



# BOZEMAN HIGH SCHOOL

205 N 11<sup>th</sup> Avenue  
Bozeman, MT 59715

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

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

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## New Student Enrollment Procedures

The information and documentation listed below **must** be received by the Bozeman High School Registrar 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:**

emailed to: [sara.budt@bsd7.org](mailto:sara.budt@bsd7.org)

faxed to: 406-522-6283

mailed to: 205 N 11<sup>th</sup> Ave Bozeman, MT 59715

# Immunization Requirements

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

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Student Last Name    First Name    Middle Name    Preferred 1<sup>st</sup> 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**

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Previous School    City/State/Zip

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Elementary School Attended    Middle School Attended

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 \_\_\_\_\_

<u>FATHER</u>	<u>MOTHER</u>	<u>STEPPARENT</u>	<u>LEGAL GUARDIAN/FOSTER (other)</u>
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/](http://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.

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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)

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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"/> Special Education Records | <input type="checkbox"/> Other: _____      |

Please **MAIL the Cumulative File** to:

Registrar  
Bozeman High School  
205 N 11<sup>th</sup> 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.*