

Lewistown School District #1
STUDENT ENROLLMENT FORM

STUDENT INFORMATION

<i>Student's Legal Last Name</i>		<i>Student's Legal First Name</i>		<i>Middle Name</i>	<i>Nickname</i>
<i>Grade</i>	<i>Birthdate</i> / /	<i>Age</i>	<i>Gender</i> <input type="checkbox"/> M <input type="checkbox"/> F		

STUDENT ETHNICITY AND RACE

These questions are required for federal education funding and accountability reporting. Please provide a response to both questions.

Yes No **Is the individual of Hispanic/Latino origin?**

Is the student from one or more of these races? (Check All that Apply.)

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

WHO HAS LEGAL CUSTODY?

Both Parents Father Mother Grandparent(s) Guardian(s) Ward Of The Court Independent Adopted

**** Copy of Court Order, Parenting Plan or other legal documents are required****

STUDENT LIVES WITH....

Both Parents Father Mother Grandparent(s) Guardian(s) Agency/Social Services Foster Parent(s)
 Alone Student's Spouse/Partner Other Relative(s) Time Is Split Between 2 Households

HAS STUDENT RECEIVED OTHER SUPORT SERVICES WITHIN THE LAST YEAR?

Yes No **Special Education Services** Yes No **504**
 Yes No **Title I Services** Yes No **Speech**

MEDICAL AND HEALTH INFORMATION

Yes No During school hours, does your child require any medication? (Example: Injection, eye/ear drops, application to skin, suppository, central line) **If yes, please fill out the *Permission to Administer Medication form*.**

Yes No During school hours, does your child need help with a medical procedure? (Ex. Blood sugar, NG feeding, sterile catheterization)

Yes No Does your child have a condition which causes the daily possibility of a life-threatening emergency?
 If so, what type: Allergies Diabetes Seizures Asthma Other: _____

If yes, please fill out the *Health Condition Plan form*

PREVIOUS SCHOOL (Include Pre-K if applicable)

Name of School: _____ Current or Most Recent Grade: _____ Date of last attendance: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____

Yes No **Was student suspended or expelled from this school?**
 Yes No **Has student been suspended or expelled from any school?**

DISCIPLINE

Yes No Does the student have any pending disciplinary actions; history of violent or disruptive behavior; past, current, or pending criminal or juvenile court proceedings; or history of gang affiliation?

Yes No Does the student currently have, or has the student had in the past, a restraining order filed against him/her?

Yes No Is student currently on probation or parole? If student is currently on probation or parole please list the contact information for the probation/parole officer.

INFORMATION FOR PARENTS/GUARDIANS HOUSEHOLD
INFORMATION ABOUT ADULTS IN HOUSEHOLD WHERE STUDENT IS CURRENTLY LIVING

Last Name:	First Name:	Relationship to student:
Household Phone:	Cell Phone:	Work Phone:
Email:	Employer:	
Last Name:	First Name:	Relationship to student:
Household Phone:	Cell Phone:	Work Phone:
Email:	Employer:	
Street address (required): _____		
Mailing address (if different): _____		
City: _____ State: _____ Zip Code: _____		

SECOND HOUSEHOLD INFORMATION
PARENT(S)/GUARDIAN(S) NOT RESIDING WITH STUDENT

Last Name:	First Name:	Relationship to Student:
Household Phone:	Cell Phone:	Work Phone:
Email:	Employer:	
Last Name:	First Name:	Relationship to Student:
Household Phone:	Cell Phone:	Work Phone:
Email:	Employer:	
Street address (Required): _____		
Mailing address (If Different): _____		
City: _____ State: _____ Zip Code: _____		

Yes No Unsure Is your address within the School District boundaries?

Yes No Do you or your spouse have a Military Affiliation?

Yes No Are there any individuals named on this enrollment form (including parent, Guardian, student, sibling, caretaker or relative) currently or formerly a registered sex or violent offender?

If yes, state name and relationship to student: _____

VERIFICATION

I certify that the information provided on this form is true and accurate. I understand that falsification of any information or submission of misleading information could impact my child's enrollment and that failure to provide supporting documentation may delay the enrollment of my child. I understand that Lewistown Public Schools may take steps to verify my address, including review of public documents and contacting other government agencies, without further notification.

Legal Parent/Guardian Signature: _____ **Date:** _____