

**If you are planning to register your child at  
Eureka Middle School, welcome!**

Our office is open weekdays from 7:30 a.m. to 4:00 p.m.

We are located at 335 Sixth Street East, Eureka Montana.



**Grades 5-8**

406-297-5600 phone 406-297-5653 fax

To assure a smooth and enjoyable transition for your child, we ask that you contact our office before you plan to enroll. Please allow about fifteen minutes to complete the following paperwork when you arrive to enroll your child.

- **A Student Registration form**, including emergency contact numbers
- **Health Information Form(s)**
- Student **Record Request Form** with the name, address, telephone and fax numbers from your child's former school
- **Current immunization Record** or a notarized **Religious Exemption Form**
- **A Birth Record**

Please feel free to call our office if you have any further questions.

**Registration Information**

**Student Information**

Student's Full Legal Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Physical Street Address (if different than above): \_\_\_\_\_

SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity:      American Indian/AK Native                              Hispanic or Latino  
                   Asian American    Native Hawaiian or Pacific Islander  
                   Black or African-American                              White/Non-Hispanic

**Parent Information**

Mother: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mailing Address (if different than student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has Custody? Yes  No  Parent email address: \_\_\_\_\_

Father: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mailing Address (if different than student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has Custody? Yes  No  Parent email address: \_\_\_\_\_

Other Guardian or Live-In Adult: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mailing Address (if different than student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has Custody? Yes  No  Email address: \_\_\_\_\_

**Emergency Contact Information**

Please number the following in order of desired contact: \_\_\_ Mother \_\_\_ Father \_\_\_ Other Adult

Please list three additional contacts, in order of desired contact, to be called if parent/guardian cannot be reached:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**Legal Alert**

Is anyone legally barred from seeing this student? Yes  No

Who? \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

*Court documentation and physical description must be provided to the school office.*

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any existing medical condition(s) your student has: \_\_\_\_\_

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If the parents and authorized physician cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the pupil (properly accompanied) to the hospital or doctor most easily accessible? Yes  No

Do you agree to be financially responsible for all expenses occurred for treatment under the circumstances described above? Yes  No

If an ambulance is called, do you agree to be financially responsible for expenses incurred? Yes  No

If the answers to any of the above questions are NO, please explain what action you desire school authorities to take: \_\_\_\_\_

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In the event a student has a health condition which specifically limits or may limit the student's ability to reasonably participate and perform, the parent/guardian acknowledges that he/she is responsible for notifying of and meeting with any instructor regarding such existing or potential limitation. The parent/guardian and instructor are responsible for working out a plan which enables the student to participate and perform to an extent which would allow the student to succeed in the course area.

\_\_\_\_\_  
Parent or Legal Guardian      Date

**Legal Alert**

Is anyone legally barred from seeing this student? Yes  No

Who? \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

*Court documentation and physical description must be provided to the school office.*

EUREKA MIDDLE SCHOOL

Entry Questionnaire

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

- **NOTE: This questionnaire is for informational purposes; it is not a Eureka Public School District request/referral for services.**

1. Has your child received help from:

Speech	No	Yes	Grade _____
Chapter One/Title 1 English	No	Yes	Grade _____
Chapter One/Title 1 Math	No	Yes	Grade _____
Counseling	No	Yes	Grade _____
Special Education	No	Yes	Grade _____
Occupational Therapy/ Physical Therapy	No	Yes	Grade _____
Retained	No	Yes	Grade _____

2. In what area(s) did your child receive help?

Reading  Math  Language  Behavior  Other \_\_\_\_\_

3. Was your child ever enrolled in a gifted/talented program? No  Yes  Grade \_\_\_\_\_

4. Is your child LEP (Limited English Proficient)? Yes  No

5. Primary Language? (Language most used) \_\_\_\_\_

6. Language of impact (first Language) \_\_\_\_\_

7. Date first identified as LEP? \_\_\_\_\_

8. Immigrant or migrant? Yes  No

**EUREKA MIDDLE SCHOOL**

**IMPORTANT NOTICE TO PARENTS  
CONCERNING  
STUDENT INJURIES**

Student Name: \_\_\_\_\_

Our school district works hard to provide a safe and positive environment for students and staff. Even with the greatest precaution and the closest supervision, however, accidents can and do happen at school.

Parents need to be prepared for possible medical expenses that may arise should their child be injured at school.

**The school district does not provide medical insurance to automatically pay for medical expenses when students are injured at school.** This is the responsibility of the parent or legal guardians. The district carries only legal liability insurance.

The district does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the school year, and are available at the school office.

Parents: Please be prepared to pay for your child's possible medical expenses.

I have read and understand this notice.

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Signed (Parent or Legal Guardian)

Date

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**EMERGENCY RELEASE FORM**

I understand that in the event of an emergency, every effort will be made to contact me, the parent or guardian. In the event that I cannot be contacted, my child may be transported to the closest emergency room by ambulance or an official of the Eureka Public School District #13, as deemed necessary by their judgment for the above named student.

I will not hold the school district financially responsible for the emergency care and/or the transportation of said student. This also applies while the student is on a field trip or athletic trip. Any duplicates of this form shall have the same force as the original. This consent shall be valid unless and until revoked in writing by the undersigned.

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Signed (Parent or Legal Guardian)

**RECORDS RELEASE AUTHORIZATION**

To: (School) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) \_\_\_\_\_

Release records for \_\_\_\_\_ Grade \_\_\_\_\_

- ✓ **Progress Records**  
Transcripts of grades and courses taken, records of attendance, tests relating specifically to achievement of measurement of ability.
- ✓ **Behavioral Records**  
Include discipline records, psychological tests, Special education records, personality evaluations, records of conversations and any written transcript of incidents relating specifically to student behavior.
- ✓ **Health & Medical Records**  
Immunization records, etc., Including current physical if available
- ✓ **Any records pertaining to health and medical welfare of student.**

I hereby request and permit the release and forwarding of the student records indicated herein for the above named student.

\_\_\_\_\_  
Parent/Guardian/School Authority

\_\_\_\_\_  
Date

Please send records to:

Registrar  
Eureka Middle School  
PO Box 2000  
Eureka, MT 59917  
Phone (406) 297-5600 Fax (406) 297-5653