

CONRAD PUBLIC SCHOOLS
SCHOOL DISTRICT NO. 10
www.conradschools.org

SEAN BEDDOW, *Superintendent*

BRENT BANDOW, *Clerk/Business Manager*

JAMIE BUCHER, *Assistant Clerk/Acct. Payable/Payroll*

**220 N WISCONSIN ST
CONRAD, MT 59425**

PHONE: (406) 278-5521 FAX: (406) 278-3630

Meadowlark Elementary: K-3
Attn: Marie Judisch
17 3rd Ave SW
Conrad, MT 59425
Phone: (406) 278-5620
Fax: (406) 278-7617

Utterback School: 4-6
Attn: Danele Dyer
201 S Maryland St
Conrad, MT 59425
Phone: (406) 278-3227
Fax: (406) 278-3228

Conrad Jr./Sr. High School: 7-12
Attn: Jeri Russell
308 S Illinois St
Conrad, MT 59425
Phone: (406) 278-3285
Fax: (406) 278-3806

RECORDS REQUEST

Student's Name: _____ DOB: ____ / ____ / ____

Grade Currently Enrolled In: _____ Last Grade Completed: _____

Name of Prior School: _____

Prior School's Phone #: _____ Fax #: _____

Current Transcript/Report Card IEP Immunizations

Attendance 504 Birth Certificate

Behavior Other _____

Anticipated Start Date in Conrad School: _____

I hereby authorize the above named school to forward the records selected for the grade level my child last completed and/or is currently enrolled in. *I understand these records will include: Standard test data, scholastic achievement data, medical history, speech records, discipline issues, and psychological and sociological data accompanied with diagnosis, recommendations, and /or treatment being recommended.

Signature of Parent or Legal Guardian: _____ Date: _____

***PLEASE FAX THE ABOVE SELECTED RECORDS IN ADDITION TO MAILING THEM
TO THE ADDRESS MARKED ABOVE.**

THANK YOU!

Conrad Public School District #10

Dedication to Education ♦ Inspiration for Life

215 South Maryland Street ♦ Conrad, Montana 59425 ♦ 406-278-5521 ♦ Fax: 406-278-3630

Student's Legal Name (Last, First, Middle): _____

Preferred Name/Nickname: _____ Date of Birth: _____ Grade Level: _____

Gender: Male Female

Home Phone: _____ Unlisted number, keep private

Home Physical Address: _____

Home Mailing Address (if different than physical address): _____

Student Lives With:

Both Parents Mother Father Guardian Other _____

Ethnicity: Is the student Hispanic or Latino? (Person of Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race)

Yes, Hispanic or Latino

No, not Hispanic or Latino

Race:

American Indian/Alaskan 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 or Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Name of Last School Attended: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____

Has your child ever attended school in this district before: Yes No If yes, which school? _____ When? _____

Does your child have a disability? Yes No IEP? Yes No 504? Yes No If yes, check all services that apply:

Resource Special Day Class Adapted PE Speech

Has your child ever received any of the following services? (check all that apply): ELL/ESL Gate Intervention

Has your child ever been retained? Yes No If yes, please indicate what grade your child was retained. _____

Has this student been expelled, suspended (in or out of school), arrested, or cited for criminal behavior in the past? Yes No
If yes, please note details below:

Will you be requesting out of town bus route service? Yes No

High School Students Only (Montana High School Association record of transfer request)

Did parents move with student? Yes No Was move from parent to parent? Yes No

Military Families:

Is this school enrollment military connected? Yes No

Is a parent or guardian of this student currently active military? Yes No

Mother's Name: _____ **Father's Name:** _____

Place Of Employment: _____ Place Of Employment: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Step Parent Name: _____ **Step Parent Name:** _____

Place Of Employment: _____ Place Of Employment: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Send mailing to non-custodial parent? Yes No

Name: _____ Address: _____

Emergency Contact Person: _____ **Phone:** _____

Other children in household attending school: _____

	Medications	Symptoms	Food Allergies
<input type="checkbox"/> Asthma	_____	_____	_____
<input type="checkbox"/> Allergy	_____	_____	_____
<input type="checkbox"/> Diabetes	_____	_____	_____
<input type="checkbox"/> Seizure	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

In the event of a medical emergency, when a parent or secondary contact cannot be reached, I hereby give permission to the school to authorize medical treatment as needed, until a parent can be notified: Yes No

I certify that the statements made herein are true and correct to the best of my knowledge, information and belief.

I understand that it is my responsibility to notify Conrad Public Schools of any changes to the information given above.

Signature of Parent/Guardian: _____ Date: _____