

Montana Digital Academy (MTDA) Registration Form-Original Credit

-----Complete the following sections. **Print** clearly. Return to your School Counselor.-----

Term: Fall Spring Summer **Year:** _____

Course(s) Requested: _____

Basic Information

Last Name: _____

First Name: _____

Middle Name: _____

Preferred Name: _____

Date of Birth: _____

Gender: Male Female

Address

Street: _____

City: _____

ZIP: _____

Student's Contact Information

Email: _____

Phone: _____

Demographics

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

Hispanic: Unknown Yes No

Guardian 1

Relationship: _____

Last Name: _____

First Name: _____

Email: _____

Phone: _____

Guardian 2

Relationship: _____

Last Name: _____

First Name: _____

Email: _____

Phone: _____

Additional Information

Free/Reduced Lunch: Yes No

Primarily Home Schooled: Yes No

Gifted: Yes No

Title I: Yes No

Limited English Proficiency: Yes No

Active IEP: Yes No

Section 504: Yes No

* * * * * FOR OFFICE USE ONLY * * * * *
Date Enrolled: _____
Enrolled By: _____
Comments: _____

