

Helena School District K-12 Enrollment Form

For Office Use Only

Date Received:

Time Received:

Student Information	Last Name (Legal):					Ethnicity:						
	First Name:					Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Middle Name:					Race (check all that apply)						
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> American Indian/Alaskan Native						
	Grade:					<input type="checkbox"/> Black/African American						
	Birthdate:					<input type="checkbox"/> Native Hawaiian/Pacific Islander						
	Birthplace:					<input type="checkbox"/> Asian						
	Student Resides With:					<input type="checkbox"/> White						
	Home Address:					<input type="checkbox"/> Other: _____						
	City, State, Zip:											
Is this a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Is this student in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Student has a parent on active duty in: the US Military (Army, Navy, Air Force, Marines or Coast Guard) <input type="checkbox"/> Active Duty National Guard <input type="checkbox"/>												
Active Duty Reserve Force of the US Military <input type="checkbox"/> Transitioning out of Active Duty to National Guard/Reserve <input type="checkbox"/>												
Parent Information Required for Transcripts	Father's Information (Please check all that apply)					Mother's Information (Please check all that apply)						
	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					
	Employer:		(Please mark device & if we can text that #)			Employer:		(Please mark device & if we can text that #)				
			Daytime	Home	Mobile	Text	Work	Daytime	Home	Mobile	Text	Work
	Preferred Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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	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					
			Daytime	Home	Mobile	Text	Work	Daytime	Home	Mobile	Text	Work
	Preferred Phone Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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	Emergency Contact #1					Emergency Contact #2						
	Relationship to Student:					Relationship to Student:						
	School Pickup: Yes <input type="checkbox"/>		Daytime	Home	Mobile	Work	School Pickup: Yes <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	Other: _____
	What language did student learn when he/she first began to talk?	<input type="checkbox"/>	English	Other: _____
	What language does the family speak at home?	<input type="checkbox"/>	English	Other: _____
	What language does the parent/guardian speak to the student?	<input type="checkbox"/>	English	Other: _____
	What language does the student speak to the parent/guardian?	<input type="checkbox"/>	English	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"/>	<input type="checkbox"/>	
		Medical History Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Verification of Residence	<input type="checkbox"/>	<input type="checkbox"/>	
		Copy of Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	
	Completed Registration Form	<input type="checkbox"/>	<input type="checkbox"/>		
	If Applicable	506 Form	<input type="checkbox"/>	<input type="checkbox"/>	
		F/R Lunch Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Boundary Exception Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Guardianship Paperwork	<input type="checkbox"/>	<input type="checkbox"/>	
Entered into PowerSchool	Initials	Date	School		