

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

<input type="checkbox"/> Meadowlark Elementary: K-3	<input type="checkbox"/> Utterback School: 4-6	<input type="checkbox"/> Conrad Jr./Sr. High School: 7-12
Attn: Marie Judisch 17 3 rd Ave SW Conrad, MT 59425 Phone: (406) 278-5620 Fax: (406) 278-7617	Attn: Danele Dyer 201 S Maryland St Conrad, MT 59425 Phone: (406) 278-3227 Fax: (406) 278-3228	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: _____