

Choteau Public Schools * Enrollment Information Form

Date: _____ District #1 Resident _____ Non Resident _____ Male _____ Female _____

Student LEGAL Name _____
Last Middle First

Lives with Mother _____
Last Middle First

Lives with Father _____
Last Middle First

Lives with Guardian/Foster parent _____ Relationship _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email address of parent: _____

MY INTOWN HOME/EMERGENCY CONTACT

Person(s) allowed to pick-up my child/children in an emergency OR adverse weather: _____

Home Phone _____ Work _____ Cell _____

Is this student **Hispanic or Latino**? (choose one) _____ No **Not Hispanic or Latino** _____ Yes

What is the student's race? (regardless of how you answered the first question, choose one)

American Indian or Alaska Native _____ **Asian** _____ **White** _____ **Black or African American** _____ **Native Hawaiian or other Pacific Islander** _____

*****Failure to answer both questions will result in use of prior racial/ethnic data or an observer identifying the student*****

What is the student's primary language? _____ Secondary language? _____

* What language is spoken most frequently by the student at home? _____

If the primary or secondary language is **not** English, please answer the following questions:

What is the student's country of origin? _____

What language do you most frequently speak to your son/daughter? _____

Mother? _____ Father? _____

Immunization Record: Presented _____ In file _____

Birth Certificate: Presented _____ In file _____ Date of Birth _____

Place of Birth _____ Grade _____ Age _____

Home Address _____ PO Box _____

Family Physician _____ Family Dentist _____

Live in Town ___(Y)___ (N) Bus RT # _____ Total Number Living at Home _____

Location and Mileage to School if Out of Town _____

Does the above child have any health issues or allergies that the school needs to be aware of?

Is the above named child receiving any of the following special services?

504 Plan _____ Title I _____ Special Education _____ Speech _____

Medical Safety Plane _____ Other _____

If Transfer, name and address of last school attended: _____