



# Whitehall Public School Districts 4, 47 & 2

PO Box 1109 Whitehall, MT 59759



## Student Enrollment Form

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Gender: M  F

Race: (check all that apply) White:  Asian:  Hispanic/Latino:  American Indian/Alaska Native:   
Black/African-American:  Native Hawaiian/Pacific Islander:

### Primary Household/Members *(Please list only those members who live at this address)*

Home Phone: _____		Student Cell Number: _____	
Street Address: _____			
Number	Street	Apt/Lot	
_____			
City	State	Zip	
Mailing Address: _____			
(If different: _____)			
Number	Street	Apt/Lot	
_____			
City	State	Zip	
Parent/Guardian 1: _____		Relation: _____	
E-mail Address: _____		Cell Phone: _____	
Employer: _____		Work Phone: _____	
Parent/Guardian 2: _____		Relation: _____	
E-mail Address: _____		Cell Phone: _____	
Employer: _____		Work Phone: _____	
Siblings:			
Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Has this student ever been suspended or expelled from school? Yes  No

If YES, please explain: \_\_\_\_\_

### Secondary Household/Members *(Parent NOT living in Primary Household)*

Home Phone: _____		Cell Phone: _____	
Mailing Address: _____			
Number	Street	Apt/Lot	

**Local Emergency Contact:** May be contacted in case of illness or emergency and must be able to pick up student

Emergency Contact 1: _____	Relation to student: _____	
Home phone: _____	Cell phone: _____	Work phone: _____
Emergency Contact 2: _____	Relation to student: _____	
Home phone: _____	Cell phone: _____	Work phone: _____

Does this student have special needs? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, check the box: IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> LEP <input type="checkbox"/> Other <input type="checkbox"/>
Court Protection Order? YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, against _____
Parenting Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Conditions: _____
Medication taken at home? YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, what and when _____
Medication taken at school? YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, what and when _____
Allergies? _____

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 #4015*

I certify that I am the legal guardian of the child and that all information provided is true and accurate to the best of my knowledge. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date