

Helena School District K-12 Enrollment Form

For Office Use Only

Date Received:

Time Received:

Student Information	Last Name (Legal):					Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Race (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____									
	First Name:														
	Middle Name:														
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female														
	Grade:														
	Birthdate:														
	Birthplace:														
	Student Resides With:														
	Home Address:														
	City, State, Zip:														
Is this a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Does student have a parent on active duty in the regular Armed Forces, National Guard, or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Parent Information <small>Required for Transcripts</small>	Father's Information					Mother's Information									
	First Name:		<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup			First Name:		<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup					
	Last Name:		<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail			Last Name:		<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail					
			(select one for each row)							(select one for each row)					
			Phone Numbers		Daytime	Home	Mobile			Text	Work	Phone Numbers		Daytime	Home
	Preferred Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferred Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Alternate Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternate Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Primary Email Address:					Primary Email Address:									
	Additional Email Address:					Additional Email Address:									
	Home Address:					Home Address:									
City, State and Zip:					City, State and Zip:										
Mailing Address (if different):					Mailing Address (if different):										
City, State and Zip (if different):					City, State and Zip (if different):										
Other Parent/Guardian Information <small>e.g. step parent, relative with custody or other</small>	Relationship to Student:					Relationship to Student:									
	First Name:		<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup			First Name:		<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup					
	Last Name:		<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail			Last Name:		<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail					
			(select one for each row)							(select one for each row)					
			Phone Numbers		Daytime	Home	Mobile			Text	Work	Phone Numbers		Daytime	Home
	Preferred Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferred Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Alternate Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternate Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Primary Email Address:					Primary Email Address:									
	Home Address:					Home Address:									
	City, State and Zip:					City, State and Zip:									
Mailing Address (if different):					Mailing Address (if different):										
City, State and Zip (if different):					City, State and Zip (if different):										
Emergency Contact Info	Emergency Contact #1					Emergency Contact #2									
	Relationship to Student:					Relationship to Student:									
	School Pickup: <input type="checkbox"/>		Daytime	Home	Mobile	Work	School Pickup: <input type="checkbox"/>		Daytime	Home	Mobile	Work			
Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sibling Information	Name (Last, First):					School Attending:					Grade:				

Last School Attended	Include preschool if registering for kindergarten	Name of School or Preschool:	Phone Number:
		Address:	Fax Number:
		City, State, Zip:	Dates Attended:
		Has student ever been expelled or been considered for expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Has student previously attended school in Helena School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Services	Special Education	Has NEVER received this service	Is CURRENTLY receiving this service	Has been EXITED from this	FOR OFFICE USE ONLY
	Speech Only (Special Education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	IEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gifted and Talented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

English Learner (EL)	Student's Primary Language	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language did student learn when he/she first began to talk?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the family speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the parent/guardian speak to the student?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the student speak to the parent/guardian?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____

Transportation	How will student get to school ?	How will student get home from school ?

Signatures	<i>I affirm that the above information is true and accurate to the best of my knowledge.</i>		
	Signature of Parent/Guardian	Date	Please Print Name

FOR OFFICE USE ONLY	Required for Registration		Form Given to Parent/Guardian	Received	Notes
		Copy of Birth Certificate		<input type="checkbox"/>	
		Medical History Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Verification of Residence		<input type="checkbox"/>	
		Copy of Immunizations		<input type="checkbox"/>	
	Completed Registration Form	<input type="checkbox"/>	<input type="checkbox"/>		
	If Applicable	506 Form		<input type="checkbox"/>	
		F/R Lunch Form		<input type="checkbox"/>	
		Boundary Exception Form		<input type="checkbox"/>	
		Guardianship Paperwork		<input type="checkbox"/>	
Entered into PowerSchool	Initials	Date	School		