



# Missoula County Public Schools Early Kindergarten Application

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

Enrollment Date: Fall 2023

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: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ ☐ Male ☐ Female

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

**Student Nickname:** \_\_\_\_\_

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

**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:**

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