



# Missoula County Public Schools Enrollment Form

Attendance Area School \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

TEACH Academy

CONNECT Academy

**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: \_\_\_\_\_

<b>Ethnicity:</b> Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Primary Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<b>Programs:</b> <input type="checkbox"/> Gifted <input type="checkbox"/> 504 <input type="checkbox"/> Special Education (IEP)	<b>Primary Language:</b> What is the primary language spoken in the home? _____
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Previous School: \_\_\_\_\_  
(school name/address/phone)

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

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

**Okay to Pick Up:**  Yes  No **Legal Custody:**  Yes  No **Lives With:**  Yes  No **Receives Mailings:**  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:** \_\_\_\_\_

**Okay to Pick Up:**  Yes  No **Legal Custody:**  Yes  No **Lives With:**  Yes  No **Receives Mailings:**  Yes  No

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

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

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

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

**Emergency Contact Information:** (MUST BE SOMEONE OTHER THAN PARENT OR LEGAL GUARDIAN.)

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

Phone Number:(home, cell, work) \_\_\_\_\_ Okay to Pick Up:  Yes  No

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

Phone Number:(home, cell, work) \_\_\_\_\_ Okay to Pick Up:  Yes  No

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

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