



Florence-Carlton School Registration Information

2018-2019

Elementary (K-5) Middle School (6-8) High School (9-12)
 Birth Certificate Proof of Residency

STUDENT LEGAL NAME - LAST, FIRST MI: _____ NICKNAME: _____

MALE or FEMALE GRADE _____ BIRTHDATE _____ BIRTH PLACE _____

STUDENT STREET ADDRESS _____ STUDENT MAILING ADDRESS _____

COUNTY _____ CITY _____ STATE _____ ZIP _____

STUDENT CELL NUMBER _____ STUDENT EMAIL _____

STUDENT SSN _____ STUDENT RESIDES WITH (RELATIONSHIP) _____

IF DIVORCED OR SEPARATED: WHO HAS LEGAL CUSTODY? _____

WHO HAS RESIDENTIAL CUSTODY? _____

PARENT/GUARDIAN #1 INFORMATION

NAME _____ HOME PHONE _____ CELL PHONE _____

RELATIONSHIP _____ EMAIL (required) _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

EMPLOYMENT _____ OCCUPATION _____ WORK PHONE _____

PARENT/GUARDIAN #2 INFORMATION

NAME _____ HOME PHONE _____ CELL PHONE _____

RELATIONSHIP _____ EMAIL (required) _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

EMPLOYMENT _____ OCCUPATION _____ WORK PHONE _____

PARENT/GUARDIAN #3 INFORMATION

NAME _____ HOME PHONE _____ CELL PHONE _____

RELATIONSHIP _____ EMAIL (required) _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

EMPLOYMENT _____ OCCUPATION _____ WORK PHONE _____

Names, ages and grades of siblings living in the home _____

Name of last school attended _____

School address _____

Please give name and telephone number of two people that live in the area, who may come to the school and pick up your child in case of an emergency and you cannot be reached.

1. Name _____ Relationship to Student _____ Phone Number _____

2. Name _____ Relationship to Student _____ Phone Number _____

Is your child LEP (Limited English Proficient)? YES or NO If yes, what is your child's (see below)

1. Primary/Home Language (Primary/Home Language is the name of the specific language that students use to communicate at home) _____

2. Language of Impact (Language of Impact is the language other than English that influences the student's English language development) _____

Parent/Guardian Printed Name _____

Signature _____

Date _____

OVER

ETHNICITY

Hispanic/Latino

 Yes No**RACE** American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White**PROGRAMS** Special Education (IEP) 504 Title I Gifted**Military Connected Student Data**

As per Montana Code Annotated, Section 20-1-230 <http://leg.mt.gov/bills/mca/20/1/20-1-230.htm> the OPI will be requiring school districts to identify "Students of Military Families" starting in the 2014-2015 school year.

Student Military Connected Student Information: "Military Connected" student means a student enrolled in a school district who is a dependent of an active duty member of:

Please select one: The United States Military (Army, Navy, Air Force, Marines, or Coast Guard) Active Duty National Guard Active Duty Reserve Force of the US Military Transitioning out of Active Duty to National Guard or Reserve**Emergency Medical Information**

May your child be given first aid at school? Yes No

Is there anything special the school staff should know about your child? For example: medications, allergies, special health concerns _____

Name of your Insurance Company _____

If I cannot be contacted, I give my permission to Florence-Carlton School to take my child to a physician or to a hospital to be treated in case of an emergency.

Parent Signature_____
Date**Elementary Student After School Location**

Where does your student go after school? _____

High School Student Vehicle Parking Registration

Please register the two most frequently used vehicles your student may drive to school. All students will be assigned a vehicle tag to be displayed in their front window at all times during school. A \$5.00 fee will be assessed if the student's tag is not returned when withdrawing or graduating.

License Plate

Make/Model

Year

Color

_____**Florence-Carlton School Student & Co-Curricular Handbook**

We are aware the Florence-Carlton School Student Handbook and Co-Curricular Handbook are found on our school's website @www.florence.k12.mt.us (a printed copy is available upon request). We understand the handbooks contain information that we may need during the school year and FCS students will be held accountable for the rules of the handbook and their own behavior. Students will be subject to the disciplinary consequences outlined in the handbook and we (parent/student) are willing to abide by them.

Parent Signature_____
Date_____
Student Signature_____
Date