



Culbertson Public School District #17



423 1st Ave. West / PO Box 459 Culbertson, MT. 59218 Phone - 406-787-6241 / Fax - 406-787-6244

Student Registration Form - Returning or New Enrollment (Circle One)

Student's Legal Name – First _____ Middle _____ Last _____ Nickname _____

Grade Level _____ Date of Birth ____ / ____ / ____ Place of Birth _____ SS # _____

Gender: Male or Female

Physical Home Address: Street _____ City _____ State _____ Zip Code _____

Mail Address: _____ City _____ State _____ Zip Code _____

Home Phone # _____ - if no home phone; please advise – Unlisted? Yes or No

Student Lives with (circle one): Both Parents / Mother / Father / Mother & Step-Father / Father & Step-Mother / Guardian / Other _____

Address of Non-Custodial Parent: _____ City _____ State _____ Zip _____

Mother's Information:

Full Legal Name: First _____ Middle _____ Last _____

Place of Employment: _____ City _____ State _____

Daytime Phone # _____ Cell Phone # _____

Email Address: _____ / Ok to send daily announcements if applicable? - Yes or No / Would you prefer to receive your students lunch account reminders by email if applicable? Yes or No; If yes do you want a monthly statement mailed also if applicable? Yes or No

Father's Information:

Full Legal Name: First _____ Middle _____ Last _____

Place of Employment: _____ City _____ State _____

Daytime Phone # _____ Cell Phone # _____

Email Address: _____ / Ok to send daily announcements if applicable? - Yes or No / Would you prefer to receive your students lunch account reminders by email if applicable? Yes or No ; If yes do you want a monthly statement mailed also if applicable? Yes or No

Step-Mother:

Full Name _____

Daytime Phone # _____ Cell # _____

Email Address _____

Place of Employment _____

Step- Father:

Full Name _____

Daytime Phone # _____ Cell # _____

Email Address _____

Place of Employment _____

***** Only supply email address for step parent if they are to receive lunch account info & announcements*****

Please complete both sides of form

Student Registration Form – Continued

Student's 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 _____ (please "X" the appropriate selection)

Student's Native Language: _____ **Parent's Preferred Language:** _____

Student's Race: Choose one or more by placing an "X" next to the appropriate selection

_____ **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 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)

Emergency Contact Person (someone other than parents, step parents or guardian): Name _____

_____ Phone Numbers _____

List other students in Household: _____

Does your student need any of the following service?

Transportation _____ Yes _____ No / Title 1 Tutoring _____ Yes _____ No / Special Education _____ Yes _____ No

Students Transferring to Culbertson please complete the following section:

Previous Schools of Attendance:

Name of School	City	State	Dates of Attendance

If you answer YES to any of the following questions below please explain details on an additional sheet of paper.

#1 - Has the student ever received In-School suspension? _____ Yes _____ No

#2 - Has the student ever received Out of School suspension? _____ Yes _____ No

#3 - Has the student ever been recommended for expulsion? _____ Yes _____ No

#4 - Has the student ever been expelled from a school? _____ Yes _____ No

Signature required of all Parents:

Mother _____ **Date** _____

Father _____ **Date** _____