

Student Information	Last Name (Legal): _____		Ethnicity	
	First Name: _____		Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Middle Name: _____		Race (check all that apply)	
	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> American Indian/Alaskan Native	
	Grade: _____		<input type="checkbox"/> Black/African American	
	Birthdate: _____		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
	Birthplace: _____		<input type="checkbox"/> Asian	
	Student Resides With: _____		<input type="checkbox"/> White	
	Home Address: _____		<input type="checkbox"/> Other: _____	
City, State, Zip _____				
Is this a temporary living arrangement? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Parent/Guardian Information	Father's Information		Mother's Information	
	Last Name _____		Last Name _____	
	First Name _____		First Name _____	
	Address _____		Address _____	
	City, State, Zip Code _____		City, State, Zip Code _____	
	Work/Day Telephone _____		Work/Day Telephone _____	
	Employer _____		Employer _____	
	Home Phone _____		Home Phone _____	
	Cell (Alt) Phone _____		Cell (Alt) Phone _____	
E-Mail Address _____		E-Mail Address _____		

Other Parent/Guardian Information <small>(For Example: Step Parent or Relative with Custody)</small>	Relationship to Student: _____		Relationship to Student: _____	
	Last Name _____		Last Name _____	
	First Name _____		First Name _____	
	Address _____		Address _____	
	City, State, Zip Code _____		City, State, Zip Code _____	
	Work/Day Telephone _____		Work/Day Telephone _____	
	Employer _____		Employer _____	
	Home Phone _____		Home Phone _____	
	Cell (Alt) Phone _____		Cell (Alt) Phone _____	
E-Mail Address _____		E-Mail Address _____		

Emergency Contact Information <small>(Other than info listed Above)</small>	Emergency Contact #1 _____		Sibling Information	Name (First, Last) _____		School/Grade _____	
	Relationship to Student _____			_____		_____	
	Daytime Telephone _____			_____		_____	
	Emergency Contact #2 _____			_____		_____	
	Relationship to Student _____			_____		_____	
	Daytime Telephone _____			_____		_____	

Last School Attended	Name of School:	Phone Number:
	Address:	Fax Number:
	City, State, Zip	Dates Attended:
	Has this student ever been expelled or been considered for expulsion? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Past HSD Enrollment	Has this student previously attended school in Helena School District? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If Yes, List each school attended:		
	1	3	5
	2	4	6

Medical History	My child has a medical condition (example, allergies, asthma, diabetes, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please complete the medical form available from the school office or school nurse.
	If YES, please list allergies:
	If YES, please list medical conditions:

Social Services	This Student:	Has NEVER Received This Service	Is CURRENTLY Receiving This Service	Has Been Exited From This Service	FOR OFFICE USE ONLY
	Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Speech Only (Special Education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gifted and Talented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

English Language Learners (ELL)	Student's primary language	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language did this student learn when she/he first began to talk?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the family speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the parent/guardian speak to this student?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does this student speak to the parent/guardian?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____

Transportation	To School (fill in the blank)	Home from School (fill in the blank)

I affirm that the above information is true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

PLEASE PRINT NAME

FOR OFFICE USE ONLY	Form Given to Parent/Guardian	Received	Notes
506 Form	<input type="checkbox"/>	<input type="checkbox"/>	
Medical History Form	<input type="checkbox"/>	<input type="checkbox"/>	
F/R Lunch Form	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary Exception Form (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Birth Certificate		<input type="checkbox"/>	
Copy of Immunizations		<input type="checkbox"/>	
Guardianship Paperwork (if applicable)		<input type="checkbox"/>	

Entered into PowerSchool	_____	_____	_____
	Initials	Date	School