

# 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: \_\_\_\_\_