

Welcome to Corvallis School District. Please take a minute to complete this short enrollment survey. Thank you.

What grades are your children enrolling in?

Are you new to Montana?

Yes No

Are you new to the Bitterroot Valley?

Yes No

Are you new to Corvallis School District?

Yes No

What brought you to enroll your students in our district? (Check all that apply)

- Bought a house in our school boundaries
- New Job in the area
- Reputation of the school District
- Family in the area or enrolled in Corvallis
- Transfer from another school in the area

Other:

How did you hear about Corvallis School District? (Check all that apply)

- Word of mouth
- Live in district
- Website
- Social Media
- Family/Friends
- News
- Other:

What do you like about or have heard is great about our school? (Check all that apply)

- Teachers
- Support Staff
- Safety/Support
- Students
- School Culture
- Administration
- Academic Curriculum
- Athletics
- Adult Education Program
- Special Programs (CWW, FFA, Dual Enrollment, etc...)
- Parental Involvement
- Other:

Which of the following attracted you to our district? (Check all that apply)

- Challenging Curriculum
- High standards for teachers
- AP courses
- Adult Education Program
- Dual Enrollment courses
- Research Projects
- Academic Showcase/Portfolio Requirements
- Opportunities to be challenged
- Higher Graduation Requirements
- None of the above
- Other:

If you could make Corvallis into an ideal school district what would it look like and why would you do this?

Corvallis Primary School
REQUEST FOR STUDENT RECORDS

TO: _____
(Previous School Name)

(Previous School Address)

(Previous School Phone #)

(Previous School Fax #)

Student's Name:

Birthdate:

Grade:

School Year:

Student's Name:

Birthdate:

Grade:

School Year:

Student's Name:

Birthdate:

Grade:

School Year:

The above student(s) have been enrolled in the Corvallis School District.
Permission is hereby granted to release all records including the following for the above student(s).

- Confidential & Psychological ♦ Cumulative File ♦ Gifted and Talented ♦ Health
- ♦ Special Services ♦ Speech Language ♦ Title 1 Program

PLEASE MAIL RECORDS TO:

Corvallis Primary School
Attn: Student Records
P.O. Box 700, Corvallis, MT 59828

(Signature of Parent/Guardian)

(Date)

EDUCATION is not expensive....it is PRICELESS

Office use only:

faxed emailed mailed

(Secretary signature)

(Date)



CORVALLIS SCHOOL DISTRICT #1 STUDENT ENROLLMENT FORM

Corvallis School District #1
1045 Main St.
Corvallis, MT 59828
(406)961-4211

Student Information

Last Name: _____ First: _____ Middle: _____
(Legal Name Only)

Nickname: _____ Gender: Male Female Date of Birth: _____

Student's Cell # _____ Student's E-Mail: _____ Grade _____

- Student Notifications: Emergency
 General
 Teachers

Identify the ethnicity and race of the individual by answering BOTH questions.

Part 1: Is the individual Hispanic or Latino? (Choose only one) No, not Hispanic or Latino Yes, Hispanic or Latino

Part 2: What is the individual's race? (No matter how you answered the first question, choose one or more races) White Native Hawaiian or Other Pacific Islander
 African American American Indian or Alaska Native
 Asian

Primary Legal Guardian

Last Name: _____ First: _____

Legal Custody: Yes No Lives with you: Yes No Okay to Pick Up: Yes No Receive Mailings Yes No

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Relationship to the Student: _____ E-Mail Address: _____

Secondary Legal Guardian

Last Name: _____ First: _____

Legal Custody: Yes No Lives with you: Yes No Okay to Pick Up: Yes No Receive Mailings Yes No

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Relationship to the Student: _____ E-Mail Address: _____

Siblings (Complete this section only if applicable. Include only Siblings who are currently in grade PK-12 in Corvallis Schools)

Full Name: _____	Grade: _____	School Name: _____
Full Name: _____	Grade: _____	School Name: _____
Full Name: _____	Grade: _____	School Name: _____

Emergency Contacts

First Contact

Last Name: _____	First Name: _____	Relationship to Student: _____
Cell Phone: _____	Home Phone: _____	Work Phone: _____

Second Contact

Last Name: _____	First Name: _____	Relationship to Student: _____
Cell Phone: _____	Home Phone: _____	Work Phone: _____

Third Contact

Last Name: _____	First Name: _____	Relationship to Student: _____
Cell Phone: _____	Home Phone: _____	Work Phone: _____

Questions for Parent(s)/Guardian(s)

Legal Bindings: Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: (copy of the legal documentation is required).

- Has student ever received service from or been involved in:
- | | | | | | |
|----------------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------|-----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Title 1 | <input type="checkbox"/> Reading Tutor | | | |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Gifted Program | <input type="checkbox"/> Counseling | <input type="checkbox"/> Section 504 | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> English 2nd Language |

Dependent of Active Duty Military Member:

Is this student the dependent of an active duty military member? If so:

Name of Military Member: _____	Relationship: _____
<input type="checkbox"/> The US Military (Army, Navy, Air Force, Marines or Coast Guard)	<input type="checkbox"/> Active Duty Reserve Force of the US Military
<input type="checkbox"/> Active Duty National Guard	<input type="checkbox"/> Transitioning out of Active Duty to National Guard or Reserve

Is there any other information that would help us better serve your student?

Office Use Only

- Birth Certificate Immunizations Residency/Out of District AUP Directory

Corvallis School District # 1
Student Health Information Form

Student's Name: _____ Grade: _____
Last First Middle Initial

If your child has a serious medical condition, it is vital that you discuss this with the School Nurse immediately. We must be alerted to LIFE THREATENING HEALTH CONDITIONS prior to your child's first day at school. These conditions may require an Individualized Health Plan.

The information you provide about your child's health conditions may be disclosed to your child's teacher(s) and other school staff as needed to provide for your child's health and safety at school Please check any conditions that apply and give additional information as indicated.

LIFE THREATENING HEALTH CONDITIONS:

If you check any of these boxes you must contact the School Nurse

- ALLERGIES: Severe, with an epinephrine prescription**
Allergen(s): _____
Describe previous symptoms or reactions your child had: _____
What medications were used to treat those symptoms? _____
Has your child ever been given a written prescription for epinephrine (Epipen)? _____
- ASTHMA or REACTIVE AIRWAY DISEASE:** (If this box is checked, please answer the following questions)
What medications does your child use for asthma? _____
Will your child have an inhaler in the school office? Y N Will your child carry an inhaler in their backpack? Y N
Has your child been hospitalized for asthma in the past year? Y N
Has your child used steroids (prednisone) for asthma symptoms in the past year? Y N
What "triggers" cause asthma symptoms in your child? _____
- DIABETES:**
Type _____ Date of diagnosis _____ Medications _____ Pump _____ Injections _____
- SEIZURE DISORDER:**
Type _____ Date of last Seizure _____ Has orders for emergency seizure medication during school day? Y N

NON - LIFE THREATENING HEALTH CONDITIONS:

- ADD/ADHD:** _____ Is medication required? Y N During School hours? Y N
- Allergies:** Allergen(s) _____ Reaction _____
- Developmental:** _____ Is medication required? Y N During School hours? Y N
- Hearing concerns:** Does your child wear hearing aids? Y N Does your child have a known hearing loss? Y N
- Vision concerns:** _____ Glasses Y N Contacts Y N

Other Health Concern(s): _____

OVER-THE-COUNTER MEDICATIONS:

- Yes, I give my permission for my child to have a "school provided" cough drop or sore throat lozenge, if needed
- No, I do not want my child to receive any "school provided" cough drops/sore throat lozenges.

If you are aware of the need and are able, please provide your child with cough drops/sore throat lozenges. (to be kept in the office)

Medications that must be given during the school day require an annual/permission form signed by both the primary care provider and the parent. To ensure the safety of all our students, parents must bring all medications to the school office in the original pharmacy or manufacturer labeled container. All medications, except for life saving medications, (epipen, inhalers and diabetic medications) that the student has been authorized to carry must be kept in the school office. Please ask the school secretary for the correct forms or print them from our school website.

Parent/Guardian Signature: _____ Date: _____

Corvallis School District # 1
Residence Verification

I affirm that my child, _____ resides at the following

street address _____
Number Street City

The following questions are intended to determine your resident school district and address the McKinney-Vento Act of 2001. The answers provided are confidential and help determine the services that a student may be eligible to receive.

- Family “owns” and physically resides in a home in the Corvallis School District
- Family “rents” and physically resides in a home in the Corvallis School District
- Family is “homeless” (*lacks a fixed, regular, and adequate nighttime residence*)
 - Living in a “shelter”
 - Family is “doubled-up” “residing w/another family” that owns or rents a home in Corvallis
 - We are residing with this family “only until we acquire our own local residence”
 - We are residing with this family “due to loss of housing or economic hardship”.
 - Living “unsheltered” (in a car, park, campground)
 - Living in a “hotel / motel”
- Family resides “out of district”. We are requesting that our child(ren) be allowed to attend Corvallis Schools

I hereby swear that the above address is my place of residence. I understand that giving false information on this form may lead to my child(ren) being prohibited from attending Corvallis School District.

Parent / Guardian Signature

[Click here for help with digital signatures.](#)

Date



Corvallis Primary School After School Plan

Student's Name: _____

Physical Address: _____

Please indicate below what your child's usual after school plan will be. If there is a change to the usual plan, please send a note, or call the school office. If a note or call is not received, it is school policy that the student follow their usual plan.

AFTER SCHOOL PLAN:

- My child will generally ride the bus home.
- My child will generally be picked up each day. (check one) Drive- Thru Classroom
- My child will generally walk home.
- My child will generally go to daycare. (check one) Daycare will pick up Rides Bus

Daycare Provider's Name: _____

Daycare Business Name: _____

Daycare Address: _____

Daycare Phone #: _____

- Other: (explain)

Parent Signature: _____ Date: _____

Corvallis Primary School, 1088 Eastside Hwy, Corvallis, MT 59828 • 406-961-3261

Bus #: _____ Pick-up time: _____ Drop-off time: _____