



# Culbertson Public School District #17

\* \* \* \* \*

423 1<sup>st</sup> Ave. West      406/787/6241  
Culbertson, MT 59218      406/787/6244

## STUDENT REGISTRATION FORM

New enrollment       Returning

**Student's Legal Name** (Last, First, Middle): \_\_\_\_\_

**Preferred Name/Nickname:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **Date of Birth** (mm/dd/yyyy): \_\_\_\_\_ **Place of Birth** (if outside USA): \_\_\_\_\_

**Gender:**  Male  Female **Student's Native Language:** \_\_\_\_\_ **Parent's Preferred Language:** \_\_\_\_\_

**Ethnicity:** Is the student Hispanic or Latino? (Person of Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race)

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

**Race:** (choose one or more)

- American Indian/Alaskan 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, Vietnam and Laos)
- 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.)

**Home Phone:** \_\_\_\_\_  Unlisted number, keep private.

**Home Physical Address:** \_\_\_\_\_

Street	City	State	Zip
--------	------	-------	-----

**Home Mailing Address:** \_\_\_\_\_

Street or PO Box Number	City	State	Zip
-------------------------	------	-------	-----

**Mailing Contact:** (first & last name) \_\_\_\_\_

**Student lives with:**

- Both Parents
- Mother
- Father
- Mother, Step-Father
- Father, Step-Mother
- Guardian
- Other

Please complete both sides of form.

## STUDENT REGISTRATION FORM, continued

**Mother's Name:** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

ok to send daily announcements

**Father's Name:** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

ok to send daily announcements

**Additional (Step) Parent:** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

ok to send daily announcements

**Additional (Step) Parent:** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

ok to send daily announcements

**Send mailings to non-custodial parent?** (name & address) \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

(Other than Parents)

Name

Phone

Relationship

**Other children in the family:** \_\_\_\_\_

(Names and ages) \_\_\_\_\_

**Do you request any of the following services?**

Transportation \_\_\_\_\_ yes \_\_\_\_\_ no

Title I Tutoring \_\_\_\_\_ yes \_\_\_\_\_ no

Special Education \_\_\_\_\_ yes \_\_\_\_\_ no

**Transfer students:**

**Previous Schools of Attendance:**

School Name	City	State	Dates of Attendance
-------------	------	-------	---------------------

---

---

---

Has the student ever received In-School suspension? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain details on an additional sheet of paper.

Has the student ever received Out-of-School suspension? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain details on an additional sheet of paper.

Has the student ever been recommended for expulsion? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain details on an additional sheet of paper.

Has the student ever been expelled from a school? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain details on an additional sheet of paper.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(signature required of all parents)

Please complete both sides of form.

# Culbertson Public School, Student's Health Inventory

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Please answer the following questions: Your student's learning depends upon good health. Please complete all information.

\* \* \* \* \*

Has student had any serious physical injuries? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does the student have any physical limitations or motor impairments? \_\_\_\_\_ If yes, explain:

\* \* \* \* \*

Does this student wear glasses or contact lenses? \_\_\_\_\_

\* \* \* \* \*

Does this student have any hearing issues? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\* \* \* \* \*

Does the student have allergies to drugs, food or other? \_\_\_\_\_ Please list: \_\_\_\_\_

Has the allergy required emergency action in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Symptoms: \_\_\_\_\_

How soon does it occur after contact (length of time): \_\_\_\_\_

Does it need emergency medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Does the student know the symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_

\* \* \* \* \*

Does the student have bee/wasp sting allergy? Describe reaction: \_\_\_\_\_

Difficulty breathing? Yes \_\_\_\_\_ No \_\_\_\_\_ Student knows symptoms: Yes \_\_\_\_\_ No \_\_\_\_\_

How soon do symptoms occur after being stung? \_\_\_\_\_

Need emergency medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

\* \* \* \* \*

Does the student have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe reaction: \_\_\_\_\_

Triggered by: \_\_\_\_\_ Usually occurs: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatment: \_\_\_\_\_

\* \* \* \* \*

Please list names of medication and reason for taking: \_\_\_\_\_

\* \* \* \* \*

Is there any other health information or concerns we should be aware of in caring for your child?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

(If you need additional space for writing, please use back and attach any additional pertinent information you deem necessary.)

I understand and agree that any health information pertinent to my child's safety at school will be shared with appropriate school personnel.

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Please complete both sides of form.

# Culbertson Public School Parental Authorization Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Daytime numbers to call: \_\_\_\_\_

Name	Number
Name	Number
Name	Number

\* \* \* \* \*

### Medical Permission:

It is the practice of Culbertson Public School to administer the following topical medications:

Neosporin, caladryl, bactine, blistex, hydrocortisone cream 1%

I **AUTHORIZE** the school to:

- Provide basic first aid
- Administer above topical medications

It is the practice of Culbertson Public School to administer the following oral medications:

Acetaminophen USP (80mg, 325mg & 500mg), Cherry flavored Menthol Cough Drops

I **AUTHORIZE** the school to:

- Administer Acetaminophen when necessary
- Administer cough drops when necessary

I understand that under state law the Culbertson Board of Education, the Culbertson School district, and/or any designated employee of the Culbertson school district shall not be liable to the student or student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions by school employees in administering the topical medicines I have hereby authorized.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)

**NO MEDICATIONS WILL BE ADMINISTERED WITHOUT WRITTEN PARENT CONSENT**

\* \* \* \* \*

### Leaving Campus:

It is the policy of Culbertson Public School to allow students to leave campus to go home for lunch at noon break. K-6 students **MAY NOT** leave campus to go to restaurants or stores unless supervised by a parent. 7-12 students may go but **MAY NOT DRIVE** during the noon hour.

- Yes, I allow my child to walk home for lunch
- Yes, I allow my 7-12 student to walk home for lunch or to restaurants or stores
- No, I do not want my child to leave campus during lunch break. (Please inform your child of this)

\* \* \* \* \*

### Field Trips:

Occasionally students will be involved in activities that require them to leave campus with their class to attend a school-related activity. Students will be under adult supervision.

- Yes, my child has permission to attend school related field trips.
- No, my child may NOT attend school related field trips. He/She will remain at the school and be assigned an alternative assignment.

\* \* \* \* \*

Please complete both sides of form.

**Culbertson Public School**  
**Parental Authorization Form, continued**

**Publication:**

It is the practice of Culbertson Public School to release pictures and information regarding student activities to various media sources (newspapers, school web-page, extra-curricular programs, school newspaper, etc.) for public relations, public information, school promotion, publicity and instruction.

- Yes, Culbertson Public Schools may release my student's name, picture, art, written work, voice, verbal statements, statistical information, and/or portraits (video or still)
- No, Culbertson Public Schools may **NOT** release my student's name, picture, art, written work, voice, verbal statements, statistical information, and/or portraits (video or still)

\* \* \* \* \*

**Internet Use:**

I, \_\_\_\_\_ understand and will abide by the district's Acceptable use of the Network  
(student's name)  
Policy, found in the school handbook. I further understand that any violation of these rules is unethical and may constitute a criminal offense. Should I commit any violation, my access privilege may be revoked and school disciplinary and/or appropriate legal action may be taken.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Guardian:**

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable use of the Network Policy, found in the school handbook for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes only and hereby give my permission to grant access for my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

**Bus Students Only:**

In case of inclement weather and buses don't run, please list someone in town that your child could stay with.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_