



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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has custody? Yes <input type="checkbox"/> No <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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has custody? Yes <input type="checkbox"/> No <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 21st 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?

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

Student(s) Name(s): _____

Grades: PK K 1st 2nd 3rd 4th 5th 6th 7th 8th

9th 10th 11th 12th

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)



K-4 Acceptable Use of Technology Agreement

Parents and Students:

Please read together, once signed this document will allow students access to the Belgrade School District's network and computer systems.

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. I promise to use all technology tools in a responsible and careful manner. I will not damage hardware and software or change any settings without adult permission.
2. I promise to use technology tools and the Internet at school for schoolwork only. I will only use the programs, websites, applications and databases that my teacher has approved.
3. I promise not share my passwords with anyone other than my teacher; I will not use another student's password to access his/her account for any reason.
4. I promise to use technology tools to interact with others appropriately. I will not use technology tools to tease, harass, frighten, or bully anyone.
5. I promise not download, view, send, or display inappropriate pictures or messages.
6. I promise not use technology tools to play online games that have not been approved by my teacher.
7. I promise not give out personal information about me or others (such as name, address, or telephone number) on the Internet.
8. I promise to obey the copyright laws and not take credit for someone else's work.
9. I promise to promptly tell an adult if I see or read something that is inappropriate, dangerous, threatening, or makes me feel uncomfortable.

10. I understand that my work on the computer is not private and that use of the computer and Internet at the Belgrade School District is a privilege, not a right.

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
OR
Jan Fowler
PH: 406-924-2491
jfowler@bsd44.org