

Frenchtown School District #40

Screening and Consent Form

Today's Date: _____

Please Circle One: Male / Female

Grade: 6, 7, or 8

FAMILY DATA:

Student's Full Name: (last) _____ (first) _____ (middle) _____

Birthdate: _____ Birthplace: _____
(City) (State)

Ethnic Origin: Native American ____ Asian ____ Hispanic ____ Black ____ White ____ Other ____

Student's Home Phone #: _____ Social Security # (optional) _____

Student's Physical Address: _____

(City) (State) (Zip)

Student's Mailing Address: _____

(City) (State) (Zip)

Mother's Name: (last) _____ (first) _____ (middle) _____

Mother's Address _____
(if same as student's, write "Same")

Mother's Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Mother's E-mail Address: _____

Father's Name: (last) _____ (first) _____ (middle) _____

Father's Address: _____
(if same as student's, write "Same")

Father's Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Father's E-mail Address: _____

Student Lives With: Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Other ____

Name of other Adults in the home: _____

Legal Guardian: Name _____ Relationship: _____

Local Emergency Contact: must be filled out to act on behalf of you if you are not available

Name: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Family Doctor: _____ Office Phone: _____

OVER PLEASE

HEALTH HISTORY

Allergies: if any allergies please list.

1. _____
2. _____
3. _____
4. _____

List medications taken daily:

1. _____
2. _____
3. _____

Life Long Health Issues: (i.e. asthma, diabetes, orthopedic, etc.)

1. _____
2. _____
3. _____

Physical restriction or health issues that may require special seating, bathroom privileges:

Special diet or food restrictions:

Wear _____ glasses or _____ contacts Last appointment: _____

Other family health issues: _____

Has your child ever received any of the following services:

- | | | |
|----------------------------|-----------|----------|
| 1. Special Education | _____ Yes | _____ No |
| 2. Speech Therapy | _____ Yes | _____ No |
| 3. Chapter/Title | _____ Yes | _____ No |
| 4. Gifted/Talented Program | _____ Yes | _____ No |
| 5. Counseling Program | _____ Yes | _____ No |
| 6. 504 Plan | _____ Yes | _____ No |

Authorization: I understand that Frenchtown School does not offer insurance for students participating in school activities. I understand that injury can result from participation in such activities. **Please initial:** _____

Check your choice: _____ YES or _____ NO permission for authorized personnel of the school to seek medical attention for our child from a licensed medical doctor and/or treatment facility in the event the child is injured or becomes ill if I/we cannot be reached. In granting permission I/we accept full financial responsibility for all cost associated with treatments and hold the school and all its agents from all liability associated with the treatment. If I/we do not give permission for authorized personnel of the school to get medical treatment for our child, I/we accept full responsibility for the consequences. **Please initial:** _____

Authorization for Treatment:

Frenchtown School policy requires your consent in order to administer over the counter medications described below:

1. Administer prescription medication needed utilizing District Medication Policy.
2. Use antibacterial soap and antibiotic ointment on cuts/abrasions.
3. Sterile saline as needed to eye irrigations.
4. In grades K-8 administer **Tylenol** as needed according to weight. **Tylenol** will be provided by the school and cannot be given more than twice a day.

_____ I DO give permission to the school nurse or designee. _____ Parent/Guardian

_____ I DO NOT give permission to the school nurse or designee. _____ Parent/Guardian

Frenchtown Middle School
Frenchtown School District #40
17620 Frenchtown Frontage Road
Frenchtown, MT 59834
(406) 626-2650
(406) 626-2654 (FAX)

PROOF OF RESIDENCE

Student Name(s) _____

Parent/Guardian Names _____

Address of Parent(s)/Guardian(s) _____

Date _____ School _____ Grade _____

In order to register your child/children in any school in the Frenchtown School District, you must provide one form of documentation indicating your place of residence. Proof of residence may be demonstrated with documentation such as:

1. Rental/lease agreement.
2. Purchase/escrow agreement or annual tax statement.
3. Driver's license or copy of a utility bill.
4. Notarized statement from owner/renter indicating:
 - a. Names of people who are living with the owner/renter.
 - b. Anticipated length of time of residence with owner/renter.

Note: Owner/renter proof must be documented.

I swear/affirm that the above information is accurate.

Parent signature _____

Please be advised: If an investigation indicates non-residence in the above-named school boundary area, your child/children may be withdrawn from the school and reassigned.

To be completed by school personnel:

1. _____ (Document showing proof of residence)
2. _____ (Date of occupancy)
3. _____ (Current address, if different from the address shown above)

Employee Signature: _____

A change has been made to the reporting of race and ethnicity in educational data to better reflect the country's growing diversity. The federal government has established the two-part question to recognize Hispanic ethnicity and race as two separate and distinct concepts. Additionally, the change allows the reporting of multiple races as well.

Date of Birth: _____ Grade: _____

Part 1

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Date _____

Military Connected Student

Dear Parent(s)/Guardian(s),

As per Montana Code Annotated, Section 20-1-230 the Office of Public Instruction will be requiring school districts to identify 'Students of Military Families' annually. The purpose of collecting this data is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.

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

- 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

If your child is a 'Military Connected Student' per the guidelines listed above, please fill out this form and send it back to the school office that your child attends in Frenchtown School District #40.

Military Connected Student

Students Name: _____ Students School: _____

Parents Name: _____

Please select the area the Parent(s)/Guardian(s) reside within:

____ 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

Parent Signature: _____ Date: _____

Frenchtown School District #40
Frenchtown Middle School
P. O. Box 117
Frenchtown, MT 59834-0117
(406) 626-2650
(406) 626-2654 (FAX)

REQUEST FOR RECORDS

Date: _____

Student's Name: _____

Date of Birth: _____

Last Grade Completed: _____

Grade **Entering** at Frenchtown Middle School (*either 6th, 7th or 8th grade*) _____

Previous School _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

This student, previously enrolled at your school, is now in attendance at Frenchtown Middle School. **Please send us all academic cumulative, special education, medical, and Title/Resource files.** Please send records to:

Frenchtown Middle School
P.O. Box 117
Frenchtown, MT 59834

Please FAX a copy of the birth certificate and immunization records to 406-626-2654.
Thank you!

Parent/Guardian Signature

Frenchtown Public School
Family Composition Questionnaire

Date: _____ Student Name: _____

Child Lives With: (check one)

Both Parents _____

Mother _____

Father _____

Other _____

If other please
explain: _____

Has anyone other than the parents had a substantial roll in rearing this child?

Yes _____ No _____

If yes, please
explain: _____

How many schools has this child attended? _____

Number of Siblings _____ Number of people living in the home _____

Do both parents have legal custody? Yes _____ No _____

If not please provide a brief description and attach legal documentation of custody orders.

Name/Location/phone number of previous school teacher: _____

☐ **I DO** ☐ **I DO NOT** give permission for the Frenchtown School to share my child's photo with the Montana State Office of Public Instruction for the electronic directory photograph repository as permitted by Montana Legislature Senate Bill 40.

Parent/Guardian Signature

Date

Frenchtown School District #40
THE MCKINNEY-VENTO HOMELESS
EDUCATION ASSISTANCE PROGRAM

Contact: Mr. Aaron Griffin MV Coordinator/Principal FTMS
17620 Frenchtown Frontage Rd.
Frenchtown, MT 59834
(406)-626-2650

STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire address the McKinney-Vento Act of 2001. Your answers will help determine services available.

Presently, where is the student living? (Check one box)

Section A	Section B
☐ In a shelter (Watson's Children's Shelter, YWCA Women's Shelter, Southgate Inn, Joseph's Residence, etc.) ☐ Doubled with another family in their house or apartment ☐ BY CHOICE ☐ In a motel, car, or campsite ☐ In Transitional Housing (McClay Commons, YWCA Transitional Housing) <u>Continue if you checked a box in Section A complete the rest of this form.</u>	☐ Choices in Section A do not apply STOP: If you checked this section you do not need to complete the rest of this form Signature/Date

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

Date Enrolled in FTSD: _____ Grade: _____

Name of Student: _____

Male Female Date of Birth: _____

Name of Parent/Guardian: _____

Current Address: (City and State): _____ ☐ _____ ☐ _____

Phone/Message Number: _____ Alternate Phone: _____



MT Office of Public Instruction

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: ☐ Male ☐ Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? ☐ Yes ☐ No
If yes, in which state? _____
If no, in what other country? _____
2. Has your child attended any school in the United States for any three years during their lifetime? ☐ Yes ☐ No
If yes, please provide school name(s), state, and dates attended:
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
3. What language is spoken by you and your family most of the time at home? _____
4. If available, in what language would you prefer to receive communication from the school? _____
5. Please check if your child is:
A. ☐ Native American Indian C. ☐ Native Pacific Islander
B. ☐ Alaska Native D. ☐ Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____
8. What language does your child most frequently speak at home? _____
9. What language do you most frequently speak to your child? (Father) _____
(Mother) _____
10. Please describe the language understood by your child. (Check only one)
A. ☐ Understands only the home language and no English.
B. ☐ Understands mostly the home language and some English.
C. ☐ Understands the home language and English equally.
D. ☐ Understands mostly English and some of the home language.
E. ☐ Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	