



All kids are engaged in learning today...for life tomorrow

**GREAT FALLS PUBLIC SCHOOLS STUDENT ENROLLMENT FORM**

**School Use Only** Locker \_\_\_\_\_ Combo # \_\_\_\_\_ Advisor \_\_\_\_\_ Parent Portal Password \_\_\_\_\_

Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Immunization Forms \_\_\_\_\_ *Birth Certificate* \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Sex: F M  
First Middle Last

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Ethnicity \_\_\_\_\_  
City State

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Second Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Student primarily lives with: Mother Father Other \_\_\_\_\_ Address above is: Permanent Temporary

Has your child ever attended Great Falls Public Schools in the past? YES NO If so, which school? \_\_\_\_\_

School Last Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date Last Attended \_\_\_\_\_

Student lives with: Both Parents Mother Father Stepmother Stepfather  
 (please circle all that apply) Grandparents Other (please specify) \_\_\_\_\_

Who is the student's legal guardian? \_\_\_\_\_

List address and phone if different than below: \_\_\_\_\_

Father/Other \_\_\_\_\_ Mother/Other \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Local emergency contact and phone number** \_\_\_\_\_  
*(Other than parents)*

\_\_\_\_\_

**OTHER CHILDREN LIVING IN THE HOME**

Name			Age	Birth Date			School	Grade	Home Address
Last	First	M		Mo.	Day	Yr.			

Of these special services, please indicate which your child has received:

\_\_\_ Special Education    \_\_\_ Speech and Language Services    \_\_\_ 504 Plan    \_\_\_ Reading Assistance    \_\_\_ Math Assistance  
\_\_\_ ESL Services    \_\_\_ Gifted and Talented    \_\_\_ HeadStart    \_\_\_ Band or Orchestra (instrument)

Does student have any special concerns we should be aware of (health/other)? \_\_\_\_\_

### RACE / ETHNICITY REPORTING FORM

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?** (*No matter how you answered the first question, choose one or more races below*)

- American Indian or Alaskan 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.*

### HOME LANGUAGE SURVEY

**What is the student's first-learned or home language?** \_\_\_\_\_

If the language is other than English, please answer the following questions:

What is the student's country of origin? \_\_\_\_\_

What language is spoken most frequently by the student at home? \_\_\_\_\_

What language do you most frequently speak to your son/daughter?

Mother \_\_\_\_\_

Father \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date