



**NEW STUDENT REGISTRATION FORM (not enrolled last day of school)**

**Big Horn County School District #3**

640 8<sup>th</sup> Avenue North, Greybull, WY 82426

Superintendent's Office (307) 765-4756	High School (307) 765-2537	Elementary School (307) 765-2311	Middle School (307) 765-4493	Special Services Office (307) 765-9511
-------------------------------------------	-------------------------------	-------------------------------------	---------------------------------	-------------------------------------------

Child's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Nickname \_\_\_\_\_ Child's SS# \_\_\_\_\_  Male  Female Grade Entering: \_\_\_\_\_

Students Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Birthplace (City, State) \_\_\_\_\_

If born outside the USA, when did this student enter the USA? \_\_\_\_\_

Previous school: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

**Where is the student currently living?**

(This question is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.)

<b>Section A</b> <input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent / guardian)  If you checked a box in Section A, you will need to fill out the McKinney-Vento form as an addition to the registration form.	<b>Section B</b> <input type="checkbox"/> choices in Section A do not apply
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

Home Address: _____	Primary Phone: _____ <small>Will be used for emergency call system</small>	
Mailing Address: _____	Primary Parent Cell Phone # _____	
Primary Parent e-mail address: _____	Other Contact Information: _____	
Student Lives with*: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather/mother** <input type="checkbox"/> Brother/Sister** <input type="checkbox"/> Aunt/Uncle** <input type="checkbox"/> Step- Father/Step- Mother** <input type="checkbox"/> Independent <input type="checkbox"/> Guardian** <input type="checkbox"/> Other:** _____ <small>*(Evidence of legal guardianship required, if other than parent.)</small>		
In the Home Father/Guardian's Name: _____	Work Place: _____	Work Phone: _____
In the Home Mother/Guardian's Name: _____	Work Place: _____	Work Phone: _____
If parents are divorced or separated, who has custody of the student***? _____		<small>** (A legal document stating custody must be provided to the school.)</small>

**CONTACT PERSON IN CASE OF EMERGENCY**

*(If a parent cannot be reached, please list two other LOCAL people whom the school can contact in case of an emergency):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Is there a medical condition that the school should be aware of (please list if medication is also taken)? \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT REGISTRATION FORM

## Big Horn County School District #3

640 8<sup>th</sup> Avenue North, Greybull, WY 82426

<i>Superintendent's Office</i> (307) 765-4756	<i>High School</i> (307) 765-2537	<i>Elementary School</i> (307) 765-2311	<i>Middle School</i> (307) 765-4493	<i>Special Services Office</i> (307) 765-9511
--------------------------------------------------	--------------------------------------	--------------------------------------------	----------------------------------------	--------------------------------------------------

**Child's Legal Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Has student repeated or been asked to repeat a grade?  Yes  No If yes, when and where? \_\_\_\_\_

Is student under a suspension or expulsion from previous school?  Yes  No If yes, when and where? \_\_\_\_\_

*Elementary Only:*

Has student attended:  Head Start  Migrant Head Start  Children's Resource Center  Private Preschool  Did not attend preschool

Has the student ever received special help through (please check):

Speech  Special Education (IEP)  504 Plan  Title I  ESL (English as a Second Language)  Other: \_\_\_\_\_

Please answer **BOTH** of the following questions:

**Is Student Hispanic or Latino?**  Yes  No **Note:** The Hispanic/Latino part of this question is about ethnicity, not race. No matter what you selected on this question, please continue to answer the following question by marking one or more boxes about what you consider your race to be.

**Student's Racial Category** (please select one or more):

White / Caucasian  African American  Asian /Pacific Islander  Native American /Alaska Native

Have you moved within the last 3 years to pursue temporary or seasonal agricultural employment on farms, ranches or factories?  Yes  No

Has the student attended school in the U.S. for 2 consecutive years?  Yes  No

Has the student attended school outside of the U.S.?  Yes  No

What language did your child learn when he/she first began to talk?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____
What language does your child use at home?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____
What language do you most frequently speak with your child?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____
What language do the adults in the home most often speak?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____
In what language would you like to receive written materials from school?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

Other services requested: \_\_\_\_\_

Other items for the school to be aware of: \_\_\_\_\_

**YES**  **NO** I give permission for them to be photographed in the teacher's classroom activities (with or without other classmates in a particular picture). I give permission to display said photographs on any district approved website, school newspaper, and the Greybull Standard.

**YES**  **NO** I give permission to release the children's names in the event that they earn school behavioral, academic, or activity recognition; birthdays; and for other educational reasons. This includes sports, activity pictures, letters and articles in the Greybull Standard, district network, TV news, and radio networks. The district may also release directory information

**YES**  **NO** I give permission for the children to participate in local field trips to the museum, library, post office, ranches, geological areas, and other places of interest in the community. Staff will accompany students on these field trips; sometimes they may walk or take district buses.

**YES**  **NO** I give permission for the children to use district technology such as: network & computer services; electronic mail; and the internet. Use will be in accordance with district policy IJNDA: IJNDA-E: and student handbooks. We further release Big Horn County School District #3, board, staff and agents from any liability of any kind arising from our children's use of the computer / internet system at the school.

**YES**  **NO** I authorize Big Horn County School District #3 and its staff in charge of my children to obtain all necessary medical care for my child in the event that I cannot be reached to authorize myself. I hereby authorize any licensed physician and / or medical personnel to render necessary medical treatment to my child. I understand the district does not provide medical coverage for my children. I verify that I will be responsible for any medical costs that I incur as a result of my children's participation.

Student handbooks are located on the district website [www.greybullschools.com](http://www.greybullschools.com). Parents may also ask for a printed copy by contacting the school, (elementary, middle and or high). By signing below you are acknowledging receipt of the student handbook on-line and that the parent / guardian and student confirm they have read the handbook and understand the information included within the handbook.

The district uses PowerSchool for grades, and school lunch. Please contact the school if you do not have a password and user id. Website to access grades: <https://bgh3.powerschool.com/public/home.html>

School district policies are located on the school district website and a printed copy is available at central office. [www.greybullschools.com](http://www.greybullschools.com)

Contact the district transportation supervisor at 307-921-8412 for bus route information.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_