



Billings Public Schools

Directions for Completing the PK-12 Enrollment Form

Please complete the Billings Public Schools PK-12 Enrollment Form by printing using black or blue ink. Complete each box in Sections I-V and sign the form on p.2. **Note that verification is needed for student's name, birth date, and home address.**

SECTION I: Student Information	
Box 1 Legal Name	Enter your child's Legal Name (as printed on the birth certificate or other legal document): Last Name, First Name, Middle Name/Initial, and Suffix (Jr, II, III). Note that verification is needed for the student's name and birth date. Forms of verification include a birth certificate, passport, or adoption papers.
Box 2 Other Name(s) used previously	Enter a name that your child may have used or is known by that is different than the Legal Name in Box 1. Examples include a former legal name or a maiden name.
Box 3 Nickname	Enter a name that your child uses if he/she does not use the Legal Name in Box 1. Example: A child named Eleanor might use the nickname Ellie.
Box 4 Grade	Enter the grade level the student is being registered for
Box 5 Birth date	Enter your child's birth date using mm/dd/yyyy.
Box 6 Place of Birth	Please enter City, State or foreign country where student was born.
Box 7 Gender	Mark either Male (M) or Female (F).
Box 8 Is Student a US Citizen	Mark either Yes or No as to if the student is a US Citizen.
Box 9 Previously enrolled in Billings School	If student has previously been enrolled in a Billings school, enter year, grade and school attended.
Box 10 Previously enrolled in a Montana School	If student has previously been enrolled in a Montana school, enter year, grade and school attended.
Box 11 Hispanic/Latino Ethnicity	Check a single box indicating "Yes" or "No" if child is Hispanic or Latino. **Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.)
Box 12 Race	Select one or more race category from listed races. If more than one race is selected please provide percentage of each race. <i>For further explanation, please request 'Reporting Race and Ethnicity Information for Parents and Students' from your school.</i>
Box 13 Home Phone	Enter the phone number where the child lives. Include the area code. This number will be used for automated attendance to contact parent/guardian in the event of an unexcused absence (grade 7 -12) and also by the Emergency Rapid Call in the event of an emergency.
Box 14 Languages Spoken at Home	Enter all languages fluently spoken by the student (do not include languages learned for academic reasons).
Box 15 Student's Primary language	Enter the Primary language used for communication.
Box 16 Household Address	Enter the address where the child lives including the city, state, and zip code. Forms of verification include piece of mail, rent agreement, or tax statement. If you are living somewhere temporary due to financial hardship you may use your school's address as a household address.
Box 17 Mailing Address	If you receive mail at an address other than the household address in Box 15, enter that address here.

SECTION II: Parent and Emergency Contact Information	
Box 18 Parent/Guardian Information	Enter information for the parent/guardian to provide contact information to the school. This is the primary contact. <ul style="list-style-type: none"> Lives with student/ Student's Legal Guardian/ Mailing List/ Receive BPS news by email?: Check all that apply Contact full name: Enter your full name. Relationship: Enter your relationship to the child (Mother, Father, Legal Guardian, Step Parent, Brother or Sister, Brother/Sister-in-law, etc.). Email Address: Enter your home email address (optional).

	<ul style="list-style-type: none"> • Place of Employment: Enter the name of your employer or business • Home & Mailings Address: Enter ONLY if different than Boxes 15 & 16 above. • Home, Work, Cell phones: Enter your home, work and cell (optional) numbers. Include any extensions, if necessary.
Box 19 Other Parent/Guardian	Enter information for another parent, step-parent, or guardian to provide contact information to the school. Complete the sections like Box 17.
Box 20 Emergency Contact (other than Parent/Guardian)	Enter information for an emergency contact that can be reached by phone in the event the parent/guardians cannot be reached. Provide the contact's full name, relationship to child, phone numbers, and home address.
Box 21 Additional Contact(s)	Enter information for any additional contacts for your student. Please make sure to include any parent the student may not be living with but has parental rights to the student's academic records. NOTE: If you need to enter additional contacts, use the Notes/Additional Information box in Section V.

SECTION III: Sibling Information

Box 22 School Age Siblings	If you have other children that currently attend (or will be attending this school year) any Billings Public Schools in Grades PK-12 enter their full name, grade, and school name. If you need to list additional names, use the Notes/Additional Information box in Section V.
----------------------------	--

SECTION IV: Previous Schools

Box 23 Last Elementary School Attended	Enter information for the last Elementary School the student attended
Box 24 Last Middle School Attended	Enter information for the last Middle School the student attended
Box 25 Last High School Attended	Enter information for the last High School the student attended
Box 26 Any additional schools attended in the past year	If your student has attended more than one school in the past year or if you believe we will need to contact more than one school to get their records, please list them here.

SECTION V: Questions for Parent/Guardian

Box 27	Please check <u>all services or programs</u> this student has received.
Boxes 28-30	Please complete Questions 29-31 by checking Yes or No for each question.
Boxes 31 - 32	Fill in information requested and attached any requested documentation. If more space is needed, you may attach additional information on separate sheet.
Signature and Date	This form must be signed and dated by the student's Parent or Guardian

Health and Medical Information

	Please fill out this form completely and accurately. Make sure you attach all documentation needed for medical conditions. If student is to take medication at school, you must also fill out a Medication Authorization Form. There are 2 forms, Parent Consent for Self Administration of Medication and Request for Administration of Medication / Procedure. Please contact your child's school for these forms.
Signature and Date	This form must be signed and dated by the student's Parent or Guardian