



# Missoula County Public Schools Enrollment Form

Attendance Area School \_\_\_\_\_

Grade (level): \_\_\_\_\_

Forward Thinking, High Achieving.

**Student Information:** Please complete the following using the information as it appears on the student's birth certificate.

Student Last (Legal): \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Household Primary Phone Number: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

Student Email: \_\_\_\_\_

**Ethnicity:**

Hispanic/Latino

☐ Yes

☐ No

**Primary Race:**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Pacific Islander  
☐ White

**Programs:**

- ☐ Gifted  
☐ 504  
☐ Special Education (IEP)

**Primary Language:** What is the primary language spoken in the home?

\_\_\_\_\_

Previous School: \_\_\_\_\_  
(school name/address/phone)

**Parent/Guardian Information:** (Legal Parent/Guardian Only)

**First Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Legal Custody:** ☐ Yes ☐ No **Lives With:** ☐ Yes ☐ No

Physical Address: \_\_\_\_\_ P.O. or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Second Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Legal Custody:** ☐ Yes ☐ No **Lives With:** ☐ Yes ☐ No

Physical Address: \_\_\_\_\_ P.O. or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Emergency Contact Information:**

**Emergency Contact Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize previous school to release my child's academic records, test scores and participation in interventions to MCPS Schools.

**Parent/Guardian Signature:** \_\_\_\_\_



## AUTHORIZATION FOR IMMUNIZATION SHARING


Dear Parent/Guardian:

Montana has an online registry for immunizations called "imMTrax". The purpose is to have a secure location for immunizations that health care providers can use and share so that accurate records are kept and appropriate immunizations are given and not needlessly repeated.



Your child's immunizations may already be on this registry if your child received immunizations from a health care provider that used this registry with your permission. When/ if you gave your permission, you may or may not have given (or been asked to give) your permission for other health care providers, health departments or schools to view the immunization record.

1. By signing the first permission below, you are authorizing anyone who has access to imMTrax, including school health staff, to see immunizations that have been recorded for your child by a participating health care provider. THE SCHOOL STILL REQUIRES PARENTS TO PROVIDE A COPY OF IMMUNIZATION RECORDS but signing will help if those records are incomplete.
2. By signing the second section, you are allowing Missoula County Public Schools (MCPS) to give the immunization records you gave MCPS to the Missoula City –County Health Department in order for them to update imMTrax records.

	<b>imMTrax Consent Form for Children</b>	⇒	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Mother's MAIDEN Name</div> <div style="border-bottom: 1px solid black;">Mother's First Name</div>
	<div>⇒ Child's Name: _____</div> <div>⇒ Sex: M__ F__      Date of Birth: _____</div>		
<p>I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information Registry (IIS). The IIS is a confidential, computer registry that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>⇒ Parent/Guardian Signature: _____</div><div>Date: _____</div></div> <p style="margin-top: 5px;">DPHHS Revised (10/2012)</p>			

### Missoula County Public Schools Authorization for Release of Information

Student Last Name	First Name	Middle Initial	Date of Birth
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I authorize Missoula County Public Schools to release only immunization records of my child listed above to the local public health department Missoula City-County Health Department by mail or fax for the purpose of updating their records and/or updating imMTrax records. I may revoke this permission at any time provided I do so in writing and submit to MCPS up to the extent that the disclosure has not already been made. Records that are disclosed to the health department are no longer protected under federal law (FERPA).

Parent/Guardian Signature	Date	Expiration Date (12 months unless otherwise noted)
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Forward Thinking. High Achieving

## Request for Student Records **Missoula County Public Schools**

### Office Use Only

1st Request \_\_\_\_\_

2nd Request \_\_\_\_\_

Notes \_\_\_\_\_

Welcome! Please select the MCPS High School student will be enrolled in.

☐

**Big Sky High School**  
3100 South Ave. W.  
Missoula, MT 59804  
Phone# (406)728-2400 ext. 8030  
Fax# (406) 329-5902  
Email: dpengelly@mcps.k12.mt.us

☐

**Hellgate High School**  
925 Gerald Ave.  
Missoula, MT 59801  
Phone# (406)728-2400 ext. 6023  
Fax# (406) 728-2496  
Email: lwillumsen@mcps.k12.mt.us

☐

**Seeley-Swan High School**  
P.O. Box 416  
Seeley Lake, MT 59868  
Phone# (406) 677-2224  
Fax# (406) 677-2949  
Email: cnovak@mcps.k12.mt.us

☐

**Sentinel High School**  
901 South Ave. W.  
Missoula, MT 59801  
Phone# (406)728-2400 ext. 7024  
Fax# (406) 329-5959  
Email: ddhasquet@mcps.k12.mt.us

Please provide student's previous school information.

TO: \_\_\_\_\_  
(Former School)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

I authorize the release of the above-named student's records as indicated below for your purposes of school placement and/or education planning. I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974. I understand the student and/or I have a right to a copy at our expense, if requested, and have an opportunity for a hearing to challenge the content of records. I understand that the information transferred is treated in a confidential manner and interpreted by competent school personnel. They will not be transmitted to a third party without my consent.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

### PLEASE MAIL:

- \* Official High School Transcript - Stamped with School Seal
- \* Academic Records (test scores, cumulative file)
- \* Health/Medical Records
- \* Special Education and Psychological Records

### PLEASE FAX OR EMAIL UPON RECEIPT:

- \* Transcript and Withdrawal Grades
- \* Immunization Record
- \* Behavior and Attendance Records
- \* IEP Record