

**SOMERS SCHOOL DISTRICT 29  
ENROLLMENT FORM**

**STUDENT INFORMATION**

Last Name (Legal):		First Name (Legal):		Middle Name (Legal):	
Birthdate:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade:	
Student ID:	State ID:		Lunch ID:	Bus #:	
Home Address: Street, Apt/Suite: <span style="float:right">City, State, Zip:</span>					
Mailing Address: <i>(if different from Home Address)</i> Street, Apt/Suite: <span style="float:right">City, State, Zip:</span>					
Home Phone:		Primary Email:			
Is the student Hispanic or Latino? <i>(Please circle)</i>			Yes	No	Decline to Specify
Race: <i>(Please circle):</i>					
<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<input type="checkbox"/> White, Non-Hispanic		<input type="checkbox"/> Decline to Specify			

**PARENT/GUARDIAN INFORMATION *(Please list in order of contact priority)***

First Name:		Last Name:		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Day Phone:		Employer:		
Home Phone:		Cell Phone:		
Relationship to Student:				
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt	
<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle	
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	
Address: <i>(if different from above)</i>				
Street, Apt/Suite:		City, State, Zip		
Mailing Address: <i>(if different from above)</i>				
Street, Apt/Suite:		City, State, Zip		
Email:				

First Name:		Last Name:		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Day Phone:		Employer:		
Home Phone:		Cell Phone:		
Relationship to Student:				
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt	
<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle	
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	
Address: <i>(if different from above)</i>				
Street, Apt/Suite:		City, State, Zip		
Mailing Address: <i>(if different from above)</i>				
Street, Apt/Suite:		City, State, Zip		
Email:				

Other Contact:		Relationship:	
First Name:	Last Name:		Phone:

**EMERGENCY CONTACT INFORMATION**

First Emergency contact *(if a parent is not available)*:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Second Emergency contact *(if a parent is not available)*:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Third Emergency contact *(if a parent is not available)*:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ALERT NOW EMERGENCY NOTIFICATION:**

Somers School District uses an automated phone messaging service to contact you in the event of a school closure or

- If there are important reminders or a school closure due to inclement weather, you will be contacted
- The Emergency Phone Number will only be used in a school emergency, and all primary and emergency number will be

Primary Phone Number 1: \_\_\_\_\_ Emergency Phone Number 1: \_\_\_\_\_

Primary Phone Number 2: \_\_\_\_\_ Emergency Phone Number 2: \_\_\_\_\_

\_\_\_\_\_ Emergency Phone Number 3: \_\_\_\_\_

\_\_\_\_\_ Emergency Phone Number 4: \_\_\_\_\_

**OTHER INFORMATION**

Siblings (please include siblings that are not yet school-age)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Last school your child attended:

Has your student ever been expelled from school *(Please circle)* Yes No

If yes, please provide Date/Location/Reason:

Military Connected Status:

Student is a dependent of a member of: *(Please check)*

- The United States Military (Army, Navy, Air Force, Marines, or Coast Guard)
- Active Duty National Guard
- Active Duty Reserve Force of the US Military
- Transitioning out of Active Duty to National Guard or Reserve

Field Trip Permission:

I hereby give my permission for my child to participate in walking field trips and/or in district field trips to and from Lakeside Elementary School and Somers Middle School.

*(Please check:)*  Yes  No

### ENROLLMENT ASSESSMENT

As part of the enrollment process for Somers School District 29, we need pertinent information concerning each new student to help with proper classroom placement.

Does your child have any of the following special needs? *(Please check all that apply)*

- Title I (Presently enrolled in a program for remedial math and/or reading
  - Math
  - Reading
- Counseling
- Behavioral Therapy
- Gifted/Talented Program
- Special Education
  - Current IEP (Individual Education Program)
  - Resource Room/Learning Disabled
  - Self-Contained
  - Speech
  - Visually Impaired
  - Hearing Impaired
  - Emotional Disturbed
  - Physical Handicap/Physical Therapy
  - Other (please specify):
  - Vision Problems/Blindness
- Current 504

### STUDENT RESIDENCY QUESTIONNAIRE

Where are you and your family currently staying? *(Please check one box)*

- Rent/own my own home.
- Living with someone by choice, whereas housing is fixed, regular, and adequate.
- In an emergency/transitional shelter.
- Temporarily with another family due to loss of housing, economic hardship, or similar reason.
- In a vehicle of any kind, trailer park or campground, abandoned building, or other substandard housing.
- In a hotel/motel due to loss of housing, economic hardship, or similar reason.
- Awaiting foster care placement.
- Please explain where the student is presently living, if the above situations do not apply:

Cause of temporary residence:

- Natural Disaster. Type:
- Foreclosure
- Other:

### PARENT SIGNATURE

***I certify that all the information on this enrollment form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.***

Parent/Guardian signature:

Date:

**SOMERS SCHOOL DISTRICT 29**

**STUDENT INFORMATION**

Last Name (Legal):		First Name (Legal):		Middle Name (Legal):
Grade:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB:
Home Phone:		Primary Email:		
Doctor's Name:			Doctor's Phone:	

**PARENT/GUARDIAN PRIMARY CONTACT**

First Name:	Last Name:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Day Phone:	Employer:		
Home Phone:	Cell Phone:		
Relationship to Student:			
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt
<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin

**MEDICAL INFORMATION**

Please check all conditions that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> No known health problems  | <input type="checkbox"/> Epilepsy/Seizure disorders |
| <input type="checkbox"/> Allergies (hayfever, food, other)<br>Type: _____  | <input type="checkbox"/> Hearing Loss/Problems      |
| <input type="checkbox"/> ADHD - requires medication?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Injuries                   |
| <input type="checkbox"/> Asthma - requires an inhaler?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Migraine Headaches         |
| <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Muscular Dystrophy         |
| <input type="checkbox"/> Diabetes - insulin dependent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Scoliosis                  |
| <input type="checkbox"/> Other:  | <input type="checkbox"/> Speech Theraph             |
|  | <input type="checkbox"/> Vision Problems/Blindness  |

Please list all current medications:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Additional Comments/Important information we should know:

**MEDICATION POLICY**

In special circumstances, it may be necessary for students to take medication during school hours. Montana State Law has set specific rules for schools to follow in these circumstances. Please be advised that no medication, prescription or over-the-counter will be given at Somers School Dist. #29 without the following:

1. A written order for the medication/or over-the-counter medicine by a doctor;
2. Your signature below indicating you have provided your child's medication information;
3. The medication/over-the-counter medicine must be delivered to school by an adult in the original pharmacy-labeled container or packaging with the student's name on it.
4. No leftover medications will be sent home with a student. An adult must pick it up or it will be disposed of at the end of the school year.

***I certify that the above information is accurate to the best of my knowledge and that I have reviewed the Somers School District 29 Medication Policy.***

Parent/Guardian signature:

Date: