



Chester  
Joplin  
Inverness  
Public Schools

SCHOOL DISTRICT 48-1J AND 48-2J  
PO BOX 550  
CHESTER, MONTANA 59522  
High School (406) 759-5108  
Elementary (406) 759-5477 \* Fax (406) 759-5867

# ENROLLMENT FORM

ONE STUDENT PER FORM

STUDENT NAME: \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN & OCCUPATION: \_\_\_\_\_ FATHER: \_\_\_\_\_  
MOTHER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: PRIMARY: \_\_\_\_\_  
SECONDARY: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_

TRANSFER STUDENTS  
SCHOOL LAST ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

OFFICE USE ONLY

- \_\_\_\_\_ CUMULATIVE HEALTH FORM (yellow) \_\_\_\_\_ FILE COMPLETION DATE  
\_\_\_\_\_ MCKINNEY-VITO FORM (PINK)  
\_\_\_\_\_ HOME LANGUAGE SURVEY (green)  
\_\_\_\_\_ IMMUNIZATION RECORD  
\_\_\_\_\_ BIRTH CERTIFICATE COPY  
\_\_\_\_\_ AUTHORIZATION FOR RECORDS RELEASE (TRANSFER STUDENTS ONLY)



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### AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

STUDENT NAME: \_\_\_\_\_ PREVIOUS GRADE: \_\_\_\_\_

PREVIOUS SCHOOL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PLEASE INCLUDE THE FOLLOWING STUDENT RECORDS

- \_\_\_ 1. ALL STUDENT RECORDS DATA (INCLUDING 2-9 BELOW)
- \_\_\_ 2. TRANSCRIPTS
- \_\_\_ 3. SEMESTER/QUARTER GRADES
- \_\_\_ 4. WITHDRAWAL GRADES
- \_\_\_ 5. STANDARIZED TEST SCORES
- \_\_\_ 6. IMMUNIZATION/MEDICAL FORMS
- \_\_\_ 7. PSYCHOLOGICAL/ EDUCATIONAL / EMOTIONAL ASSESSMENTS
- \_\_\_ 8. FOR SPECIAL EDUCATION RECORDS (REFERRAL, PERMISSION EVALUATION, ELGIBILITY DOCUMENTATION, IEP ETC)
- \_\_\_ 9. OTHER SPECIAL SERVICE DATA (SPEECH, HEARING, GIFTED, ETC)

### SIGNATURE OF PERSON REQUESTING RECORDS:

SCHOOL COUNSELOR: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT (18YRS OF AGE): \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SEND RECORDS TO: GUIDANCE DEPARTMENT  
 CHESTER-JOPLIN-INVERNESS PUBLIC SCHOOL  
 P.O. BOX 550  
 CHESTER, MT 59522

# CUMULATIVE HEALTH FORM

STUDENT NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DIRECTIONS TO HOME: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

IN CASE OF ACCIDENT	NAME: _____	PHONE #: _____
OR EMERGENCY, CONTACT:	NAME: _____	PHONE #: _____
	NAME: _____	PHONE #: _____
PHYSICIAN: _____ / _____	PHONE #: _____	
PHYSICIAN: _____ / _____	PHONE#: _____	
DENTIST: _____ / _____	PHONE #: _____	

## STUDENT HEALTH HISTORY

ALLERGY, SPECIFY \_\_\_\_\_ DIABETES \_\_\_\_\_ ASTHMA \_\_\_\_\_

CONGENITAL DEFECTS, (SUCH AS CLEFT LIP, CLEFT PALATE, ETC) \_\_\_\_\_

HEART CONDITIONS \_\_\_\_\_

OTHER \_\_\_\_\_

PHYSICAL RESTRICTIONS \_\_\_\_\_

SPECIAL DIET / FOOD RESTRICTIONS \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

DOSAGE \_\_\_\_\_ TIME \_\_\_\_\_

## Chester-Joplin-Inverness Public Schools Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Person completing form:

- Parent or guardian       Unaccompanied youth (a youth that does not live with a parent or guardian)  
 Youth       Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement?  Yes  No  
 2. Is the student's living arrangement due to loss of housing or financial hardship?  Yes  No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship  
 In an emergency shelter, transitional housing facility, or abandoned in a hospital  
 Sharing another family's house or apartment  
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building  
 In a bus or train station  
 Moving from place to place (couch surfing)  
 In a public or private place not meant to be used as a regular place for people to sleep  
 Other: \_\_\_\_\_

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or education decision maker:

Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 OR

Student (if an unaccompanied youth that is homeless):

Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

### OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
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**Montana**  
Office of Public Instruction  
opi.mt.gov **Elsie Arntzen, Superintendent**

**APPENDIX A**  
**MONTANA HOME LANGUAGE SURVEY**  
**UPDATED WINTER 2021**

District:

School:

The purpose of this survey is to ensure that your child receives the highest quality education and services to which they are entitled. The information you provide will be used to assist in making the most informed program decisions for your child.

Student's Name

Birth Date:

Parent/Guardian Name:

Sex:

Address:

Home Phone

Work Phone:

**Answer each question by marking either the YES or NO box:**

**YES**

**NO**

1. Is your child's first-learned or home language anything other than English?

2. Do you use a language(s) other than English with the child?

3. Does the child understand when someone communicates with them in a language other than English?

4. Does the child have significant exposure to another ancestral language other than English spoken by their family, friends or other community members?

5. Does the child read in a language(s) other than English?

6. Does the child write in a language(s) other than English?

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home?

8. If you answered YES on one or more of questions 1-6, what language(s) other than English is the student exposed to in their community?

9. If available, in what language would you prefer to receive communication from the school?

Parent or Guardian's Signature:

Date: