

CLINTON ELEMENTARY SCHOOL



School District #32
 20397 E. Mullan Road
 P.O. Box 250
 Clinton, MT 59825-250
 (406) 825-3113 • (406) 825-3114 Fax

NEW STUDENT REGISTRATION FORM

Full Legal Name of Student: _____
First Middle Last

Today's Date: _____

Preferred Name/Nickname: _____

Students Date of Birth: _____

Grade: _____

Gender: Male Female

Mother's/Guardian's Name: *if guardian, please state relation to student*

Physical Address and/or Mailing Address:

E-mail: _____

Father's/Guardian's Name: *if guardian, please state relation to student*

Physical Address and/or Mailing Address:

E-mail: _____

PHONE: Please indicate what numbers to call during school hours. (mark with an X)	
Home:	
Cell:	
Work:	
Legal Guardian Y N	Lives with Y N
Receive Mailings Y N	Auth. to pick up Y N

PHONE: Please indicate what numbers to call during school hours. (mark with an X)	
Home:	
Cell:	
Work:	
Legal Guardian Y N	Lives with Y N
Receive Mailings Y N	Auth. to pick up Y N

**** PLEASE INFORM THE SCHOOL OF ANY CHANGES THROUGHOUT THE SCHOOL YEAR ****

Siblings (complete this section only if applicable. Include **only siblings who currently attend Clinton School**)

Full name: _____ Grade: _____

Full name: _____ Grade: _____ (more than two use another sheet)

EMERGENCY CONTACTS

Name	Relation to Student	Home Phone;	Other Phone	Auth. to pick up	
				Y	N

PLEASE SEE REVERSE SIDE

Legal bindings: Please list any legal binding information including: restraining orders, custody agreements, parenting plans, etc. that may be pertinent to this student and his/her safety. *(Copy of legal documentation is required)*

Has this student ever received services, or been involved in:

- Behavior Management Counseling Gifted Program Reading/Math Tutor
- Section 504 Speech Therapy Special Education Title I ESL

Guidance on Race/Ethnicity Montana Office of Public Instruction (OPI)

In accordance with new standards issued by the U.S. Department of Education (ED), schools across the nation must revise how they collect and report race and ethnicity for students. These revisions will make educational data consistent with the U.S. Census and other national data sets. The change in reporting is intended to make demographic information more accurate and to account for people who identify themselves as being part of more than one race in our diverse American society. This change is not optional for states. State educational agencies, local educational agencies, postsecondary institutions, and other educational institutions and Department grantees are required to report racial and ethnic data to the Department. All must use the categories set forth in the ED's 2007 final guidance starting with information for the 20102011 school year. The new standards make a separate distinction between race and ethnicity. Hispanic/Latino is considered an ethnicity, not a race. In general, the Census Bureau defines ethnicity as the heritage, nationality group, lineage, or country of birth of the person or the person's ancestors. People who identify their ethnicity as Hispanic or Latino may be of any race. Individuals will have the opportunity to select multiple races to more fully describe their heritage. Montana law 20-9-309(2)(g) MCA authorizes the OPI to collect race/ethnicity data. Funding is allocated to districts based in part on reporting student racial/ethnic data. Federal education funds are allocated using aggregate data reported to the U.S. Department of Education (ED). Some state funding, such as the American Indian Achievement Gap Payment, is also tied to demographic data.

Identify the ethnicity and race of the individual by answering **BOTH** questions below:

Part 1.

Is the individual Hispanic or Latino? *(Choose only one)*

- No, not Hispanic or Latino
- Yes, Hispanic or Latino *(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)*

Part 2.

What is the individual's race? *(Choose one or more races below)*

- American Indian or Alaska Native** *(A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)*
- Asian** *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.)*
- Black or African American** *(A person having origins in any of the black racial groups of Africa.)*
- Native Hawaiian or Other Pacific Islander** *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)*
- White or Caucasian** *(A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)*

Is English the primary language spoken at home? (circle) **Yes** or **No**, please specify: _____

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Full Legal Name of Student: _____

Today's Date: _____

Preferred Name/Nickname: _____

Students Date of Birth: _____

Grade: _____ Gender: Male Female

Name of person completing questionnaire: _____

FAMILY BACKGROUND

HOUSEHOLD #1:

Child lives with the following **ADULTS:**

NAME	RELATION	OCCUPATION/EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Children in the household:

NAME/RELATION	AGE	GENDER	GRADE
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____

HOUSEHOLD #2:

Child lives with the following **ADULTS:**

NAME	RELATION	OCCUPATION/EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Children in the household:

NAME/RELATION	AGE	GENDER	GRADE
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____

****If your child shares two households, is there a *legal parenting plan* in place?** Yes No (if yes, please provide copy)

Please list any **special living situations** that may help us better understand your child's daily schedule:

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20397 E. Mullan Road

PO Box 250

Clinton, MT 59825-250

PH: 406-825-3113 ~ FX: 406-825-3114

RECORD RELEASE

School: _____

Phone: _____

Address: _____

Fax: _____

*The above named school is hereby authorized to release, and requested to furnish to **Clinton Elementary School**, oral and/or written information as indicated by the checked items below from the record(s) of:*

Student Name: _____ **D.O.B.:** _____

Student Name: _____ **D.O.B.:** _____

Student Name: _____ **D.O.B.:** _____

- Birth Certificate
- Immunization Records and any other health records
- Individualized Education Plan (IEP), Special Education or Title I files
- Psychological Testing
- Social Information
- Other academic information
- Other: _____

I, as a parent or guardian, do acknowledge this notification of transferring records. I authorize the release and exchange of any and all pertinent information from the above named school to Clinton Elementary School. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to another party without my written consent. I also understand that all information released is open for my inspection and review.

Parent or Guardian Signature

Relationship to Student



Please provide a copy of your child(ren)'s most up-to-date immunizations.

These can be obtained for your doctor's office.

AND

A certified copy of their birth certificate
(required prior to first day of classes)

ALSO

Please download the Infinite Campus app.

On your smart phone. Or go to

<https://mtcloud3.infinitecampus.org/campus/portal/clinton.jsp> on
your home computer.

This will allow you to keep track of lunch balances, grades, attendance and communicate with your child(ren)'s teacher!

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CUMULATIVE HEALTH RECORD

Student Name: _____ Sex: _____ Birth Date: _____

Physician: _____ Dentist: _____

Pupil's Health (give approximate age)

Allergy, specify: _____

Under MD treatment? _____

Asthma: _____

Congenital defects (cleft lip, or palate, hip dysplasia)

Diabetes (date of onset): _____

Epilepsy or Seizure Disorder (date of onset)

Significant family history (diabetes, hypertension, etc.)

Physical restrictions or health problems that may require special seating, bathroom privileges, etc.

Special diet or food restrictions: _____

Current medications (name of medication and how often):

<p>Parent/Nurse/Teacher Comments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>Ear Infections: _____</p> <p>Ear Tubes: (year inserted): _____</p> <p>Heart Condition, specify:</p> <p>_____</p> <p>_____</p> <p>Injuries: _____</p> <p>Surgery: _____</p> <p>Other:</p> <p>_____</p> <p>_____</p>



Please note: If this sheet was completed recently for new registration, another is not needed. Thank you.

EMERGENCY CONTACT INFORMATION IN CASE OF ILLNESS OR INJURY DURING SCHOOL

This sheet is kept in the student's medical file at school.

Today's Date: _____

Student: _____ **Grade:** _____ **Teacher:** _____

Health Problems/Concerns: _____

Allergies: _____

Mother's Name & Preferred phone: _____

Father's Name & Preferred phone: _____

Mailing Address: _____

E-Mail Address: _____

Alternate contacts if parent(s)/guardian(s) cannot be reached:

Name/Relationship to Student: _____

Phone #: _____

Name/Relationship to Student: _____

Phone #: _____

Name/Relationship to Student: _____

Phone #: _____

Please inform these family members/friends that you have chosen to list them as your alternative contacts. We suggest you choose someone who is local and that may be available when you are not. **A renewal is necessary each year.**

Notes: _____

Thank you,
Health Aide

PLEASE SEE REVERSE SIDE →

HEALTH CONSENT FORM 2025-2026

Please return ASAP.

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A renewal is necessary each year.

If you are new to the school and have already completed this, another is not necessary.

FIRST AID

I hereby voluntarily consent to emergency treatment, first-aid examinations, and minor treatment as may be deemed necessary by school personnel. When unable to contact parent/guardian, I hereby give my permission to the school to authorize treatment needed, until the parent/guardian can be notified. If appropriate and the school is unable to contact the parent, the school may contact the medical provider listed below and follow his/her instructions. ***I am aware that the school stocks epinephrine autoinjector (EpiPen) which may be used in the event of anaphylactic emergency.***

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

In case of an emergency involving my child AND I CANNOT BE REACHED, I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:

Preferred Hospital (in case of ambulatory transport): _____

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriate transport and medical care of my child will be arranged to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this form will be shared with appropriate personnel on an as-needed basis only.

Parent Signature: _____

Date: _____

HEALTH SCREENING

I also voluntarily consent to preventive health screenings including but not limited to vision, hearing, height and weight.

Yes: _____ No: _____ Exception: _____

Parent Signature: _____

Date: _____

Health Aide

CLINTON ELEMENTARY SCHOOL DISTRICT

THE MCKINNEY-VENTO HOMELESS
EDUCATION ASSISTANCE PROGRAM

Contact: Amanda Cyr, Special Services Director
20397 E. Mullan Rd · Clinton, MT 59825
(406) 825-3113

STUDENT RESIDENCY QUESTIONNAIRE

*Your child may be eligible for educational services through the McKinney-Vento Act.
Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire.*

Name of Student: _____ Today's Date: _____
(Last, First, Middle)

First Day of Enrollment: _____

Presently, where is the student living? Check one option.

Section A	Section B
<input type="checkbox"/> In a shelter (YWCA Women's Shelter, Union Gospel Mission, Watson's Children's Shelter, etc.)	<input type="checkbox"/> Choices in Section A do not apply
<input type="checkbox"/> Sharing housing with another family. Choose one:	
<input type="checkbox"/> Due to loss of housing, economic hardship, other hardship/situation or similar reason	
<input type="checkbox"/> By personal choice	
<input type="checkbox"/> In a motel, car or campsite	
<input type="checkbox"/> In Transitional Housing (YWCA Transitional Housing)	
Continue → If you checked a box in Section A, please complete the rest of this form.	<u>STOP: If you checked Section B, it is unnecessary to complete the rest of this form.</u>

In the past 24 months, has your child attended: 1 School 2-4 Schools More than 4 Schools

Student Info: Birth date: _____ Grade: _____
(Month/Day/Year)

Male Female

Siblings currently enrolled/enrolling at Clinton Elementary: _____

Name of Parent(s)/Guardian(s): _____

Current Address: (City and State): _____

Phone/Message Number: _____ Alternate Phone/Cell: _____