Frenchtown Elementary School Registration Packet

Please complete the attached registration forms and return them to the elementary secretary with the following documents.

Prior to the first day of school, you will need to provide the following:

1) **Birth Certificate** (Child must be 5 years old on or before September 10, 2026 for the 2026-2027 school year)

2) **Immunization Records**

- 4 doses of DTaP vaccine; one after the 4th birthday
- 3 doses of Polio Vaccine; one after the 4th birthday
- 2 doses of Varicella Vaccine; 1st Varicella after 1st birthday
- 2 doses of MMR Vaccine; 1st MMR after 1st birthday

(It is recommended that your child also have **two (2)** Hepatitis A and **three (3)** Hepatitis B Vaccinations)

3) **Proof of Residency** (Examples of acceptable proof below)
   - Rental Agreement
   - Utility Bill
   - Driver's License

Child's Name _____

Grade Level _____



Frenchtown School **District #40**

Today's Date:_____ Please Circle One: Male/Female Grade: PK K 1 2 3

Student's Full Name: (Last)_____(First) _____ (Middle)_____

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

Student's Home Phone #:_____

Student's Physical Address: _____

(City)_____ (State)_____(Zip)_____

Student's Mailing Address:_____

(City)_____(State)_____(Zip)_____

Mother's Name:(Last)_____(First)_____(Middle)_____

Mother's Address:_____

Mother's Place of Employment:_____

Work Phone: _____Cell Phone:_____

Mother's Email Address:_____

Father's Name:(Last)_____(First)_____(Middle)_____

Father's Address:_____-_____

Father's Place of Employment:_____

Work Phone: _____Cell Phone:_____

Father's Email Address: _____

Student Lives With: Both Parents (at the same address)___ Mother___ Father___

Who has legal custody of student: Both Parents (at the same address)___ Mother___

Father___ Step Mother___ Step Father___ Other_____

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:_____

Health History

Allergies: If any allergies please list

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

List medications taken daily:

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

Lifelong health issues: (i.e. asthma, diabetes, orthopedics, ets.)

1._____
2._____
3._____

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

Yes:___ No:___

Special diet or food restrictions:

Does student wear glasses_____ or contacts_____ Last appointment:_____

Other family health issues:(Please list)_____

Has you 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

Authorization: I understand the Frenchtown School "District 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____No permission for authorized personnel of the school to seek medical attention for my/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 costs associated with treatments and relieve the Frenchtown School District and all its agents from all liability associated with the treatment. If I/we do not give permission for authorized personnel of the School District to get medical treatment for our child, I/we accept full responsibility for the consequences. Please initial:___

Fluoride Program: Students in Grades K-6 participate in a fluoride rinse program to reduce decay and promote dental health.
Do you give permission for your child to participate in the program Yes:___No:____

Authorization for Treatment:

Frenchtown School policy requires your consent in order to administer medications described below:
1.Administer prescription medication needed to utilizing the District Medication Policy.
2.Use antibacterial soap and antibiotic ointment on cuts/abrasions.
3.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.
4. Use sterile saline as needed for eye irrigations.
__ 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

English

Home Language Survey

Montana OPI

HOME LANGUAGE SURVEY

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

Parent or Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language is spoken by you and your family most of the time at home? _____
4. Is there a tribal or heritage language spoken by you or your family within the past few generations? ☐ Yes ☐ No

   If yes, what language or languages? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

5. If available, in what language would you prefer to receive information from the school? _____

_____ _____

Parent or Guardian's Signature Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

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Frenchtown School District # 40
New Student Registration

Today's Date:_____

Student's Name:_____

Has anyone other than the parents had a substantial role with rearing this child? ___Yes____No

If yes, please explain:_____

Do both parents have legal custody? _____Yes____No

If not, please provide legal documentation. (Required)

How many schools has this child attended? _____ Number of siblings:_____

Names of siblings attending Frenchtown

Schools:_____

Name, School and phone number (if known) of previous school/teacher:

_____

_____

Name	Phone number	Ok to pick up child	Legal custody	Lives with	Receives mail

Race/Ethnicity Reporting Form
Frenchtown School District # 40

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 changes allow the reporting of multiple races as well.

Student Name:_____
First Middle Last

Date of Birth:_____ Grade:_____

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? (Choose one or more races below)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Note: Failure to answer both questions will result in use of prior racial/ethnic data or an observer identifying for you.

_____ _____
Parent/Guardian Signature Date

Academic Information

SUBJECT	HIGH	AVERAGE	BELOW AVE.	LOW
MATH				
READING				
SCIENCE				
LANGUAGE				
SOCIAL STUDIES				
PE/HEALTH				

Special strengths of this child:

_____

_____

SOCIAL Information
(check if yes)

__Does this child have behavioral problems in school?
__Has this child ever been retained?
__Is this child easily distracted?
__Does this child have difficulties in making friends?
__Has this child lived somewhere other than the home?
__Has or is this child currently being medicated for behavior or mood?

Areas of concern for this child: (if applicable, please give details)

Special Education:
Speech Therapy:
Chapter 1- Tutorial Help:

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 Reserve National Guard
- Active Duty Reserve Force of the US Military
- Transitioning out of an 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

Student's Name:_____Student's School:_____

Parent's 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 Reserve National Guard
- Active Duty Reserve Force of the US Military
- Transitioning out of an Active Duty to National Guard or Reserve.

_____ _____

Parent/Guardian Signature Date

Proof of Residence

17620 Frenchtown Frontage Rd, Frenchtown, MT 59834 (406-626-2600) Fax (406-626-2605)

Student Name(s) _____

_____

Parent/Guardian Names_____

Address of Parents/Guardian_____

_____

_____

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 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 residency)
2. _____(Date of occupancy)
3. _____ (Current address if different from the address shown above)

Employee Signature:_____

Frenchtown School District # 40

THE MCKINNEY-VENTO HOMELESS
EDUCATION ASSISTANCE PROGRAM

Contact: Mr. Aaron Griffin MV Coordinator/ Principal FTJH
17620 Frenchtown Frontage Rd.

Frenchtown, MT 59834
(406)626-2650

STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire addresses 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 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) **Continue if you checked a box in Section A. Complete the rest of this form.**	☐ 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, State)_____

Phone/Message Number:_____**Alternate Phone:**_____

Frenchtown School District #40

2026-2027 Bus Rider Contract

Safety is our number one priority at Frenchtown School District Transportation. Our goal is to provide a safe and structured transportation experience and to support our students and drivers in creating this environment. For this reason, we have established rules, boundaries and expectations for all individuals on our school buses to ensure students are safely delivered to their destinations.

This contract is between FTSD, parent(s)/guardian(s) and the student. ***Please read it carefully, review the information with your student, sign and return it to the front office of your respective campus.***

Student Rules & Expectations:

The school bus is an extension of the classroom. School rules, boundaries, expectations and consequences apply while students are being transported to and from school. All buses have cameras that are always recording when the bus is running. This is a safety feature to protect everyone on the bus. These videos are privacy protected.

Bus stop expectations:

1. Arrive at your bus stop at least 5 minutes early. Be ready to board the bus (not inside your vehicle or home) when the bus arrives.
2. Wait for the bus in a safe place, at least 10 feet from traffic.
3. Wait to cross the street until the bus has completely stopped and the driver has instructed you to do so. Stay 10 feet away from the bus at all times!
4. Only get on/off the bus at your designated stop.
5. NO horseplay at the bus stop!
6. No pushing or cutting in line to board the bus.
7. Go directly to your ***assigned*** seat.

Bus Rules:

1. The bus driver is in charge at all times.
2. Remain seated **WITH YOUR SEAT BELT BUCKLED** and in your assigned seat at all times.
3. Bottom to bottom, back to back, feet on the floor, hands in your lap! (AKA: face forward, feet on the floor and hands to yourself.)
4. Keep all body parts inside the bus and out of the aisle at all times.
5. NEVER play with emergency equipment.
6. No yelling, screaming, profanity or explicit language. Use quiet inside voices. **7.** ZERO talking/noises at railroad crossings.
8. No throwing/passing items or littering inside or outside of the bus. **Keep all personal items IN YOUR BACKPACK.**
9. Respect other people's space.
10. No food, gum or drink on the bus.
11. No skis, skateboards, balloons or other bulky items on the bus.
12. No animals on the bus.
13. No photo taking or video recording on the bus. (only exception is the bus cameras for safety purposes)
14. No vandalizing or damaging bus. Cost of repairs will be the responsibility of the student/family.
15. No tobacco or alcohol products on the bus. No medication or drugs.
16. Be kind and respectful. ABSOLUTELY NO BULLYING OR FIGHTING! **17.**No weapons of any kind.
18. No flammable devices or nuisance items. (ie. lighters, matches, laser lights)

Discipline Policy:

Any student who does not follow the identified rules will be subject to the following disciplinary procedures. Violating rules 15-18 will result in immediate Formal Bus Referral bypassing the Write Up process.

Bus Write Up:

1. Verbal Warning: Driver to speak to student and document incident.
2. 1st Write Up: Driver speak to student and call guardian.
3. 2nd Write Up: Transportation Director to speak to student, call guardian, and student to sit in front seat for 1 week
4. 3rd Write Up: Principal to hold conference with student, call guardian, and student to sit in front seat indefinitely (TBD by driver)
5. After 3rd write up OR when rules 15-18 are violated:
6. 1st Referral: Principal will call parent/guardian. Student will receive a minimum of lunch detention or other consequences according to school policy.
7. 2nd Referral: Principal will call parent/guardian. Student will receive a minimum of in school suspension or other consequences according to school

policy.

8. 3rd Referral: Principal will call parent/guardian. Student will receive a minimum of 1 week bus suspension AND other consequences according to school policy. 9. 4th Referral: Principal will call parent/guardian. Student will receive a minimum of 2-week bus suspension AND other consequences according to school policy. 10. 5th Referral: Student will be suspended from the bus for the remainder of the school year AND other consequences according to school policy.

Driver Rules & Expectations:

1. Driver will depart from bus stop no more than 3 minutes ahead of schedule. **2.** Driver will not allow any student K-1 off the bus without an approved adult or 3rd grade or older sibling.

3. Students will not be left unattended in the vehicle at any time. (Exceptions apply in emergency situations that warrant the driver briefly walking outside the bus.) **4.** Driver will not make unscheduled stops with students present.

5. If students are being unsafe or aggressive, the driver will pull the vehicle over, where safe to do so, until students act in a safe and responsible manner.

6. If unsafe behavior continues, driver will contact base for assistance.

Bus Stop Assignments:

Frenchtown School District makes it a goal to transport as many children as possible to school. School bus stops will be established to enable us to transport as many students as possible SAFELY to school. Please abide by assigned bus stop/s for your student. Students may not ride a bus other than their designated bus to their designated bus stop. If your child has multiple households, please list both addresses on the following page to establish bus stops for each household. **Student(s) will not be permitted to ride the bus until the signed contract is returned**.

Thank you,

FTSD Transportation

Frenchtown School District #40

Bus Rider Contract

I have read and discussed this policy with my child:

Parent/Guardian Name Print):_____

Parent/Guardian Signature:_____Date: _____ **I**

have reviewed this policy with my parent/guardian and agree to abide by it:

Student Name (Print): _____Grade:

_____ Student Signature:

_____Date: _____ Student

Name (Print): _____Grade:

_____ Student Signature:

_____Date: _____ Student

Name (Print): _____Grade:

_____ Student Signature:

_____Date: _____ Daycare

Provider: _____Phone # _____

Bus Stop Assignment/s:

Address: _____

Please indicate when your student will be riding by circling any options that apply:

AM PM Both AM/PM M T W Th Fri Daily Address

2:_____

Please indicate when your student will be riding by circling any options that apply:

AM PM Both AM/PM M T W Th Fri Daily

Notes/additional addresses including daycare address:

_____
_____
_____
_____

For Office Use Only:

Address 1 AM Bus #/stop:	**Address 1 PM Bus #/stop:**
Address 2 AM Bus #/stop:	**Address 2 PM Bus #/stop:**
Notes:	**Teacher:**

Frenchtown School District # 40
P.O. Box 117
Frenchtown, MT 59834-0117

REQUEST FOR RECORDS

Date:_____

Student's Name:_____

Date of Birth:_____

Last grade completed:_____

Grade entering at Frenchtown ElementarySchool:____

To:

Previous School:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone #:_____ Fax #:_____

The student, previously enrolled at your school, is now in attendance at Frenchtown Intermediate School. Please send us all academic cumulative, special education, medical and Title/Resource files.

Please send records to:

Frenchtown Elementary School
P.O. Box 117
Frenchtown, MT 59834-0117

Please fax immunization records and a copy of the birth certificate at 406-626-2625.

Thank you.

Parent/Guardian Signature:_____