

Welcome Dayton Families!

Please return the completed enrollment packet to the school office at your earliest convenience.

Forms per child:

- Enrollment Information
- imMTrax Consent & Medication Waiver
- Internet Access Student Agreement & Parent Permission
- School-Parent Compact
- Home Language Survey
- Montana Child Photo Repository Opt-In Form
- JOM Program Indian Certification (if applicable)
- ED 506 Form Indian Student Eligibility (if applicable)

Forms per family:

- Communication, Authorization & Consent

New Students:

- Copy of Birth Certificate
- Copy of Immunization Record

Thank you!

**Dayton Elementary - Upper West Shore School District #33
Enrollment Information 2026-2027**

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 # _____ **E-Mail** _____ **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 # _____ **E-Mail** _____ **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!

**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	

APPENDIX A
MONTANA HOME LANGUAGE SURVEY
SCHOOL YEAR 2024-2025

District: UPPER WEST SHORE SCHOOL DISTRICT 33

School: DAYTON ELEMENTARY

The purpose of this survey is to ensure that your child receives the highest quality education and services to which they are entitled. The information you provide will be used to assist in making the most informed program decisions for your child.

Student Name:

Birth Date:

Parent / Guardian Name:

Sex:

Address:

Home Phone:

Work Phone:

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

3. Does the child have exposure to another heritage or ancestral language other than English spoken by their family, friends or other community members?

4. Does the child read and/or write in a language other than English?

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

AIM Census: Home Language

6. If you answered YES to any questions, what language(s) other than English is the student 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.

PARENT/ GUARDIAN NAME(S) _____

CHILD/ CHILDREN'S 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