

ARLEE SCHOOL DISTRICT 8J

Update or New Student Registration

Last Name	First Name	Middle Name	Grade	Age	Date of birth	Sex (M or F)	Social Security #

Mailing Address: _____

Physical Address if not same as above: _____

County of Residence: (chk. one) _____ Missoula _____ Lake _____ Sanders _____ Other

(Circle one) Are you living with PARENT, PARENTS, RELATIVE, LEGAL GUARDIAN, OTHER _____

Parent/Guardian Name <i>(This is the name of the student's legal guardian/s including people given documented educational responsibility for the child)</i>	Household phone #	Home email address	Name of step-parent living in your household	step-parent's phone #	Student's cell phone #

CELL PHONE (Mom/female guardian): _____ (Dad/male guardian) _____

WORK PHONE (Mom/female guardian): _____ (Dad/male guardian) _____

E-Mail Address (Mom/female guardian): _____ (Dad/male guardian) _____

(By listing the above e-mail addresses, you are approving school-related e-mails delivered to your e-mail addresses.)

In the case of divorced/separated parents, who is the custodial parent? (This person has legal custody of the student)

_____. *(School should have court documents on file.)*

*The following information is on the parent/legal guardian that the child does **NOT** live with: (Unless the school has court documents on file stipulating otherwise, the school cannot deny any parent listed on the birth certificate access to their child or the child's records.)*

Name:	Mailing Address:	City / Zip	Cell Phone

By listing the following emergency contact people, you are giving them permission to pick up your child from school. If there are one or more on this list you do NOT want picking up your child at school, please note below. If you'd like to list more, please use a separate sheet of paper.

Emergency Contacts:

May this person pick up your child from school?

1 st Contact:	Phone:	Relationship:	Yes or No
2 nd Contact:	Phone:	Relationship:	Yes or No
3 rd Contact:	Phone:	Relationship:	Yes or No
Physician:		Phone:	

Health problems or allergies we should know about? _____

Military Connected Status: Circle one if student is a dependent of a member of:

01: The United State Military (Army, Navy, Air Force, Marines or Coast Guard)

02: Active Duty National Guard

03: Active Duty Reserve Force of the US Military

04: Transitioning out of Active Duty to National Guard or Reserves

RACE/ETHNICITY Two part question:

Answer **BOTH** questions.

1. Is this student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race?

(Regardless of how you answered the first question, choose one or more.)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Check one below if American Indian:

_____ NATIVE AMERICAN, ENROLLED

_____ NATIVE AMERICAN, NOT ENROLLED

If an enrolled Native American in a federally recognized Tribe, what Tribe/s are you enrolled in? _____

If not enrolled, but a Tribal descendant, which Tribe are you affiliated with? _____

Information considered Directory Information may occasionally be released.

Please sign here if you do **NOT** wish Arlee Joint School District to release information such as my student's name, photos and awards received.

signature

Date

Please mark all of the programs your child may have been enrolled in previously:

_____ Title I

_____ Special Education

_____ Speech

_____ OT/PT

_____ Reading Intervention

I have read the information contained on this registration form and completed the information to the best of my knowledge. I understand that this information is to be used while my child is enrolled at Arlee Schools.

Signature of person completing form

Relationship

Date