

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

Mailing Address of Previous School

City

State

ZIP

_____-_____-_____
Previous School Phone

_____-_____-_____
Previous School Fax

NAME OF STUDENT:

Legal Last Name

First Name

Middle Name

Current Address

_____/_____/_____
Grade Entering

_____/_____/_____
Date of Birth

_____-_____-_____
Home Phone

Student **IS / IS NOT** enrolled in: **Special Education** **504** **Title I**
 (circle one) (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.

<p>MAIL THE <u>SCHOOL CUMULATIVE FILE</u> TO: Registrar Park High School 102 View Vista Drive Livingston, MT 59047 Phone: (406) 222-2550 Fax: (406) 22-9404</p>	<p>MAIL THE <u>SPECIAL EDUCATION FILE</u> TO: Records Livingston School District 4 & 1 132 South B Street Livingston, MT 59047 Phone: (406) 222-0861 Fax: (406) 222-7323</p>
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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

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

For Office Use Only - Student Number:

MT State ID:

Password:

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)

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

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

Employer: _____ Work phone: _____

Email address: _____ Cell phone: _____
 Legal Guardian Receive Mailings

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: _____

- turn over -

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 Mailings

Parent/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



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

2019 -20

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.



Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s): _____

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

Park High School Student Drug Testing Consent Form

Participation in school sponsored co- and extra-curricular activities at Park High School is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their families, their school, and their community to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Chemical use of any kind is incompatible with participation in co- and extra-curricular activities at Park High School.

Park High School has adopted the attached Activity Student Drug Testing Policy and this Student Drug Testing Consent for use by all Activity Students as defined in the Policy. This policy explains in more detail the purpose of drug testing and its implementation. The policy also defines "chemical use" and "illegal drugs".

All PHS students are asked to sign this consent form. However, ONLY those students who are involved in a school sponsored activity or club during the school year will be subject to the random selection process for drug testing. Those students who are NOT involved in any school sponsored activities or clubs will NOT be subject to the random selection process for drug testing.

CONSENT BEFORE PARTICIPATION: Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and this Student Drug Testing Consent, which shall be read, signed and dated by the Activity Student, parent or custodial guardian, and coach/sponsor, and returned to the school administration *before* such student shall be eligible to practice or participate in any activities. The Activity Student (and parent/guardian if student is under 18) shall sign this Consent *before* beginning practice or participation in any activities. The consent allows Park High School to obtain a urine sample from each Activity Student if chosen by the selection basis; and at any time based on a reasonable suspicion to be tested for illegal drugs.

Student's Last Name (please print)

First Name

MI

I have been given, read, and understood the "Student Activity Drug Testing Policy" and this "Student Drug Testing Consent". I understand that Park High School enforces the rules applying to the use or possession of illegal drugs as defined in the policy. As a member of a co- and /or extra-curricular activity, I realize that the personal decisions that I make daily in regard to the use or possession of illegal drugs may affect the health and well-being, may endanger those around me, and may reflect negatively upon myself, my family, my activity, my school, and my community. If I choose to violate school policy regarding the use or possession of illegal drugs, I understand I will be subject to discipline and restrictions on my participation as outlined in the Policy. I consent to submit to drug testing in accordance with the Student Activity Drug Testing Policy.

Signature of Student

Date

We have read and understood the "Activity Student Drug Testing Policy" and this "Student Drug Testing Consent". We desire that the student named above participate in the co- and extra-curricular activities of Park High School. We consent to the implementation and enforcement of the policy, and we agree that the student named above will be subject to the policy and will be required to undergo drug testing in order to participate in school activities. We give our consent to drug testing of this student in accordance with the policy and the procedures implementing the policy. We understand the discipline and restrictions on participation that can be enforced against the student for violations as explained in the policy.

Signature of Parent or Guardian

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 **2019-2020** school year only.

PARK HIGH SCHOOL

"I have received a copy of the Park High School handbook for the 2018-2019 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. **Students must return the signed form to the main office on or before Friday, September 6th, 2019.**

Please check ONE option:

A) I consent to the release of the directory information about my student named below. This includes a release to the Facebook page and other social media sites.

B) I do **NOT** consent to the release of directory information about my student named below, except as authorized by law. (No information to colleges, military, parent groups, employers, newspapers, yearbook, sports programs or honor roll.)

C) I consent to the release of the above directory information about my student *to colleges, parent groups, employers, or newspapers for awards, photos in yearbook, listing on sports programs, or honors lists* **EXCEPT** information about my student may **NOT** be released to the military.

Printed name of the student: _____

Signature of the student: _____

Signature of the parent or guardian: _____

Date _____



Ranger Clinic Parental/Legal Guardianship Consent Form

INSURANCE INFORMATION	
<p>Is your child covered by Medicaid Insurance?</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes: Medicaid ID # _____</p> <p>Which Plan?</p> <p><input checked="" type="checkbox"/> Healthy Montana Kids (HMK)</p> <p><input checked="" type="checkbox"/> Healthy Montana Kids Plus (HMK plus)</p> <p><input checked="" type="checkbox"/> Other: _____</p>	<p>Does your child have other insurance?</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes:</p> <p>Insurance Carrier: _____</p> <p>Subscriber: _____</p> <p>Policy Number: _____</p> <p>Group Number: _____</p> <p>Insurance Billing Address: _____</p>
PARENTAL CONSENT FOR RANGER CLINIC	
<p>I give permission for my child to be seen by a medical provider at Ranger Clinic as indicated above. I understand Ranger Clinic will inform me of any emergency visits my child may have by phoning my contact telephone number. I give permission for Ranger Clinic to request and/or share my child's records as needed.</p> <p>My signature indicates I have received a copy of the Notice of Privacy Practices and Patient Rights (available at http://www.livingstonhealthcare.org/pdfs/PrivacyNotice.pdf).</p> <p>X _____</p> <p>Signature of Parent/Guardian Date</p>	
HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION	
<p>I have read and understand the release of health information included with this form. My signature indicates my consent to release medical information as specified.</p> <p>X _____</p> <p>Signature of Parent/Guardian Date</p>	

Please complete back page.



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

Patient's Last Name: _____

Patient's First Name: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Patient's Social Security Number: _____

Sex: Male Female Age _____

Ethnicity: Hispanic Black White American Indian
 Asian/Pacific Islander Other _____

Patient's Address: _____

City State Zip Code

Who is the patient's regular doctor?

Name: _____

Telephone: _____

Address: _____

Mother

Last Name: _____ First Name: _____

Home Tel: _____ Work Tel: _____

Beeper/Cell: _____

Address: _____

Father

Last Name: _____ First Name: _____

Home Tel: _____ Work Tel: _____

Beeper/Cell: _____

Address: _____

Legal Guardian, If Applicable

Last Name: _____ First Name: _____

Relationship of legal guardian to student

Grandparent Aunt or Uncle Other: _____

Home Tel: _____ Work Tel: _____

Beeper/Cell: _____

Address: _____

Additional Emergency Contact

Name: _____

Relationship to Student: _____

Home Tel: _____ Work Tel: _____

Beeper/Cell: _____

Park High School

STUDENT MEDICAL INFORMATION

It is important for the school to have information on record about ongoing medical conditions related to your child that might expedite care during school hours should a medical problem arise. The school nurse maintains medical information on all students. Other school staff shall be informed on a "need to know" basis only. If you have any questions, please contact the school nurse.

Student's Legal Last Name (please print)

First Name

Middle Initial

Grade Level

List any ongoing medical conditions (i.e. allergies-specify, asthma, diabetes, etc.):

Current medications(s):

I give my permission for _____ to take the following medications during the school year:

___ Acetaminophen (Tylenol) per package directions ___ Cough Drops per package directions

___ Ibuprofen (Advil) per package directions ___ Tums per package directions

___ Benadryl per package directions

Parent/Guardian Last Name (please print)

Parent/Guardian Signature

Date

NOTE: This form must be updated annually.

Below for office purposes only.

date	time	medication	purpose	signature