multitude of teacher, curriculum and global resources. District teachers and staff will make reasonable efforts to supervise the use of Internet and network access. Responsible use of this access coupled with student cooperation is critical to promoting good behavior online.

Acceptable uses of technology within our schools always revolves around teaching and learning. The following are the schools agreements about the use of the technologies in the Belgrade schools:

### **Terms of Agreement**

1. All use of the school district technology resources must support the educational curriculum. These resources include but are not limited to computers, printers, and connectivity to the network and the internet.
2. All communications and information stored or transmitted on the district resources are public. Users have no expectation of privacy and may be monitored by District staff or by federal, state or local law enforcement staff.
3. Accounts (username and password) will not be shared and are the responsibility of the student. Students are responsible for keeping usernames and passwords secured and immediately reporting any suspected use of your username and password by persons other than you.
4. Unacceptable use of technology resources will have disciplinary consequences assigned by the teacher and/or principal. Unacceptable uses will be determined by the district staff and will include but not be limited to:

- a. Illegal activities
  - b. Activities meant to harm, offend, threaten, injure, cause embarrassment or infringe on the rights of Belgrade School District staff and students
  - c. Accessing, submitting, posting, publishing or displaying any defamatory, inaccurate, abusive, obscene, profane, threatening, harassing or illegal material.
  - d. Vandalism or tampering with hardware and software including altering, installing, or removing hardware components or software from any district equipment.
  - e. Using copyrighted material outside of established fair use guidelines or without proper attribution.
  - f. Bypassing the internet block programs including, but not limited to remote access, search engines and proxy servers
  - g. Using the district resources for private financial or commercial gain.
  - h. Wastefully using resources such as file space and network bandwidth.
  - i. Hacking or gaining unauthorized access to files, resources or entities.
  - j. Invading the privacy of individuals, which includes the unauthorized disclosure of information of a personal nature about anyone.
  - k. Using another person's user account or password.
  - l. Posting anonymous messages.
  - m. Using technology resources when privileges are suspended or revoked.
5. Access to district resources requires a Google G-suite and/or Microsoft Office 365 account. Additional software services requiring student accounts may be used at the discretion of district staff. By accepting this policy, the parent confirms that they have read the following and give permission for their child to be assigned these accounts:

Under FERPA (Family Educational Rights and Privacy Act), a student's education records are protected from disclosure to third parties. With regards to COPPA (Children's Online Privacy and Protection Act), I understand that my student's digital work (projects, documents, files, username and password) stored in online services may be accessible to authorized persons to facilitate the working operation of this online environment. I understand that I may ask for my child's account to be removed at any time.

### **Google Suite Permission**

\_\_\_\_\_ **Yes, I give my permission** for my child to be assigned a full Microsoft Office 365 and/or G Suites account. This means my child will receive access to the online storage and Apps in Microsoft and Google. I also agree to allow my child to have internet access subject to the above rules. This permission will be in effect for the time that my child is enrolled in the current school in the Belgrade Public Schools.

\_\_\_\_\_ **No, I do not give my permission** for my child to be assigned a full Microsoft Office 365 and/or G Suites account. This means my child will not have online access and will not receive access to the online storage and Apps available from Microsoft and Google.

Every student, regardless of age, must read and sign below:

I have read, understand and agree to abide by the terms of the Belgrade School District's Technology agreement. Should I commit any violation or misuse my access to the districts Internet, computers or network access, I understand that the school may take disciplinary action or this privilege might be taken away.

Students Name (Print): \_\_\_\_\_

Students Signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

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



BELGRADE SCHOOL DISTRICT

## Media Release Form

In this digital age, the schools take many pictures of assemblies, presentations and classroom activities. We use these pictures to record, promote and to celebrate our wonderful students and schools. Pictures can be used on bulletin boards, in slide shows, news publications as well as classroom and district websites. However, some persons may choose not to have their photos or photos of their children, used and we respect their wishes.

\_\_\_\_\_ **Yes, I give my permission** for my child to participate in any public or school media publication.

\_\_\_\_\_ **No, I do not give permission** for the School and/or District to use of my child's photograph, voice and/or name in photograph displays, videotapes, PowerPoint presentations, television or news productions that are produced, used or distributed by Belgrade Public Schools for school purposes in publications; print, broadcast or on the internet.

Parents Signature: \_\_\_\_\_

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

Students Name: \_\_\_\_\_



Request for Transfer of Student Records

*We Agree to Observe Appropriate Confidentiality on ALL Records*

Date of Request: \_\_\_\_\_

Records Requested from: (Previous School)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following student(s) have enrolled in Belgrade School District #44:

<u>Student Name</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Notes</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Please fax the following ASAP if checked:

- Birth Certificate     
 Immunizations     
 IEP     
 504 Plan

2. Please MAIL the Cumulative Files/Special Education Records for the student(s) listed.

Expected Start Date: \_\_\_\_\_

A school district in which a student enrolls may request records from the school they last attended without parent signature of approval. See "Privacy Act", Section 438, subsection (b) (1), Parts A & B, Page 97, as amended in 1976.20 U.S.C Sec 1232 g (b) (1) (a).

Thank you for your help!

\_\_\_\_\_

Requesting School Official

**Please send ALL records to:**  
Belgrade School District  
ATTN: Brittney Bateman  
312 N Weaver  
Belgrade, MT. 59714  
PH: 406-924-2492  
Fax: 406-388-0122  
[bbateman@bsd44.org](mailto:bbateman@bsd44.org)  
OR  
Jan Fowler  
PH: 406-924-2491  
[jfowler@bsd44.org](mailto:jfowler@bsd44.org)