

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 Name: _____ Middle Name: _____

Nickname: _____ Gender Male Female Date of Birth: _____

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

Student will attend: High School Middle School Primary School Enrollment Date: _____

* Additional students can be added on the second page.

Primary Legal Guardian

Last Name: _____ First Name: _____ Middle Name: _____

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 Name: _____ Middle Name: _____

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: _____

Parent/Guardian Signature: _____ Current Date: _____

Emergency Contacts

First Contact

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

Second Contact

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

Third Contact

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

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
Nickname: _____ Gender Male Female Date of Birth: _____
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Nickname: _____ Gender Male Female Date of Birth: _____
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