| 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 N | lame | Preferred Name |
|--|--|--|---|-----------------------------|---------------------------------|
| □F□M | 1 1 | | | | |
| Gender Date o | f Birth B | irthplace (City, State) | Social Se | ecurity Number | Grade Level |
| RACE / ETHNICIT | <u>'Y</u> : | | | | |
| At this time, public se | chools are required | d by federal and state re | gulations to repor | t ethnicity. | |
| ETHNICITY: Choose | se <i>one</i> ethnicity: | ☐ Hispanic/Latino | ☐ Not Hispani | c/Latino | |
| | | Races (regardless of eth | • / | | |
| | n Indian or Alaska .merican or Other | | ☐ Asian ☐ White | ☐ Black or A | African American |
| | merican of Other | Pacific Islander | □ winte | | |
| LANGUAGE : What is the primary l | anguage used in tl | he home: | | | |
| What is the language | most often spoker | n by the student: | | | |
| What is the language | that the student fi | rst acquired: | | | |
| | ICIDATION. | | | | |
| PROGRAM PARTI | ICIFATION: | | | | |
| | _ | r (IED) 🗖 Error/Doduce | d Lunch D Fouri | an Euchanas E | C:ftad 0-Talantad |
| PROGRAM PART ☐ Title 1 ☐ 504 ☐ | _ | n (IEP) Free/Reduced | d Lunch 🖵 Foreig | gn Exchange 🗆 | Gifted & Talented |
| | _ | n (IEP) 🗖 Free/Reduced | d Lunch 🖵 Foreig | gn Exchange 🗆 | Gifted & Talented |
| ☐ Title 1 ☐ 504 ☐ | Special Education | n (IEP) Free/Reduced | | | |
| ☐ Title 1 ☐ 504 ☐ | Special Education | | | | |
| ☐ Title 1 ☐ 504 ☐ | Special Education | | | n last school fii | |
| □ Title 1 □ 504 □ ENROLLMENT H | Special Education | | nded. (<i>Begin with</i> | n last school fün | rst.) |
| Title 1 504 Grade(s) | School Name | | nded. (<i>Begin with</i> City, Stat | n last school fün | rst.) Year(s) |
| Title 1 504 Grade(s) STUDENT CONDU | School Name School Name | ost recent schools atte | nded. (<i>Begin with</i> City, Stat | n last school fün | rst.) Year(s) |
| Title 1 504 CENROLLMENT HIS Grade(s) Grade(s) STUDENT CONDUCTION Has this student been | School Name School Name ICT: expelled from a s | nost recent schools atte | City, Stat | e Yes | rst.) Year(s) |
| ENROLLMENT HI Grade(s) Grade(s) STUDENT CONDU Has this student been Does this student hav | School Name School Name School Name ICT: expelled from a sere any prior or pen | school? | City, Stat | e Yes Yes | Year(s) Year(s) |
| ENROLLMENT HI Grade(s) Grade(s) STUDENT CONDU Has this student been Does this student hav | School Name School Name School Name ICT: expelled from a sere any prior or pen | nost recent schools atte | City, Stat | e Yes Yes | Year(s) Year(s) |
| ENROLLMENT HI Grade(s) Grade(s) STUDENT CONDU Has this student been Does this student hav | School Name School Name School Name ICT: expelled from a sere any prior or pen | school? | City, Stat | e Yes Yes | Year(s) Year(s) |
| ENROLLMENT HI Grade(s) Grade(s) STUDENT CONDU Has this student been Does this student hav | School Name School Name School Name ICT: expelled from a sere any prior or pen | school? | City, Stat | e Yes Yes | Year(s) Year(s) |
| ENROLLMENT HI Grade(s) Grade(s) STUDENT CONDU Has this student been Does this student hav If you answered yes to | School Name School Name School Name ICT: expelled from a see any prior or pen so one or both of the | school? | City, Stat | e Yes Yes | Year(s) Year(s) |
| ENROLLMENT HI Grade(s) Grade(s) STUDENT CONDU Has this student been Does this student hav If you answered yes the control of the control | School Name School Name School Name ICT: expelled from a see any prior or pen as one or both of the same appears must be presented to the same appears of the same | school? ding criminal charges? he above questions, plea | City, Stat City, Stat No No see provide details | e Yes Yes (place, reason | Year(s) Year(s) , dates, etc.): |
| ENROLLMENT HI Grade(s) Grade(s) STUDENT CONDU Has this student been Does this student hav If you answered yes to OTHER INFORMA A copy of the legal p | School Name School Name School Name ICT: expelled from a see any prior or pen as one or both of the same appears must be presented to the same appears of the same | achool? Iding criminal charges? The above questions, please above questions are continuously order, etc. | City, Stat City, Stat No No see provide details | e Yes Yes (place, reason | Year(s) Year(s) , dates, etc.): |

Park High School STUDENT DEMOGRAPHIC INFORMATION

| Student's Legal Last Name | | First Name | | Middle | Name | Grade Level |
|----------------------------------|--------------|------------------------|----------------------|-------------------|-----------------|---------------------|
| PRIMARY HOUSEI | HOLD: | | | | | |
| Residence phone: | | | | Student cell nu | ımber: | |
| | | Student email address: | | | | |
| Residence Address: | Number | Street | | | Apt/T | Frailer/Lot |
| | City | | | State | ZIP | |
| Mailing Address: (if different) | Number | Street | | | Apt/T | Frailer/Lot |
| | City | | | State | ZIP | |
| PRIMARY HOUSEI | HOLD MEMB | ERS: (Please) | list only t | hose members w | vho live at the | above address) |
| Parent/Guardian 1: | | | | | Male Fem | nale |
| E1 | First/Given | Middle | | Last | 1 | Relation to student |
| Employer: | | | | WOFK] | pnone: | |
| Email address: | 1.0 1' | | N # '11' | Cell p | hone: | |
| □ Leg | gal Guardian | ☐ Receive 1 | Mailings | | | |
| Parent/Guardian 2: | <u></u> | 0.4:1-11- | | | Male Fem | nale |
| Employer: | First/Given | Middle | | Last Work | nhone: | Relation to student |
| | | | | (\(\text{OIR} \) | рионе | |
| Email address: | gal Guardian | ☐ Receive 1 | Mailings | Cell p | hone: | |
| L eş | gai Guardian | □ Receive | Mainings | | | |
| Siblings (school-age): | : | | | | | |
| Name: | | | _ | | | |
| Name: | | | _ Age: | Grade: | School: | |
| Name: | | | _ Age: | Grade: | School: | |
| Name: | | | _ Age: | Grade: | School: | |
| LOCAL EMERGEN | CY CONTAC | <u>TS</u> : | | | | |
| Emergency Contact: | | | Relation to Student: | | | |
| Home phone: Cell phone: | | : | Work phone: | | | |
| Emergency Contact: | | | | Relation to S | tudent: | |
| Home phone: | | Cell phone | : | | _Work phone: | |
| Physician Name: | | | | | Phone: | |
| Dantist Nama: | | | | | Dhonor | |

- turn over - <u>SECONDARY HOUSEHOLD</u>: (Only for Parent <u>NOT</u> living in Primary Household)

| Residence phone: | | | _ | | | |
|--|----------------------|---------------------------|---------------------|---------------------------|-------------|---------------------|
| Residence Address: | Number | Street | | | Apt/Traile | r/Lot |
| | Number | Street | | | Apt/ ITalie | //Lot |
| Mailina Addmass | City | | State | | ZIP | |
| Mailing Address: (if different) | Number | Street | | | Apt/Traile | r/Lot |
| | City | | State | | ZIP | |
| SECONDARY HOU | SEHOLD ME | MBERS: | | | | |
| Parent/Guardian 1: | | | | | ☐ Female | |
| Employer: | First/Given | Middle | Last | | | Relation to student |
| | | | | - | | |
| Email address: Les | gal Guardian | ☐ Receive Mai | ilings | _ Cen phone: _. | | |
| Parent/Guardian 2: | | | | u Male | ☐ Female | |
| Employer: | First/Given | Middle | Last | Work phone: | | Relation to student |
| Email address. | | | | Call about | | |
| Email address: | | ☐ Receive Mai | | _ Cell phone: _ | | |
| I certify that I am is true and accura | | | | above and | that all ir | formation above |
| Parent/Guardian Signature | | | | Date | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | For office use only | ly: | | |
| Livingston Public Schools is an | equal opportunity en | nployer and does not disc | Date form receive | ed | | by |
| | | | | | | |