

# 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

<b>* * * * * FOR OFFICE USE ONLY * * * * *</b>
Date Enrolled: _____
Enrolled By: _____
Comments: _____
_____
_____
_____