



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

School Messenger Notifications: Check all of the boxes that apply below for notifications.

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

Emergency Attendance Behavior General Teachers
 Voice Text E-Mail | Voice Text E-Mail | Voice Text E-Mail | Voice Text E-Mail | Voice Text E-Mail

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

School Messenger Notifications: Check all of the boxes that apply below for notifications.

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

Emergency Attendance Behavior General Teachers
 Voice Text E-Mail | Voice Text E-Mail | Voice Text E-Mail | Voice Text E-Mail | Voice Text E-Mail

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