

Helena School District

K-12 Enrollment Form

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	
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/Guardian Information	Father's Information		Mother's Information	
	Last Name			
	First Name			
	Address			
	City, State, Zip			
	Work/Day Telephone			
	Employer			
	Home Phone			
	Cell (Alt) Phone			
E-Mail Address				

Other Parent/Guardian Information <small>e.g. step parent, relative w/ custody or other guardianship</small>	Relationship to Student:		Relationship to Student:	
	Last Name			
	First Name			
	Address			
	City, State, Zip			
	Work/Day Telephone			
	Employer			
	Home Phone			
	Cell (Alt) Phone			
E-Mail Address				

Emergency Contact Information <small>Other than Listed Above</small>	Emergency Contact #1		Sibling Information	Name (Last, First)		School Attending		Grade	
	Relationship to Student			1					
	Daytime Telephone			2					
	Emergency Contact #2			3					
	Relationship to Student			4					
Daytime Telephone									

Last School Attended <small>include preschool if registering for kindergarten</small>	Name of School or Preschool		Phone Number:	
	Address		Fax Number:	
	City, State, Zip		Dates Attended:	
	Has student ever been expelled or be 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		Has NEVER received this service	Is CURRENTLY receiving this service	Has been EXITED from this service	FOR OFFICE USE ONLY
	Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Speech Only (Special Education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	504	<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 (fill in the blank)?	How will student get home from school (fill in the blank)?

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"/>	
		Verification of Residence	<input type="checkbox"/>	
		Copy of Immunizations	<input type="checkbox"/>	
	Completed Registration Form	<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