1 form must be filled out per child

NAME OF PARENT/CHARDIAN			,		
NAME OF PARENT/GUARDIAN:					<del></del>
ADDRESS OF PARENT/GUARDIA	N:	Address City S			
ADDRESS OF STUDENT(S):		·	•		
· /		Address City S			
PHONE NUMBER:	EMAIL ADDRESS:				
STUDENT INFORMATION					
I request the following studen	t be allowed t	to attend Shephe	erd School District #3	7, Shepherd, MT, for the <b>2</b>	<b>024-25</b> School Year.
STUDENT NAME	DOB	GRADE (next school YR)	DISTRICT OF RESIDENCE	CURRENT SCHOOL	ADMINISTRATION APPROVAL
Please check any of the following that apply to your child:  My child has been truant as defined in Section 20-5-106, MCA, in the last school district he/she attended;  My child has been expelled by another school district at any time; or  My child has been suspended in another school district in any of the 3 school fiscal years preceding the school fiscal year for which attendance is requested.					
Please check one of the form My child is a child of a My child was a previous My child is a sibling of District as nonreside	a Shepherd busly enrolle of a student	School Distric	t employee. hepherd School D	istrict. e prior year in the Shep	herd School
Signature of Parent or Guardi				 Date	<u></u>

Adopted On: May 10, 2006

Revised On: March 18, 2020, Revised On: February 21, 2024