

TRINITY SCHOOL
DISTRICT # 4
P.O. BOX 523
Canyon Creek, Montana 59633-0523

Enrollment Registration Form

Enrollment Information

Student Name: _____
Last (Legal) First Middle

Grade: _____ Gender: Male Female

Date of Registration: _____

Student Information

Birthdate: _____

Birthplace: _____

Ethnic Code: White, not Hispanic American Indian Black, not Hispanic
 Asian or Pacific Islander Hispanic

Student resides with: Mother Father Both Other

Mailing address/PO Box: _____

City: _____

State: _____ Zipcode: _____

Home Telephone: _____

Street Address (where student resides): _____

Primary Parent/Guardian Contact Information

Parent/Guardian: _____
Last First

Alternative telephone (cell) : _____

Work Telephone: _____ (father)

_____ (mother)

_____ (legal guardian, if applicable)

Email Address: _____

Employer(s)

Emergency Contact Information

Emergency Contact #1 :

Name: _____

Relationship: _____

Daytime phone: _____

Emergency Contact #2:

Name: _____

Relationship: _____

Daytime phone: _____

Physician's Name: _____ Phone: _____

Siblings

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

School last attended: _____

Address of last school: _____

My child has a medical condition (allergies, asthma, diabetes, etc.) Yes No

Has your child been in a special education program? (CST/IEP?) Yes No

Title I program? Yes No

I affirm that the above information is true and accurate to the best of my knowledge.

Signature Print Name

Relationship to Student Date