

Park High School

102 View Vista Drive • Livingston, MT 59047
Phone: (406) 222-0448 • Fax: (406) 222-9404

Request for Transfer of All Educational Records

To: REGISTRAR

Name of Previous School

_____-_____-_____
Previous School Phone

Mailing Address of Previous School

_____-_____-_____
Previous School Fax

City

State

ZIP

NAME OF STUDENT:

Legal Last Name

First Name

Middle Name

Grade Entering

____/____/____
Date of Birth

Current Address

_____-_____-_____
Home Phone

Student

IS / IS NOT
(circle one)

enrolled in:

Special Education

504

Title I

(check any if applicable)



Parent/Guardian Signature

Date

The above named student is enrolled in Park High School. Please fax/mail records to us as soon as possible.

MAIL THE SCHOOL CUMULATIVE FILE TO:

Registrar

Park High School

102 View Vista Drive

Livingston, MT 59047

Phone: (406) 222-2550 Fax: (406) 222-9404

MAIL THE SPECIAL EDUCATION FILE TO:

Records

Department of Student Support Services

129 River Drive

Livingston, MT 59047

Phone: (406) 823-3080 Fax: (406) 222-4878

To expedite the enrollment process, please **FAX** the following to us:

1. Official Transcript
2. Immunization Record
3. Birth Certificate
4. Student in Good Standing Form (attached – to be completed by Administrator)
5. Discipline and Attendance Records
6. Transfer Grades
7. Last Report Cards
8. Special Education IEP, Eligibility Documents, & Psych reports (if applicable)

Registrar / Authorized School Official

Date Request Faxed

Park High School

102 View Vista Drive • Livingston, Montana 59047
(406) 222-2550 • Fax (406) 222-9404

Dr. Lynne Scalia
Principal

Lori Dust
Assistant Principal

Student in Good Standing Form

To: Former School Administrator

Date: _____

Re: _____ Grade: _____ DOB: ___/___/___

Please complete, sign, and return this form via fax. Thank you very much for your prompt cooperation.

Respectfully,
Lori Dust
Assistant Principal
lori.dust@livingston.k12.mt.us

Is the above student a "student in good standing" at your school? Yes _____ No _____

or

Are there any discipline infractions, sexual harassment accusations, violent tendencies, and other similar factors of which we should be aware? Yes _____ No _____

Has this student been expelled from your school? Yes _____ No _____

If YES, please state the effective dates of that expulsion: ___/___/___ to ___/___/___

If NO, was this student facing an expulsion hearing at your school? Yes _____ No _____

Does this student have a pending suspension? Yes _____ No _____

Has this student had a weapons violation? Yes _____ No _____

If you are unable to provide any or all of the above requested information, please indicate why. If this is the case, please provide the name, position, and phone number of a person to contact at your school who can provide this information. Thank you.

I am unable to provide this information because: _____

Name and phone of school official to contact: _____

Your name Title Phone

Home of the Rangers

Park High School NEW STUDENT ENROLLMENT FORM

STUDENT IDENTITY INFORMATION:

Student's Legal Last Name _____ First Name _____ Middle Name _____ Preferred Name _____

F M _____ / _____ / _____ _____ _____ - _____ - _____ _____
Gender Date of Birth Birthplace (City, State) Social Security Number Grade Level

RACE / ETHNICITY:

At this time, public schools are required by federal and state regulations to report ethnicity.

ETHNICITY: Choose *one* ethnicity: Hispanic/Latino Not Hispanic/Latino

RACE: Choose *one or more* of these Races (regardless of ethnicity):

- American Indian or Alaska Native Asian Black or African American
 Native American or Other Pacific Islander White

LANGUAGE:

What is the primary language used in the home: _____

What is the language most often spoken by the student: _____

What is the language that the student first acquired: _____

PROGRAM PARTICIPATION:

- Title 1 504 Special Education (IEP) Free/Reduced Lunch Foreign Exchange Gifted & Talented

ENROLLMENT HISTORY: List most recent schools attended. (*Begin with last school first.*)

Grade(s)	School Name	City, State	Year(s)

STUDENT CONDUCT:

Has this student been expelled from a school? No Yes

Does this student have any prior or pending criminal charges? No Yes

If you answered yes to one or both of the above questions, please provide details (place, reason, dates, etc.):

OTHER INFORMATION:

A copy of the legal papers must be provided if there are conditions of which the school district should be aware, i.e. custody conditions/issues, restraining order, etc.

Please check one: No, there are no issues. Yes, there are issues. Explain:

Park High School

STUDENT DEMOGRAPHIC INFORMATION

Student's Legal Last Name _____ First Name _____ Middle Name _____ Grade Level _____

PRIMARY HOUSEHOLD:

Residence phone: _____ Student cell number: _____

Student email address: _____

Residence Address:

Number _____ Street _____ Apt/Trailer/Lot _____

City _____ State _____ ZIP _____

Mailing Address:
(if different)

Number _____ Street _____ Apt/Trailer/Lot _____

City _____ State _____ ZIP _____

PRIMARY HOUSEHOLD MEMBERS: (Please list only those members who live at the above address)

Parent/Guardian 1: _____ Male Female _____
First/Given _____ Middle _____ Last _____ Relation to student _____

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____

Legal Guardian Receive Mailings

As legal guardian of this student, I would like to receive notifications regarding attendance via Infinite Campus in the following manner:

Text Voice call Email

Parent/Guardian 2: _____ Male Female _____
First/Given _____ Middle _____ Last _____ Relation to student _____

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____

Legal Guardian Receive Mailings

As legal guardian of this student, I would like to receive notifications regarding attendance via Infinite Campus in the following manner:

Text Voice message Email

Siblings (school-age):

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

LOCAL EMERGENCY CONTACTS:

Emergency Contact: _____ Relation to Student: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Emergency Contact: _____ Relation to Student: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

SECONDARY HOUSEHOLD: (Only for Parent NOT living in Primary Household)

Residence phone: _____

Residence Address:

Number _____ Street _____ Apt/Trailer/Lot _____

City _____ State _____ ZIP _____

Mailing Address:
(if different)

Number _____ Street _____ Apt/Trailer/Lot _____

City _____ State _____ ZIP _____

SECONDARY HOUSEHOLD MEMBERS:Parent/Guardian 1: _____ Male Female _____
First/Given Middle Last Relation to student

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____
 Legal Guardian Receive MailingsParent/Guardian 2: _____ Male Female _____
First/Given Middle Last Relation to student

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____
 Legal Guardian Receive Mailings**I certify that I am the legal guardian of the student listed above and that all information above is true and accurate to the best of my knowledge.**

Parent/Guardian Signature

Date

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Livingston School District's policy regarding District-Provided Access to Electronic Information, Services, and Networks (Policy No. 3612). Should I commit any violation or in any way misuse my access to the District's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (Print): _____ Home Phone: _____
User's Signatures: _____ Date: _____
Address: _____

Status: Student _____ I am 18 or older _____ I am under 18 _____

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian. (If applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the District's policy regarding District-Provided Access to Electronic Information, Services, and Networks for the student's access to the District's computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the District, the Trustees, Administrators, teachers, and other staff against all claims, damages, losses, and costs, of whatever kind, that may result from my child's use of or access to such networks or his/her violation of the District's policy. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the District's computer network and the Internet.

Parent/Legal Guardian (Print): _____
Signature: _____
Home Phone: _____ Address: _____
Date: _____

This Agreement is valid for **2020-2021** school year only.

PARK HIGH SCHOOL

"I have received a copy of the Park High School handbook for the 2020-2021 school year. I understand that the handbook contains information that my child may need during school. I understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the handbook."

Printed name of the student: _____

Signature of the student: _____

Signature of the parent or guardian: _____

Date _____

I acknowledge that a padlock will be issued to my student for their locker and is to be turned in prior to the last day of school. If not, a \$10.00 fee will be due before a report card or schedule will be released.

Student Initials _____ Parent or Guardian Initials _____

Release of "Directory Information" regarding student records, federal law requires that "directory information" on my student released by the District to anyone who requests it *unless* I object in writing to the release of this information. After reading through the handbook and policies, please sign below. In addition to release of directory information, Montana Legislature passed Senate Bill MTSB40 requiring OPI to create and maintain an electronic directory photograph repository all of Montana public school student's photos. The purpose of the photo repository is solely for assisting law enforcement officials in locating a student that has been identified as a missing child.

Students must return the signed form to the main office on or before Friday, September 11th 2020

Please check ONE option:

- A) ___ I consent to the release of the directory information regarding my student named below. This includes a release to the Facebook page and other social media sites, colleges, parent groups, employers, newspapers for awards, photos in yearbook, listing on sports programs, or honors lists. This also includes photograph if student were to be identified as a missing child.
- B) ___ I consent to the release of **all** information regarding my student in *option A*, **EXCEPT** for military. I **do not** want my students' information released to any military personnel.
- C) ___ I do **NOT** consent to the release of directory information regarding my student named below, **except as authorized by law.** (**No** information to colleges, military, parent groups, employers, social media, newspapers, yearbook, sports programs, honor roll or missing child photograph maintained by OPI)

Printed name of the student: _____

Signature of the student: _____

Signature of the parent or guardian: _____

Date _____

Ranger Clinic Parental/Legal Guardianship Consent Form

Office Use Only

Please review the following information and authorization for medical treatment if/when you cannot be present at the time of treatment. Sign if you wish to authorize Ranger Clinic to provide medical treatment for your child.

I (we) have the legal right to preauthorize this facility to deliver medical treatment to my (our) dependent during the 20____/20____ academic year. I (we) request and authorize Ranger Clinic and its personnel to deliver the medical care to my (our) dependent listed below. We understand that we will be notified by telephone (at the contact number listed below) if my(our) dependent is being seen under an emergency situation.

Identify any limitations in the kind of medical services for which this authorization is given.

Limitations: _____

If the nature of the medical care is not routine, please note we will try to contact you at the telephone numbers listed below.

PATIENT INFORMATION	PARENT/GUARDIAN INFORMATION
<p>Patient's Last Name: _____</p> <p>Patient's First Name: _____</p> <p>Date of Birth: _____ / _____ / _____ <i>Month</i> <i>Day</i> <i>Year</i></p> <p>Patient's Social Security Number: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____</p> <p>Patient's Address: _____ _____ _____ <i>City</i> <i>State</i> <i>Zip Code</i></p> <p>Who is the patient's regular doctor? Name: _____ Telephone: _____ Address: _____ _____</p>	<p><u>Mother</u> Last Name: _____ First Name: _____ Home Tel: _____ Work Tel: _____ Beeper/Cell: _____ Address: _____</p> <p><u>Father</u> Last Name: _____ First Name: _____ Home Tel: _____ Work Tel: _____ Beeper/Cell: _____ Address: _____</p> <p><u>Legal Guardian, If Applicable</u> Last Name: _____ First Name: _____ Relationship of legal guardian to student <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Other: _____ Home Tel: _____ Work Tel: _____ Beeper/Cell: _____ Address: _____</p> <p><u>Additional Emergency Contact</u> Name: _____ Relationship to Student: _____ Home Tel: _____ Work Tel: _____ Beeper/Cell: _____</p>

Please complete and sign back page.





Park High School
 102 View Vista Drive
 Livingston, MT 59047
 Phone: 406-222-0448
 Fax: 406-222-9404

Student Name (Please Print)

Last First Grade

Sport/Activity

2020-21

Medical Insurance Waiver Form

~ This form must be completed and signed to be valid ~

The Livingston School District does not offer a medical insurance program for students. Therefore, it is the responsibility of the parent/guardian of the student to secure medical insurance. In return for the school district allowing your son/daughter to participate in activities you must agree to take full responsibility for medical expenses for your child.

This form must be signed and returned to the office/advisor prior to your son/daughter participating in any activity. I have read and understand the Medical Insurance Waiver and agree to accept responsibility for my child's medical expenses.

Medical Assistance to Injured Students

I hereby authorize School District Number 4 & 1 and its faculty members in charge of my child named below, to obtain all necessary medical care for my child, and I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatments to my child.

 Parent/Guardian (Print)

 Relationship to student

 Parent/Guardian Signature

 Date

Address:

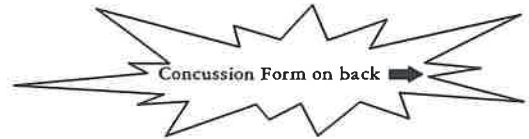
____ / ____ / ____
 Student Birthdate (MM/DD/YY)

 Home Phone

 Cell Phone

 Work Phone

PHS Activities Code
 (must also be signed)



Both my child and I have read the Park High School Activities Code and I understand its contents. We agree to abide by all of the policies described in the Activities Code.

 Parent Name (Please Print)

 Date

 Student Name (Please Print)

 Parent Signature

 Date

 Student Signature

Please go to "parkhigh.org/athletics" and click on the "[Activities Forms Info](#)" button for detailed information about this form.