



BOZEMAN HIGH SCHOOL

205 N 11th Avenue
Bozeman, MT 59715

Main Office: 406-522-6200
Main FAX: 406-522-6222

Counseling Office: 406-522-6204
Counseling FAX: 406-522-6283

New Student Enrollment Procedures

The Bozeman High School Registrar must receive the information and documentation listed below **before** the student can be enrolled.

___ Permanent address in the Bozeman School District (you may be asked to provide proof of residency)

___ Completed enrollment packet, which includes:

___ New Student Enrollment Form

___ Discipline/Special Services Form

___ Health Form

___ Records Request for previous school

___ Completed class selection sheet (by grade level for fall enrollment only)

___ Copy of birth certificate

___ Copy of immunizations (see back for list of immunizations and exemption requirements)

___ Copy of transcript from previous school (incoming freshmen will not have a transcript)

___ Copy of withdrawal grades if transferring during the academic year

___ If applicable, copy of IEP or 504 plan

****To avoid delay in the enrollment process it is the parent/guardian responsibility to provide the documentation listed above. ****

If enrolling for the beginning of the school year, counselors will be available the week prior to the beginning of school to meet with those students that have completed and returned all paperwork. At this time there will be a student-led orientation.

If enrolling mid-year, the above completed, information is required prior to a student being scheduled in classes or meeting with a counselor.

Send completed enrollment information via one of the below methods:

Email to: sandra.lehman@bsd7.org

Fax to: 406-522-6283

Mail to: 205 N 11th Ave., Bozeman, MT 59715

Immunization Requirements

VACCINE	PRESCHOOL	KINDERGARTEN - 12 TH GRADE
Haemophilus influenzae Type B (Hib)	1 dose (given on or after the 1 st birthday)	None Needed
Diphtheria, Tetanus, and Pertussis (DTaP, DT, Td, Tdap)	4 doses	At least 4 doses (one given on or after 4 th birthday) Plus 1 dose of Tdap (prior to entering 7 th grade)
Polio (IPV or OPV)	3 doses	At least 3 doses (one given on or after 4 th birthday)
Measles, Mumps, and Rubella (MMR)	1 dose (dose given on or after 1 st birthday)	2 doses (first dose on or after 1 st birthday)
Varicella (chickenpox)	1 dose (dose given on or after 1 st birthday)	2 doses (first dose on or after 1 st birthday)

If your child does not meet the above immunization requirements they must either:

- 1) Make an appointment to get the needed shots and notify the Registrar of the day and time of the appointment. After which a **Conditional Attendance** will be granted.
- 2) If you are not able to meet the immunization requirements due to medical or religious reasons, you must complete either the **Medical Exemption Form** or **Religious Exemption Form** prior to enrollment.

All above-mentioned forms can be found online at:

<http://dphhs.mt.gov/publichealth/Immunization/SchoolResources>

If you have questions about immunization requirements or need to make an appointment to get vaccinations you can contact the Gallatin County Health Department at 406-582-3100

Bozeman High School New Student Enrollment

____ **Grade** to be registered in

Student Cell _____

Student Last Name	First Name	Middle Name	Preferred 1 st Name	MAIN CONTACT PHONE NUMBER
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Gender M or F	Birth Date	City/State of Birth	Country of Birth
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Date entered U.S.	Date entered U.S. Schools	First Language Learned	Language Spoken in Home
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Street Address	City/State/ZIP	Siblings Name/Age/School
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Mailing Address	City/State/ZIP
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Parent Email Address (*This email may be shared with PACs, the Bozeman Schools Foundation, Friends of Music and the Athletic Booster Club unless you check ____*)

CHOOSE ONE OF THE FOLLOWING:

I certify that I am the parent/legal guardian of the student. I further certify that the street address I have provided is true and that I am a legal resident of the Bozeman School District pursuant to 1-1-215 M.C.A. Please initial _____

I certify that the parents' legal residence is outside of the Bozeman School District boundaries and I certify that the street address I have provided is located in the Bozeman School District and is where the student resides during the school week. I am requesting discretionary out of district enrollment. Please initial _____

I certify that the parents' legal residence is outside of the district and the student lives outside of the Bozeman School District boundaries. I am requesting a mandatory or discretionary out of district enrollment. Please initial _____

ETHNICITY - To meet reporting requirements and for the purpose of assessing eligibility for various academic support programs, please answer:

1. Is this student Hispanic or Latino? (choose 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? (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.)
Native American Tribal Affiliation _____ Native American Tribal Affiliation # _____ Title VII form ____
 - ___ 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, 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.)
3. U. S. Citizen YES ___ NO ___
4. Has your student been influenced/impacted by a foreign or American Indian language? If so, what language? _____

EDUCATION INFORMATION

Previous School	City/State/Zip
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Elementary School Attended	Middle School Attended
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Has your student received any special services from public schools? Please circle:
 Title I Current IEP 504 Plan Gifted Other (please specify) _____

Has your student been in residential treatment? YES ___ NO ___ Dates of Treatment _____ Location _____

Is this student on a current or pending expulsion? YES ___ NO ___
 If "YES", from what school/district? _____ Dates of Expulsion _____
 Reason for expulsion _____

BSD7 is committed to meeting your child's social, emotional and academic needs. Has your child or family experienced any life events, such as pre-natal stress, family disruption (divorce, frequency moves, military, adoption, foster care), health issues or trauma that might impact your child's ability to thrive in school? YES ___ NO ___

PARENT/GUARDIAN INFORMATION

Are there Custody/Legal Concerns? Yes ___ No ___ (If yes, please explain) _____

Is there a legal custody document? Yes ___ No ___ (If yes, please provide copy of document) Type of document: _____

Are there other legal documents? Yes ___ No ___ (If yes, please provide copy of document) Type of document: _____

Who has custody of student (Parent/Guardian Full Name): _____

Relationship to student (Please circle all that apply):

Both Parents/ Mother/ Father/ Mother-Stepfather/Father-Stepmother/ Grandparents/ Foster/ Joint Custody/ Other _____

Student lives with (Parent/Guardian Full Name): _____

Relationship to student (Please circle all that apply):

Both Parents/ Mother/ Father/ Mother-Stepfather/Father-Stepmother/ Grandparents/ Foster/ Joint Custody/ Other _____

FATHER	MOTHER	STEPPARENT	LEGAL GUARDIAN/FOSTER (other)
Name: _____	_____	_____	_____
Has Custody Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Employer: _____	_____	_____	_____
Work Phone: _____	_____	_____	_____
Cell Phone: _____	_____	_____	_____
Same Address as Student? Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Different Street Address? _____	_____	_____	_____
Different City State, Zip _____	_____	_____	_____
(City, State, zip) (City, State, zip)	zip (City, State, zip)	(City, State, zip)	_____
Different Home Phone? _____	_____	_____	_____

Please send school mailings to the other custodial parent at a separate address:

Relationship _____ Name _____ Address, City, State & Zip _____

Emergency Information: In the event a parent cannot be reached, school personnel will contact one of the following as authorized for Emergency Pick Up. LOCAL:

Name	Day Phone	Cell Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

OUT OF AREA EMERGENCY CONTACT:

1. _____

Is any individual named on this enrollment form (including parent, guardian, student, sibling, caretaker relative, emergency contact) currently or formerly a registered sex or violent offender? Yes No

If yes, state name and relationship to student: _____

Current or former individuals on the Sex/Violent Offender Registry are not permitted on school property or have limited access per District Policy #4550.

I certify that the above information is correct and authorize release of my child to the above named persons in the event of an emergency.

Please initial _____

In the event my child is injured or becomes seriously ill, I hereby delegate school personnel to take emergency action, as they believe necessary.

Please initial _____

MEDICAL INFORMATION - Please complete health history form if there are medical concerns

Asthma ___ Diabetes ___ Seizures ___ Allergies ___ Other _____

Is an EpiPen necessary to control allergic reactions? Yes ___ No ___ If yes, I (legal guardian) will provide. Please initial _____

Medication currently taking: AT HOME _____ AT SCHOOL _____

Doctor's Name: _____ Phone # _____

Dentist's Name: _____ Phone # _____

Parent/Legal Guardian Signature _____ Date _____

Bozeman School District Student Health History Form

Today's date: _____

Name: _____

Date of birth: _____

School: _____

Grade: _____

Doctor(s): _____

Dentist: _____

Does your child have any of the following medical conditions?

Yes No

 Allergy If yes, describe trigger(s) and treatment _____

 Asthma If yes, describe trigger(s), symptoms, medications _____

 Diabetes If yes, date of onset _____

 Seizures If yes, describe type and treatment _____

 ADD/ADHD If yes, list medication(s) _____

 Vision problems Glasses/Contacts _____

 Hearing problems _____

 Other, please describe _____

 Special diet or food restrictions _____

Is your child taking any medications regularly Yes No If yes, please list:

Do you have any educational or behavioral concerns about your child? Yes No

If yes, please describe: _____

Please note: Any child requiring prescription medication at school will need a health care plan and a doctor's order on file before this medication can be given. Please see the Health Services section of the school district website at www.bsd7.org/district/departments/health_services/

Student Name: _____

DISCIPLINE

- YES NO My child has been, or is currently, suspended from a previous school.
- YES NO My child has been, or is currently, expelled from a previous school.
- YES NO My child is on probation.

Parent/Guardian Signature

Date

SPECIAL EDUCATION SERVICES

It is important that we be aware of any Special Services that your child may have received, or programs he/she participated in at previous schools. Please give us the following information to assist us in providing your child with the most appropriate placement.

YES NO My child *previously* had an IEP.

Grade(s)

School in which services were received

YES NO

My child has a current IEP.

(If the answer is yes, a copy of the current IEP is required to register the student. The Special Services Coordinator will be responsible for registration of your student.)

YES NO

My child *previously* had a 504 Plan.

Grade(s)

School in which services were received

YES NO

My child has a current 504 Plan.

(If YES, please provide a copy of the 504 Plan)

Parent/Guardian Signature

Date



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REQUEST FOR TRANSFER OF STUDENT and SPECIAL EDUCATION RECORDS

Student Name: _____ DOB: _____

Grade Level: _____

Previous School: _____

Phone: _____ FAX: _____

I, _____ parent/guardian of the above named student, hereby authorize the release of any and all of his/her educational records.

Parent/Guardian Signature _____

Date

For Office Use Only:

Please **FAX** the following records to Bozeman High School at **(406)522-6283**:

- | | |
|--|--|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Discipline Report |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Attendance Record |
| <input type="checkbox"/> Most Current IEP | <input type="checkbox"/> Current SPED Evaluation/Eligibility Reports |
| <input type="checkbox"/> Other: _____ | with Academic/Psychological Reports included |

Please **MAIL** the Cumulative File to:

Registrar
Bozeman High School
205 N 11th Ave.
Bozeman, MT 59715

Please **MAIL** entire SPED file to:

Special Ed Coordinator
Bozeman High School
205 N 11th Ave.
Bozeman, MT 59715

School Official Signature _____

Date

The Family Educational Rights and Privacy Act (Buckley Amendment) dated June 1976, no longer requires parental consent to release student records between schools. This states that school officials may receive a student's records without written consent from parent/guardian for such release.

If the above requested records cannot be forwarded within 5 days please notify the school. A district may not refuse to transfer records because a student owes fines or fees.