



# 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: \_\_\_\_\_ Middle: \_\_\_\_\_

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: \_\_\_\_\_ Middle: \_\_\_\_\_

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**

\* Other than parent or guardian.

**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