

PUPIL REGISTRATION -- School Year: 20__-20__

Date: _____ Grade: _____ Teacher: Miss Sheets

Student Name (Full legal name, no nicknames):

Date of Birth: ___ / ___ / ___ Birth Place: _____

Sex: _____ Age as of Sept. 1 of current year: ___

Resident Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above address):

City: _____ State: _____ Zip Code: _____

Residence Phone: _____



Flathead County School District #27
7975 Pleasant Valley Road
Marion, MT 59925
Phone: (406) 858-2343
Fax: (406) 858-2250
Office email:
clerk@pvsmt.org.com

Number in Family: In Grade School ____, High School ____, Preschool ____, Out of school ____.

List by name and birthdate, all children living in the home who are not yet 21 years old:

Name:

Date of Birth:

Father's Name: _____

Occupation: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Mother's Name: _____

Occupation: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Stepparent/Guardian Name: _____

Occupation: _____

Circle one: Guardian Stepmother Stepfather

Email: _____

Name of School Previously Attended: _____

Address: _____ Phone: _____

In Case of Accident or Emergency:

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

PARENT/GUARDIAN SIGNATURE: _____