



EUREKA ELEMENTARY SCHOOL
P.O. BOX 2000
EUREKA, MT 59917
(406)297-5500 **fax (406)297-2400**

RECORDS RELEASE AUTHORIZATION

To: (School) _____
(Address) _____
(City, State, Zip) _____
(Phone) _____ Fax _____

Release records for: _____ Grade _____

*Birth Certificate

*Progress Records

Transcripts of grades and courses taken, records of attendance, tests relating specifically to achievement or measurement of ability.

* Behavioral Records

Including discipline records, psychological tests, Special education records, personality evaluations, records of conversations and any written transcripts 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.

Date _____

Parent/Guardian/School Authority

Under Public Law 93-389, now amended in Section 99.34, PL 93 568, no parent signature is required for educational records to be sent to another educational agency.

Eureka Elementary School
Registration Information

Student Information

Student's Full Legal Name: _____ Home Phone: _____

Mailing Address: _____ City/State/Zip: _____

Physical Street Address (if different than above): _____

Birthdate: _____ Place of Birth: _____ Gender: _____

Ethnicity: 1-American Indian/AK Native 4-Hispanic or Latino
 2-Asian American 5-Native Hawaiian or Pacific Islander
 3-Black or African-American 6-White/Non-Hispanic

Parent Information

Mother: _____ Place of Employment: _____

Mailing Address (if different than student): _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Has Custody? Y N Parent email address: _____

Father: _____ Place of Employment: _____

Mailing Address (if different than student): _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Has Custody? Y N 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? Y N 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? Y N

Who? _____ Relationship to Student: _____

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

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

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

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

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: _____

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? Y N

Who? _____ Relationship to Student: _____

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

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:

A. Native American Indian

C. Native Pacific Islander

B. Alaska Native

D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

10. Please describe the language understood by your child. (Check only one)

A. Understands only the home language and no English.

B. Understands mostly the home language and some English.

C. Understands the home language and English equally.

D. Understands mostly English and some of the home language.

E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

Guidance on Race/Ethnicity Montana Office of Public Instruction (OPI)
Race/Ethnicity Reporting Form - Short

A change has been made to the reporting of race and ethnicity in educational data to better reflect the country's growing diversity. The change will take place in the 2010-2011 school year and will require all students to be identified using a new two-part race/ethnicity question. The federal government has established the two-part question to recognize Hispanic ethnicity and race as two separate and distinct concepts. Additionally, the change allows the reporting of multiple races (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White).

Student Name: _____
 First Middle Last

DOB: _____ Grade: _____ School: _____

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? (*Choose one or more races below*)

American Indian or Alaska 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.

Parent/Guardian Signature

Date

Elsie Arntzen, Superintendent of Schools, Office of Public Instruction – www.opi.mt.gov