

## **FORSYTH PUBLIC SCHOOL**

“The Dogies”

School District No. 4 and Forsyth High School District

PO Box 319

Forsyth, MT 59327

406-346-2796



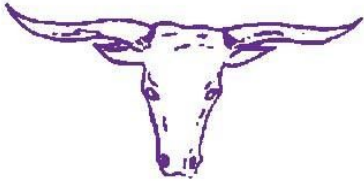
Dear Parents:

Welcome to the Forsyth School District. We look forward to having your child(ren) as students!

The necessary forms needed to register your child(ren) into the Forsyth School District are found in this section. This registration packet is a fillable online document. Please make sure that you thoroughly complete, review and print the entire packet. One packet is needed for each child entering the district. The student(s) will not be able to register if the packet is incomplete.

After you complete the registration packet, you can either call the High School/Jr. High School office at (406-346-2796 ext. 5140) or the Elementary School office at (406-346-2795 ext. 5120) to schedule an appointment. Remember to bring all the required documents from the list on the next page as well as your completed registration packet.

Students will be registered for classes or officially enrolled after all information is complete. We look forward to meeting you and your student.



Entering Forsyth Public School

OFFICE USE ONLY:	SM ID# _____
Building: _____	Grade: _____
Start Date: _____	
Transcript Faxed: _____	Imm. Faxed: _____
Release Mailed/Faxed: _____	
Out of District Student: _____	

Student's Full LEGAL Name:

\_\_\_\_\_  
Name as it appears on his/her birth certificate

**Welcome to Forsyth Public Schools!**

Please have the following information before calling to schedule an appointment with the High School/Jr. High School Office at 406-356-2796 ext. 5140 or the Elementary School Office at 406.346-2796 ext. 5120.

- o Completed Registration Packet
- o Student's Certified Birth Certificate
- o Student's complete Immunization Record
- o Personal Picture Identification of adult registering student (driver's license)

If the student is not living with both natural or adoptive parents, a certified copy of the most current Court Order Establishing Custody or Guardianship is required.

- o Final Judgment-Court stamped
- o Child-Care Agreement - Notarized (Call office for details)

The following information is required for proper class placement and scheduling.

- o Copy of Last Grade Report (K-8) or Unofficial Transcript (9-12)

Please answer each question.

Has your child ever been provided special education services: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child currently have an IEP for special education services: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child currently have a 504-Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of the questions above, please bring copies of any supporting documents. These items include copies of your child's most recent IEP, 504 Plan, etc.

**As the parent/legal guardian, you have a continuing duty to immediately inform the school of any change of residence or custody. I have read and understand the above enrollment procedures. I agree to notify the Forsyth Public Schools of any changes which may occur as outlined above. Initial here: \_\_\_\_\_**

<b>OFFICE USE ONLY</b>	Date:	Birth Certificate:	Immunizations Received:	SM ID:
	School:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	State ID:
	Bus Route:	<input type="checkbox"/> No	<input type="checkbox"/> No	District ID:



**FORSYTH PUBLIC SCHOOLS K-12 ENROLLMENT FORM**  
**"Home of the Dogies"**



**STUDENT INFORMATION**

(LEGAL NAME ONLY) Last Name		First	Middle	Suffix (Jr, II, III)
Other name(s) used previously (AKA):			Student Email:	
Grade:	Birth Date:	Birthplace (city, state)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Is student a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previously enrolled in Forsyth Schools: if yes: Date: _____ Grade: _____		Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native Tribal Affiliation: (Please attach 506 form with enrollment form)	
School Previously enrolled in: Name: _____ City/State: _____		Student Cell Phone: (    )		
Home Address (Physical address)			City	State
Mailing Address (if different than home address)			City	State
			Zip Code	Zip Code

**RESIDENTIAL PARENT/GUARDIAN (Complete only if LIVING with student)**

**Parent/Guardian 1**

Last Name		First Name		
Relation to Student	Email Address	Employer		Occupation
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone ( )	Work Phone ( )	Cell Phone ( )		

**Parent/Guardian 2**

Last Name		First Name		
Relation to Student	Email Address	Employer		Occupation
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone ( )	Work Phone ( )	Cell Phone ( )		

**NON-RESIDENTIAL Parent/Guardian Information**

**Parent/Guardian 1**

Last Name		First Name		
Relation to Student	Email Address	Employer		Occupation
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone ( )	Work Phone ( )	Cell Phone ( )	Copy of Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Parent/Guardian 2**

Last Name		First Name		
Relation to Student	Email Address	Employer		Occupation
Home Address (if different than above)		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Home Phone ( )	Work Phone ( )	Cell Phone ( )	Copy of Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMERGENCY CONTACT (Other than Parent/Guardian Contacts already listed)**

<b>Contact 1</b>		
Last Name	First Name	
Relation to Student		
Home Phone ( )	Work Phone ( )	Cell Phone ( )
<b>Contact 2</b>		
Last Name	First Name	
Relation to Student		
Home Phone ( )	Work Phone ( )	Cell Phone ( )

**QUESTIONS FOR PARENTS**

Has student ever received service from or been involved in: (check all that apply):

Special Education     
  Title 1     
  Reading Tutor     
  Section 504     
  Speech Therapy

Current IEP     
  Behavior Management     
  Counseling     
  Gifted Program

Other:

Have you been engaged in migrant work in the last years?	<input type="checkbox"/> Yes three <input type="checkbox"/> No	Has student immigrated to the United States *if yes: date first enrolled in US School:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Has this student ever been under long term suspension/expulsion or been suspended/expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there any other information that would help us better serve your student?</b>	
<b>Legal Bindings:</b> Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: (copy of the legal documentation is required).			
<b>Dependent of Active Duty Military Member:</b> Is this student the dependent of an active duty military member? If so: Name of Military Member: Relationship: <input type="checkbox"/> The US Military (Army, Navy, Air Force, Marines, or Coast Guard) <input type="checkbox"/> Active Duty National Guard <input type="checkbox"/> Active Duty Reserve Force of the US Military <input type="checkbox"/> Transitioning out of Active Duty to National Guard or Reserve			

**All information provided above is complete and accurate to the best of my knowledge.**

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

## Health and Medical Information

<input type="checkbox"/>	<b>Allergies to:</b> <input type="checkbox"/> Bee Sting <input type="checkbox"/> Food <input type="checkbox"/> Environment <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Other Name of Medication(s): <input type="checkbox"/> *needs medication at School <input type="checkbox"/> takes medication at home Describe reaction and intervention: List other allergies:
<input type="checkbox"/>	<b>Asthma:</b> Name of medication(s) <input type="checkbox"/> *needs medication at School <input type="checkbox"/> takes medication at home <input type="checkbox"/> carries inhaler on person <input type="checkbox"/> inhaler in school office
<input type="checkbox"/>	<b>Attention Deficit Disorder:</b> Name of Medication(s) <input type="checkbox"/> *needs medication at School <input type="checkbox"/> takes medication at home <input type="checkbox"/> diagnosed but no medication
<input type="checkbox"/>	<b>Diabetes:</b> <input type="checkbox"/> *Insulin dependent/ needs school program set up <input type="checkbox"/> *Self manages snacks, diet, testing, coverage
<input type="checkbox"/>	<b>Headaches:</b> Name of medication(s)
<input type="checkbox"/>	<b>Seizures:</b> Name of medication(s) <input type="checkbox"/> *needs medication at School <input type="checkbox"/> takes medication at home <input type="checkbox"/> history of seizure but not currently on medication
<input type="checkbox"/>	<b>Other Medications:</b> <input type="checkbox"/> *needs medication at School <input type="checkbox"/> takes medication at home    Diagnosis:  Name of medication(s)
<input type="checkbox"/>	<b>Hearing Concerns:</b> (Please explain)
<input type="checkbox"/>	<b>Vision Concerns:</b> (Please explain)
<input type="checkbox"/>	<b>Physical Restrictions:</b> <input type="checkbox"/> *Uses mobility aide (wheelchair, walker, crutches, etc.) <input type="checkbox"/> *Restricted because of <input type="checkbox"/> Must avoid this/these activities <div style="text-align: right; margin-top: 5px;">(Doctor's letter is required for some P.E. adaptations)</div>
<input type="checkbox"/>	<b>Other:</b> Describe health history (operations, serious accidents, and serious illness)
<b>Diseases/Conditions:</b> If known, please indicate the year of the disease/condition when applicable: <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles(Rubella) <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella (3 day) <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Sinusitis <input type="checkbox"/> Eczema <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Heart Disease <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Kidney/Bladder Disorder <input type="checkbox"/> Congenital Condition <input type="checkbox"/> Other(please describe):	
<b>Medical Sign Off: In case of an emergency, I authorize medical/dental care:</b> Please indicate hospital of choice:	
<b>Doctor's name:</b>	<b>Dentist's name:</b>

**\*NOTE:** All items will require notification at the school office. If medication is needed, the parent must complete a medication authorization form before the first dose of medication can be given at school. This health concern information may be shared with school personnel as necessary to benefit the health and safety of this student and others. Please keep school staff informed as to changes to the information so the student's records can be updated as needed.

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

## Disclosure of Information

Disclosure of immunization information by schools is covered by the Family Educational Rights and Privacy Act (FERPA).  
(45 CFR 164.501)

### **Permission Statement**

Immunization information on \_\_\_\_\_

(Student's Name)

will be shared with the local public health department (*Rosebud County Public Health Department*) and/or entered into the electronic data system, *imMTrax*. This information will be shared with healthcare providers to help prevent both over- and under-immunization and to develop one consolidated vaccine record for the child.

The intent of an electronic immunization registry is to provide a complete and permanent immunization record for your child.

I give my permission for my child's vaccine information:

\_\_\_\_\_ To be shared with the Rosebud County Public Health Department.

\_\_\_\_\_ To be entered into the statewide database, *imMTrax*.

\_\_\_\_\_  
(Student's Full Legal Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Signature of Parent/Guardian)

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

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Phone Number)