

STUDENT PROFILE INFORMATION

Today's Date: _____

Graduation Year: _____ / Grade _____

Student's Full Legal Name: _____
(Last) (First) (Middle)

Does your child receive Special Education Services? Yes _____ No _____ Initial _____
Does your child have a current Individual Education Plan (IEP)? Yes _____ No _____ Initial _____

Home Address: _____ **Mailing Address:** _____
Within Miles City School District Boundaries? Check one: _____ In District _____ Out of District

Main Contact Phone Number(s): _____ **Student Cell Phone:** _____
(This will be the number(s) all school notifications will be sent to.)

Gender: ☐ Male ☐ Female **Date of Birth:** _____

Ethnicity: ☐ White (Non-Hispanic) ☐ Hispanic ☐ American Indian/Alaskan ☐ Asian
☐ Black (Non-Hispanic) ☐ Pacific Islander/Native Hawaiian Other _____

STUDENT LANGUAGE BACKGROUND:

What is the first language learned by the student? ☐ English ☐ Other (specify) _____
What language(s) does the student currently use in the home? ☐ English ☐ Other (specify) _____
Is the student participating in a student exchange program? ☐ Yes ☐ No
When did the student first attend a school in the United States (if known)? _____ (month/year)

Father: _____	Father's Employer: _____
Father's Phone: Home: _____	Work: _____ Cell: _____
Mother: _____	Mother's Employer: _____
Mother's Phone: Home: _____	Work: _____ Cell: _____
Stepfather: _____	Stepfather's Employer: _____
Stepparent's Phone: Home: _____	Work: _____ Cell: _____
Stepmother: _____	Stepmother's Employer: _____
Stepparent's Phone: Home: _____	Work: _____ Cell: _____

Child resides with: _____ **Who has custody/guardianship?** _____
_____**Student is living with parent/legal guardian**
_____**Student is unaccompanied (not living with parent or legal guardian)**

Are you in transition, without a permanent address? YES NO ***If yes, please check all that apply below:*
____Motel ____Shelter ____Moving place to place/couch surfing ____Staying with another family
____Car, park, campsite, or similar location ____In a residence with inadequate facilities (no water, heat, electric, etc.)
____Transitional Housing ____Other: _____

Parent E-Mail address: _____

Are one/both of the parents currently enlisted in the military? ☐ Yes (branch): _____ ☐ No
*(See Student Handbook if you **DO NOT** want student information released to military recruiters)

IMPORTANT! - Parent/Guardian Contact Order for ATTENDANCE for SCHOOL MESSENGER:

1st Contact: Name: _____ Phone #1: _____ Phone #2 : _____

2nd Contact: Name: _____ Phone #1: _____ Phone #2: _____

Emergency Contact Information:

In an emergency situation, when we cannot reach you at home or work, please list **two** people who have agreed to take responsibility for your child and consented to the release of their phone numbers to be reached as an alternative.

1st Contact: Name: _____ Phone: _____ Relationship: _____

2nd Contact: Name: _____ Phone: _____ Relationship: _____

Is there someone who should **NOT** pick up your child at school? _____

(If yes, please notify the school office. Legal documentation may be needed.)

Medical Information:

Known Medical Conditions: _____

Allergies: _____

Medications taken regularly: _____

Does your child need medication at school? _____ (If **YES**, Medical Release must be on file in Coun. Center)

Does your child have any visual or hearing problems? _____

Limitations to school activities or special services required? _____

Signature of Parent/Guardian: _____ **Date:** _____

TRANSFER STUDENTS, please complete the following information:

PREVIOUS SCHOOL: _____

ADDRESS: _____

PHONE: _____ FAX#: _____

DATE STARTED AT CCDHS _____

IMPORTANT...MUST COMPLETE

Moved...

- ___ With Parents
- ___ From One Parent to Another
- ___ Had previously dropped from CCDHS
- ___ Other

(explain) _____

FOR OFFICE USE ONLY

___ Records Requested _____

___ Student Profile

___ Eligibility/Transfer Info Sheet

___ Internet Access Form

___ PS Access Accts

___ Google Apps

___ Parent Permit

___ Immunizations

___ Concussion Statement

___ Activity: _____

___ Free & Reduced

___ Locker: #: _____

___ Combo: _____

___ AP:

___ Student Handbook Signature

___ Parent Handbook Signature

___ Transfer Grades

___ Planner

___ One Health