

# 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?** \_\_\_\_\_

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**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?** \_\_\_\_\_

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**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?** \_\_\_\_\_

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**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?** \_\_\_\_\_

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**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 \_\_\_\_\_