

Gardiner Public Schools

Park County District 7 & 4
510 Stone Street
Gardiner, Montana 59030
(406) 848-7563 Fax (406) 848-0606
www.gardiner.org

STUDENT REGISTRATION FORM

Today's Date:		Enrollment Date (for office use only):		Entering Grade:	
STUDENT INFORMATION					
Student's last name:		First name:		Middle name:	Social Security #:
Nickname:		Birthdate (MM/DD/YYYY):		Place of Birth:	
		Age:	Sex: M or F		
Mailing Address:					
Physical Address:					
Is residence more than three (3) miles from Gardiner Public Schools? Yes or No		Is residence more than one and a half (1.5) miles from a Gardiner Public Schools bus stop? Yes or No		Student Cell phone # (if applicable):	
If Yes , number of miles:		If Yes , number of miles:			
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian					
Last School Attended, Phone Number and Address: (if applicable)					
Special needs and/or important medical information about your student:					
PARENT/GUARDIAN INFORMATION					
Parent/Guardian Name:				Relationship to Student:	
Mailing Address:				Home phone #:	
Physical Address:				Cell Phone #:	
Email Address:		Occupation:		Work Phone #:	
Parent/Guardian Name:				Relationship to Student:	
Mailing Address:				Home phone #:	
Physical Address:				Cell Phone #:	
Email Address:		Occupation:		Work Phone #:	
IN CASE OF EMERGENCY					
Name of local friend/relative (not living at same address):			Relationship to student:	Home/Cell phone #:	Work phone #:
Name of local friend/relative (not living at same address):			Relationship to student:	Home/Cell phone #:	Work phone #:
Doctor/Medical Clinic to contact in case of an emergency (if parents/emergency contacts cannot be reached):					
Name:			Phone Number:		
It is the responsibility of the parent/legal guardian to keep the school informed of any updated information.					
<i>I hereby certify that I am the parent/legal guardian/legal custodian of the above registered student. A certified copy of legal documentation, ex. Power of Attorney or other court documents, is required for school files if legal guardian or legal custodian is registering the student.</i>					
Parent/Guardian signature:				Date:	