

LIBBY SCHOOL DISTRICT #4 REGISTRATION / ENROLLMENT FORM

ENROLLMENT DATE: _____ / _____ / _____

Student's Last Name: _____ First Name: _____

Middle Name: _____ Other Name: _____

Residential Address: _____ Phone: _____

Mailing Address: _____ Email Address: _____

City: _____ State: _____ ZIP: _____

Current Grade Level: _____ Gender: **M** **F** Social Security: _____

Birth Date: _____ / _____ / _____ Birthplace: _____

Does this student speak another language other than English? **Y** **N** Please specify: _____

What is the primary language spoken at home: _____

RACE/ETHNICITY (Answer BOTH Questions)

1. Is this student Hispanic or Latino: (Choose only one) No, not Hispanic or Latino Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (Regardless of how you answered the first question, choose one or more)

American Indian or Alaska 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native 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)

PREVIOUS SCHOOL INFORMATION

School Name: _____ Last Grade Attended: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ FAX: _____

Is this student currently under suspension or expulsion from a previous school? YES NO

If yes, please explain _____

SPECIAL SERVICES (Programs student was enrolled in at prior school)

Title I _____ Gifted & Talented _____ Special Ed _____ Speech _____

Physical / Occupational Therapy _____

EMERGENCY CONTACT INFORMATION

(Persons other than parents or guardians who are authorized to pick up student)

Emergency Name: _____ Emergency Phone #: _____

Emergency Name: _____ Emergency Phone #: _____

Local Doctor: _____ Doctor Phone #: _____

Health Concerns or related information: _____

FAMILY INFORMATION

Mother's Last Name: _____ First Name: _____
OK to pickup student Y N **Lives with** Y N **Legal Guardian** Y N **Receives Mail** Y N
Residential Address: _____ Email Address: _____
Mailing Address: _____ Home Phone #: _____
Work Phone #: _____ Ext: _____
Occupation _____ Employer _____
Do you speak a language other than English? Y N
What is the primary language spoken at home? _____

Father's Last Name: _____ First Name: _____
OK to pickup student Y N **Lives with** Y N **Legal Guardian** Y N **Receives Mail** Y N
Residential Address: _____ Email Address: _____
Mailing Address: _____ Home Phone #: _____
Work Phone #: _____ Ext _____
Occupation: _____ Employer: _____
Do you speak a language other than English? Y N
What is the primary language spoken at home? _____

Stepparent or Guardian's Last Name: _____ First Name: _____
OK to pickup student Y N **Lives with** Y N **Legal Guardian** Y N **Receives Mail** Y N
Residential Address: _____ Email Address: _____
Mailing Address: _____ Home Phone #: _____
Work Phone #: _____ Ext: _____
Occupation: _____ Employer: _____
Do you speak a language other than English? Y N
What is the primary language spoken at home? _____

Stepparent or Guardian's Last Name: _____ First Name: _____
OK to pickup student Y N **Lives with** Y N **Legal Guardian** Y N **Receives Mail** Y N
Residential Address: _____ Email Address: _____
Mailing Address: _____ Home Phone #: _____
Work Phone #: _____ Ext: _____
Occupation: _____ Employer: _____
Do you speak a language other than English? Y N
What is the primary language spoken at home? _____

Siblings (Brothers & Sisters)

Name	Sex	DOB	Name	Sex	DOB
_____			_____		
_____			_____		
_____			_____		

Parent/Guardian Signature _____ **Date** _____

For Office Use Only:
Birth Certificate Copied _____ Immunization Records Completed _____ Entry Date _____