



All kids are engaged in learning today...for life tomorrow

**GREAT FALLS PUBLIC SCHOOLS STUDENT ENROLLMENT FORM**

**School Use Only** Locker \_\_\_\_\_ Combo # \_\_\_\_\_ Advisor \_\_\_\_\_ Parent Portal Password \_\_\_\_\_  
 Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Immunization Forms \_\_\_\_\_ *Birth Certificate* \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Sex: F M

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Ethnicity \_\_\_\_\_  
First Middle Last City State

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Second Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Student primarily lives with: Mother Father Other \_\_\_\_\_ Address above is: Permanent Temporary

Has your child ever attended Great Falls Public Schools in the past? YES NO If so, which school? \_\_\_\_\_

School Last Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date Last Attended \_\_\_\_\_

Student lives with: Both Parents Mother Father Stepmother Stepfather  
 (please circle all that apply) Grandparents Other (please specify) \_\_\_\_\_

Who is the student's legal guardian? \_\_\_\_\_

List address and phone if different than below: \_\_\_\_\_

Father/Other \_\_\_\_\_ Mother/Other \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Local emergency contact and phone number** \_\_\_\_\_  
 (*Other than parents*) \_\_\_\_\_

**OTHER CHILDREN LIVING IN THE HOME**

Name			Age	Birth Date			School	Grade	Home Address
Last	First	M		Mo.	Day	Yr.			

Of these special services, please indicate which your child has received:

Special Education     Speech and Language Services     504 Plan     Reading Assistance     Math Assistance  
 ESL Services     Gifted and Talented     HeadStart     Band or Orchestra (instrument)

Does student have any special concerns we should be aware of (health/other)? \_\_\_\_\_

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### **HOME LANGUAGE AND ETHNICITY SURVEY**

**What is the student's first-learned or home language?** \_\_\_\_\_

If the language is other than English, please answer the following questions:

What is the student's country of origin? \_\_\_\_\_

What language is spoken most frequently by the student at home? \_\_\_\_\_

What language do you most frequently speak to your son/daughter?

Mother \_\_\_\_\_

Father \_\_\_\_\_

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

Understands only the home language and no English.

Understands mostly the home language and some English.

Understands the home language and English equally.

Understands mostly English and some of the home language.

Understands only English.

**Please put an X next to the category that best describes the student's ethnicity:**

American Indian/Alaskan Native

Asian

Black/African American

Hispanic/Latino

Pacific Islander/Native Hawaiian

White-not of Hispanic origin

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

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date