

# Winans School

1015 W. Clark Street - Livingston, MT 59047

Phone: (406) 222-0192 Fax: (406) 222-7239

## Request for Transfer of All Educational Records

### School last attended:

\_\_\_\_\_  
Name of school

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Fax

\_\_\_\_\_  
City State ZIP

### NAME OF STUDENT:

\_\_\_\_\_  
Legal Last Name First Name Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Grade entering Date of birth

\_\_\_\_\_  
Current address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone

- Student IS / IS NOT enrolled in:  Special Education  504  Title I  Other Interventions  
(Circle one) (Check any if applicable)



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

\_\_\_\_\_  
Date

### MAIL THE SCHOOL CUMULATIVE FILE TO:

Registrar  
Winans School  
1015 W. Clark St.  
Livingston, MT 59047  
Phone: (406) 222-1231 Fax: (406) 222-1231

### MAIL THE SPECIAL EDUCATION FILE TO:

Department of Student Support Services  
129 River Drive  
Livingston, MT 59047  
Phone: (406) 222-0861 Fax: (406) 823-3080

To expedite the enrollment process, please FAX the following to us:

1. Immunization Record
2. Birth Certificate
4. Discipline and Attendance Records
5. Special Education IEP, Eligibility Documents, & Psych reports *(if applicable)*

\_\_\_\_\_  
Registrar / Authorized School Official

\_\_\_\_\_  
Date Request Faxed

# Livingston Elementary Schools NEW STUDENT ENROLLMENT FORM

## STUDENT IDENTITY INFORMATION:

Student's Legal Last Name	First Name	Middle Name	Preferred Name
<input type="checkbox"/> F <input type="checkbox"/> M Gender	_____/_____/_____ Date of Birth	_____ Birthplace (City, State)	_____ Grade Level

## RACE / ETHNICITY:

At this time, public schools are required by federal and state regulations to report ethnicity.

ETHNICITY: Choose *one* ethnicity:     Hispanic/Latino     Not Hispanic/Latino

RACE: Choose *one or more* of these Races (regardless of ethnicity):

- American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or Other Pacific Islander     White

## LANGUAGE:

What is the primary language used in the home: \_\_\_\_\_

What is the language most often spoken by the student: \_\_\_\_\_

What is the language that the student first acquired: \_\_\_\_\_

## PROGRAM PARTICIPATION:

- Title 1     504     Special Education (IEP)     Free/Reduced Lunch  
 Foreign Exchange    Gifted and Talented

## ENROLLMENT HISTORY: List most recent schools attended.

Grade(s)	School Name	City, State	Year(s)
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## OTHER INFORMATION:

A copy of the legal papers must be provided if there are conditions of which the school district should be aware, i.e. custody conditions/issues, restraining order, etc.

Please check one:     No, there are no issues.     Yes, there are issues. Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Livingston Elementary Schools

## STUDENT DEMOGRAPHIC INFORMATION

### PRIMARY HOUSEHOLD:

Residence phone: \_\_\_\_\_

Residence Address:

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt/Trailer/Lot \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address:  
(if different)

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt/Trailer/Lot \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### PRIMARY HOUSEHOLD MEMBERS: (Please list only those members who live at the above address)

Parent/Guardian 1: \_\_\_\_\_  Male  Female \_\_\_\_\_  
First/Given Middle Last Relation to student

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Legal Guardian  Receive Mailings

Parent/Guardian 2: \_\_\_\_\_  Male  Female \_\_\_\_\_  
First/Given Middle Last Relation to student

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Legal Guardian  Receive Mailings

### **Siblings (school-age):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### LOCAL EMERGENCY CONTACTS:

Emergency Contact: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**SECONDARY HOUSEHOLD: (Only for Parent NOT living in Primary Household)**

Residence phone: \_\_\_\_\_

Residence Address:

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt/Trailer/Lot \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address:  
(if different)

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt/Trailer/Lot \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**SECONDARY HOUSEHOLD MEMBERS:**

**Parent/Guardian 1:** \_\_\_\_\_  Male  Female \_\_\_\_\_  
First/Given Middle Last Relation to student

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Legal Guardian  Receive Mailings

**Parent/Guardian 2:** \_\_\_\_\_  Male  Female \_\_\_\_\_  
First/Given Middle Last Relation to student

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Legal Guardian  Receive Mailings

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**I certify that I am the legal guardian of the student listed above and that all information above is true and accurate to the best of my knowledge.**



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

\_\_\_\_\_  
Date

Handbook Received: \_\_\_\_\_  
Yes No

<p><i>For office use only:</i> Date form received _____ Date information entered in IC _____ by _____</p>
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