

**Dayton Elementary - Upper West Shore School District #33**  
**Enrollment Information 2025-2026**

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Grade Level \_\_\_\_\_ Sex ☐ M ☐ F Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Ethnic Code: ☐ White ☐ American Indian ☐ Black ☐ Asian ☐ Hispanic

If American Indian, name of tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

**Optional:** Enrolled member is ☐ Child ☐ Child's Parent ☐ Child's Grandparent

My child received services by one of the following at his/her past school:

☐ Special Education/Resource ☐ Title I reading ☐ Title I Math ☐ Other (please specify below)

Child resides with (Parent/ Guardian's Names) \_\_\_\_\_

Child's Physical Address (**REQUIRED**):

Child's Mailing Address \_\_\_\_\_

**PARENT/ LEGAL GUARDIAN INFORMATION**

**Mother's** name \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ EMail \_\_\_\_\_ Receive Report Card: ☐ Yes ☐ No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Physical Address (if different than child)

Mailing Address (if different than child) \_\_\_\_\_

**Father's** name \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ EMail \_\_\_\_\_ Receive Report Card: ☐ Yes ☐ No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Physical Address (if different than child)

Mailing Address (if different than child) \_\_\_\_\_

I hereby voluntarily consent to emergency treatment and first-aid screening examinations and minor treatment as may be deemed necessary by a physician or school nurse. When unable to contact parent or personal physician, I hereby give permission to the school to authorize necessary treatment, until parent and/or physician can be notified. ☐ Yes ☐ No

Doctor Name \_\_\_\_\_ Doctor phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Special Medical Conditions/ Known Allergies:**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## imMTrax Consent Form



### imMTrax Consent Form for Children

Child's Name: \_\_\_\_\_ Sex: M    F    Date of Birth: \_\_\_\_\_

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

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

Date: \_\_\_\_\_

Revised 10/2017

## Medication Waiver

### Dayton Elementary - Upper West Shore School District 33

**Medication Waiver:** School District policy states that medications cannot be given to students without written or verbal permission. Prescription medications are to be given to the SCHOOL NURSE or ADMIN upon arrival at school. School staff can only administer non-prescription drugs, such as Tylenol, Advil and cough syrup, if provided. Medicine must be in its original container and labeled with the child's name.

I give my permission for school staff to give the following to my child (please check all that apply):

\_\_\_\_\_ antacid (Tums, Mylanta, Maalox)    \_\_\_\_\_ cough drops

\_\_\_\_\_ throat lozenges    \_\_\_\_\_ non-aspirin pain relief

Please indicate **any known allergies** or **health problems** your child has:

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





**Student Agreement and Parent Permission Form****Internet Access User Agreement and Parent Permission Form**

After reading the Internet Use Rules and Responsibilities in Policy 2315, please complete this form to indicate that you agree with the terms and conditions outlined. The signatures of both the student and parent/guardian are mandatory before access may be granted to the Internet. This document, which incorporates the Internet Use Procedure, reflects the entire agreement and understanding of all parties.

As a user of the Upper West Shore School District 33 computer network, I have read and hereby agree to comply with the Internet Use Procedure

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

Student's School: DAYTON ELEMENTARY - UPPER WEST SHORE SCHOOL DISTRICT 33

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As parent/legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and Internet. I have read and agree to this procedure, and I understand that I may be held responsible for violations by my child. I understand that some materials on the Internet may be objectionable; therefore, I agree to accept responsibility for guiding my child, and conveying to him/her appropriate standards for selecting, sharing and/or exploring information and media.

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

Parent/Guardian Name (Please Print): \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Complete and return to your child's school. Thank you!

## **INSTRUCTION 2315**

### Acceptable Use of Computers

New technologies are shifting the ways that information may be accessed, communicated and transferred. Those changes may also alter instruction and student learning. Dayton School offers students access to the electronic information highway and the Internet.

### Rules and Responsibilities

Students are responsible for good behavior on school computer networks just as they are in a classroom or school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Internet access is provided for students to conduct research and communicate with others in relation to schoolwork. Access to the Internet is given to students who agree to act in a considerate and responsible manner. Parents may request their students not use the Internet.

The Upper West Shore School District #33 does provide a filter to screen objectionable material on the Internet from student access.

Access is a privilege, not a right. Therefore, based upon the acceptable use guidelines outlined in this document, the system administrators will deem what is inappropriate use and their decisions are final. The system administrators may close an account at any time. The administration, faculty, and staff of Dayton School may deny, revoke or suspend specific user accounts.

Individual users of computers with Internet access are responsible for their use. Their use must be in support of education and research and must be consistent with academic expectations of Dayton School. Use of other organizations' networks or computing resources must comply with the rules appropriate for those networks. Transmission of any material in violation of U.S. or state regulations, including copyrighted, threatening, or obscene materials, is prohibited. Use for commercial activities by for-profit organizations, product promotion, political lobbying, or illegal activities is strictly prohibited.

The user is expected to abide by the following rules of etiquette:

- Be polite. Do not write or send abusive messages.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Transmission of obscene materials is prohibited. Sending or receiving offensive messages or pictures from any source will result in immediate suspension of privileges.
- Do not reveal the personal address or phone number of yourself or other students.
- Do not communicate any credit card number, bank account number, or any other financial information.
- Electronic mail is not guaranteed to be private. People who operate the system do have access to all mail. Inappropriate messages can result in suspension of privileges.
- Do not use the network in such a way that would disrupt the use of the network by other users.
- Vandalism - and malicious attempts to harm or destroy data of another user will not be tolerated. Any questionable action will result in cancellation of user privileges.

Violation of any of the above-mentioned rules and responsibilities will result in a loss of access and may result in other disciplinary or legal actions.

Policy History:

Adopted on: 2008-09

Revised on: 09-2018

## Upper West Shore School District 33

### School-Parent Compact

Dear Parent/Guardian:

We value your role in working to help your child achieve high academic standards. The following is an outline of some of the ways you and school staff can build and maintain a partnership to share the responsibility for supporting your child's learning.

#### ***School's Responsibility:***

- Provide high quality curriculum and learning materials
- Provide you with assistance in understanding academic achievement standards and assessments and how to monitor your child's progress
- Provide opportunities for ongoing communication between you and teachers through, at a minimum:
  - annual parent-teacher conferences,
  - frequent reports regarding your child's progress, and
  - opportunities to talk with staff, volunteer in class, and observe classroom activities.

#### ***Parent's Responsibility:***

- Encourage your child to attend school regularly
- Encourage your child to show positive school behavior
- Review your child's homework
- Monitor television watching and encourage positive use of your child's extracurricular time
- Volunteer in your child's school and classroom if time or schedule permits
- Attend parent-teacher conferences and participate, when appropriate, in decisions relating to the education of your child.

Please review this School-Parent Compact with your child. This School-Parent Compact may be discussed with you during a parent-teacher conference as it relates to your child's school progress.

Thank you for your support and involvement in your child's education. Please contact the person listed below for more information.

Name: Brycen Ek Title: Principal

Phone Number: 406-849-8485 Email Address: bek@daytonschool.net

Please sign and date below to acknowledge that you have read and received this information and return the entire form to your child's teacher.

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

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY				
Student ID #	Student Name	Date Distributed	Faculty Name	Faculty ID #
			Dayton School - Upper West Shore District #33	







## MONTANA HOME LANGUAGE SURVEY

District:

School:

The Home Language Survey helps the school ensure that your child receives the highest quality education and services to which they are entitled. The process begins with determining the language(s) spoken in the home. Your responses are essential in order for the school to make the most informed program decisions for your child which may include assessing their English language proficiency. Please respond to the questions below as accurately as possible.

Student Name:

Birth Date:

Parent / Guardian Name:

Sex: (student)

Address:

Phone Number:

Email:

Answer each question by marking either the YES or NO box:

YES

NO

1. Is your child's first-learned or home language anything other than English?

☐☐

2. Does your child understand or communicate with anyone in the home using a language other than English?

☐☐

3. Does your child read and/or write in a language other than English?

☐☐

4. Does your child have exposure to a heritage or ancestral language other than English spoken by family, friends, or community members?

☐☐

5. If you answered YES to any question, what language(s) other than English does your child hear or use at home?

AIM Census: Home Language

6. If you answered YES to any questions, what language(s) other than English is your child exposed to in their home or community?

AIM Census: Language of Impact

7. If available, in what language would you prefer to receive communication from the school?

Parent / Guardian Signature:

Date:



# MISSING CHILD PHOTO REPOSITORY OPT-IN FORM

The Montana Office of Public Instruction (OPI) maintains an electronic directory photograph repository of all Montana students for the exclusive purpose of locating missing school-age children. The repository provides immediate and 24/7 year-round access to a child's school directory photograph to law enforcement should a child be reported missing. It uses students' current school photos that most schools take annually for school directories, ID cards, year books, etc.

**Complete and sign this form and return it to your school if you want your student's photograph included in the repository**

**Student Name:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

## **Important Information for Parents & Guardians:**

- **Information about the electronic photograph repository:** The repository is authorized by Montana Code Annotated ([20-7-1317](#), MCA) and requires the Montana Office of Public Instruction (OPI) to create and maintain an electronic directory photograph repository of all Montana students for the exclusive purpose of locating missing school-age children. The repository provides immediate and 24/7 year-round access to a child's school directory photograph to law enforcement should a child be reported missing. Annually, districts must provide parents and guardians notice of the repository and a form to opt-in their student(s).
- **Who will have access to my child's photograph in the photo repository?** Your child's photograph will only be used by law enforcement for the express purpose of locating your child should he/she be reported to law enforcement as missing. No other use by OPI or law enforcement is permitted. Access by OPI staff will be strictly limited and controlled to staff or contractors creating and maintaining the repository.
- **How do I remove my child's photograph from the photograph repository?** A parent can opt-out at any time. Contact your school/district to request your child's photograph be removed.
- **How long will my child's photograph be in the repository?** Photos will be updated annually; if the photo is not updated and the parent doesn't opt-out, the photos will be purged from the repository after two years.
- Please visit <https://dojmt.gov/missing-persons/> to find more information about missing school-age children.



**Confederated Salish and Kootenai Tribes  
Johnson O'Malley Program  
Verification Form**



**1. School Information**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

**2. Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Enrollment Number, if applicable: \_\_\_\_\_ Blood Quantum: \_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/ Guardian Phone Number: \_\_\_\_\_

**3. Parental Information**

**a) Mother:** ☐ Indian OR ☐ Non-Indian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Blood Quantum: \_\_\_\_/\_\_\_\_

**b) Father:** ☐ Indian OR ☐ Non-Indian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Blood Quantum: \_\_\_\_/\_\_\_\_

**c) Parental Status: Check (✓) all that apply to the custody/residence of the child & explain.**

☐ Natural Parent: \_\_\_\_\_ ☐ Other Family Member: \_\_\_\_\_

☐ Legal Guardian: \_\_\_\_\_ ☐ Adoptive: \_\_\_\_\_

☐ Foster: \_\_\_\_\_ ☐ other, please explain: \_\_\_\_\_

**4. If Possible, Please Attach Proof of Tribal Affiliation:**

A.) student's Tribal ID/ Certificate Degree of Indian Blood/ Descendant Memorandum

OR

B.) parent's Tribal ID/Certificate Degree of Indian Blood AND student's birth certificate

OR

C.) grandparent's Tribal ID/Certificate Degree of Indian Blood AND parent's birth certificate AND student's birth certificate

**RELEASE OF INFORMATION: I authorize the Confederated Salish and Kootenai Tribes and their designated person(s) to obtain the documents required for JOM verification of my child. In the event my child should transfer schools, I further authorize the Confederated Salish and Kootenai Tribes Johnson O'Malley program to share this certification form with the school.**

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please see page 2*



## (For Tribal Enrollment Office ONLY)

**5. Verification Information-** fill in all areas of enrollment (number and quantum) for students, parents, and grandparents on page1, that you can.

*I hereby certify that the above named student and /or parent(s) and/or grandparent(s) is an enrolled member of the Federally Recognized Indian Tribe listed. This determines eligibility for the special programs and services provided through the Bureau of Indian Affairs. (Attach a copy of the student and/or parent and/or grandparent Certification Degree of Indian Blood.)*

**Signature of Authorized Tribal Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above named student does NOT meet the eligibility criteria for the following reason(s): \_\_\_\_\_

Once you have completed and filled out this form, mail it back to:

*Confederated Salish and Kootenai Tribes  
Tribal Education Department  
PO Box 278  
Pablo, MT 59855*



**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_  
 Name of School Dayton Elementary School School District Upper West Shore School District 33

**Tribal Membership**

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

PARENT/ GUARDIAN NAME(S) \_\_\_\_\_

CHILD/ CHILDRENS NAME(S) \_\_\_\_\_

## Upper West Shore School District 33 - Communication, Authorization & Consent

### SCHOOL-PARENT COMMUNICATION PROCEDURE for Hazardous Weather, Delayed Start & Early Release

Generally, Carolyn Hall, Lake Co. Superintendent, conveys information regarding hazardous weather conditions to Dayton School between 6:30 AM and 7 AM. You will then receive a message via Class Dojo. This message will contain details about our school day, such as a delayed start time, an early release time, or a canceled school day. Once a parent opens the message, we receive a verification. This relays to us that you have received the information. Please let us know if you need assistance accessing and connecting with the Class Dojo app.

- ☐ I will be sure to check Class Dojo by 7 AM to determine hazardous weather conditions at school.
- ☐ I prefer to receive a telephone call if there is a late start, early release or canceled school day.

### MEDIA RELEASE

The Trustees of Dayton Elementary School recognize the importance of protecting students' rights of privacy when school activities include or are the subject of any type of media including school video productions. The Trustees want to ensure parents/guardians are aware that students might be involved in various types of media productions and have an opportunity to indicate their preferences with respect to their students' involvement with or exposure to in school video productions, media visits to the school or videotapes made for broadcast on local TV stations, etc.

- ☐ I give permission for my child/ children to be videotaped, photographed, interviewed and/or identified as a part of activities occurring at Dayton School.
- ☐ I give permission for my child/ children to be videotaped, photographed and/or identified as a part of in-school activities, but **NOT** as a part of media productions or interviews to be printed or broadcast outside the school or on local TV stations, etc.
- ☐ I do **NOT** want my child/ children to be videotaped, photographed, interviewed and/or identified as a part of activities occurring at Dayton School.

### FIELD TRIPS

- ☐ **My child has/ children have permission to attend ALL field trips** for the school year. I understand that if I wish to revoke this permission for any field trip, I must submit a written notice to their teacher at least two school days prior to the scheduled field trip.
- ☐ **My child does NOT/ children do NOT have permission to attend ALL field trips** for the school year. I understand that my child is required to complete assignments at home the day of the trip, or be marked absent. If I want my child/ children to attend any field trips, I understand that I must meet with their teacher to sign a new permission slip prior to the day of the trip.

### AUTHORIZED for STUDENT RELEASE

Children's safety is the major focus of Dayton School. Therefore, we carefully monitor the release of our students from school property. Upper West Shore School District 33 policy requires prior notification from parents in the event that someone other than the parent/guardian will pick a child up from school. It is helpful to provide a list of individuals whom you authorize to remove your child from school property.

Name of person authorized to remove child from school property	Relationship	Phone Number
_____	/ _____	/ _____
_____	/ _____	/ _____
_____	/ _____	/ _____
_____	/ _____	/ _____
_____	/ _____	/ _____

Parent/ Guardian Signature

Date

