

Butte School District 21-22 Student Registration

Parent/Guardian First Name

Parent/Guardian Last Name

Registration Year

Email Address

Previously Attended this District

Emergency High Priority Attendance Food Service Teacher Private

Home Phone Voice
Text

Description of Contact Preferences

Emergency – Marking this checkbox will use this method of contact for emergency messages.

High Priority – Marking this checkbox will use this method of contact for messages labeled as High Priority Notification

Attendance - Marking this checkbox will use this method of contact for attendance messages.

General - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

Food Service - Marking this checkbox will use this method of contact for food service messages

Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

Private - Mark if number should be listed as private

HOME Address

Number Prefix Street Tag Apartment

City State Zip

Mailing Address if different from above.

Number Prefix Street Tag Apartment

City State Zip

Demographics Parent1 First Name: Parent Last Name: Parent Middle Name:

Emergency High Priority Attendance Food Service Teacher Private

At least One phone number is required.

Cell phone

Work Phone

Other Phone

Email

Impact Aid

Federal Impact Aid (FIA) Section 8003 Grant Information. Parent/Guardian in Military

Yes, This individual is a member of the military

No. This individual is not a member of the military.

Demographics Parent2 First Name: Parent Last Name: Parent Middle Name:

Emergency High Priority Attendance Food Service Teacher Private

At least One phone number is required.

Cell phone
Work Phone
Other Phone
Email

Impact Aid

Federal Impact Aid (FIA) Section 8003 Grant Information. Parent/Guardian in Military

Yes, This individual is a member of the military
No. This individual is not a member of the military.

Emergency Contact 1

First Name
Middle Name
Last Name
Gender
Home Phone
Cell Phone
Work Phone
Email

Emergency Contact 2

First Name
Middle Name
Last Name
Gender
Home Phone
Cell Phone
Work Phone
Email

Student Information:

| | | | | |
|--------------------|---|-------------------|----|-----------------|
| Legal First Name | | Legal Middle Name | | Legal Last Name |
| Nickname | | Gender | | Date of Birth |
| Foreign Exchange | Yes | No | | |
| Enrollment Grade | | | | |
| Enrollment School; | | | | |
| Race/Ethnicity | | | | |
| | Is student Hispanic/Latino | Yes | No | |
| | American Indian or Alaska Native | | | |
| | Asian | | | |
| | Black or African American | | | |
| | Native Hawaiian or Other Pacific Islander | | | |
| | White | | | |

Housing

Yes this student is homeless
No this student is not homeless

Student services

Does your student have a current IEP Yes No
Does your student have a current 504 plan Yes No
Has your student previously received gifted/talented services Yes/No

Language Information

Please enter the language information for your student below.

Student Language

Parent/Guardian Language

What was the first language spoken by the student?

What is the language most often spoken at home?

What is the language most often spoken by the student with friends?

Has your child ever received English as a Second Language (ESL/ELL) Services Yes/No

Previous School

Last Year

School

City

State

Country

Phone

Is your student currently suspended or expelled from another school Yes/No

Tribal Enrollment

Yes, this student has an active enrollment in a United States Tribe

No, This student does not have an active enrollment in a United States Tribe

Relationships:

At least one person must be marked as Guardian

Name /Relationship

Name /Relationship

Relationships Emergency contacts

Name Relationship

Name Relationship

Health Services

Primary Care Provider

Primary Care phone

Medications:

Medication

Where Taken

Medication Type

Medical or Mental Health Conditions

Condition

Student Lives with: select one

Both Parents

Mother

Father

Other

Release Agreements

Dental Screening Release

Yes I would like my child to receive a dental screening/inspection

No - I do not want my child to receive a dental screening/inspection

Media

Yes - I give permission for my child to participate in any public or school media publication.

No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

Directory Release

I do **NOT** want my child's student directory information released to ANYONE (including the yearbook and ALL other options listed below).

Yearbook

I do **NOT** want my child in the School Yearbook (school picture and name), event programs, or other such publications.

Local Media

I do **NOT** want my child in the Montana Standard, TV news stations, other media. (Including lists for honor roll, student of the week, etc.)

Electronic Media

I do **NOT** want my child in electronic media. (school web page, social media websites, videotaping)

Survey

I do **NOT** want my child participating in school-wide surveys.

Field Trip

Yes - I give permission for my child to attend school-related field trips.

No - I do not consent for my child to participate in School and/or District approved field trips.

Technology

I agree to the Acceptable Use of Electronic Networks policy.

Montana senate Bill 40

An act requiring the Office of Public Instruction to create and maintain an electronic Directory Photograph Repository;

Providing that the directory photographs may be used only if a student is identified as a missing child; requiring a parent or guardian to **opt in** to participate in the repository.

Opt In

Parent Signature

Date