



De La Salle Blackfeet School

P.O. Box 1489, Browning, Montana 59417

Phone: (406) 338-5290 ❖ Fax: (406) 338-7900

www.dlsbs.org ❖ info@dlsbs.org

Application for Admission to Grade _____

PLEASE PRINT

- New Student
 Re-Applying Present Student

Student Name	Date of Birth
Street Address	PO Box Sex: Male Female
Zip Code	Student's Cell Phone #

Allergies/Medications

Parent/Guardian Name	Parent/Guardian Name
Relation to student	Relation to student
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email	Email
Place of Employment	Place of Employment

Pick-up List

Due to safety and legal custody situations, please list all of the people that may pick up your child in an emergency. Anyone not on this list will not be allowed to check your student out of school without speaking directly to one of the above listed guardians.

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

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DLSBS firmly believes a student's success in school is directly related to their family's involvement in their education. Because of this, DLSBS provides and requires many opportunities for a family to be involved in their student's education. I commit myself and my family to the rules and policies of De La Salle Blackfeet School, fully understanding that DLSBS' curriculum requires a student to:

STUDENT'S COMMITMENT

- Get to school on time, I _____ ! Be willing to walk a lot,
- Not miss more than 5% of school days (9), I _____ ! Bring home homework sheets daily,
- Be in school until 4:30PM on most days, I _____ ! Wear the school's uniform,
- Have class outside in the winter, I _____ ! Attend all OBEE's of my class,
- Follow all rules and regulations of DLSBS, its teachers and staff.

PARENT/GUARDIAN COMMITMENT

- Reading and returning the Wednesday envelope every week,
- Checking homework and signing the homework sheet daily,
- Picking up and discussing the student report card every marking period,
- My student can and will attend all OBEEs (Out of Building Educational Experiences), unless due to illness. I understand that OBEEs are a part of the curriculum and my student receives a grade for participation and completed work.

I understand that DLSBS is asking my family to adhere to these obligations in the BEST interest of my student and that not following the above guidelines may hurt my student's ability to return to De La Salle Blackfeet School the following academic year OR graduate from DLSBS.

All families are expected to support De La Salle Blackfeet School through payment of tuition. The amount of tuition is forty dollars per month OR four hours of service to the school at a rate of \$10/hour. As this support covers less than three percent of each student's educational cost, families that can afford more than \$40/month are encouraged to contribute more.

By signing this, you agree to follow all the rules and regulations of DLSBS. !

Guardian signature: _____ Date: _____ !

Guardian signature: _____ Date: _____ !

Student's signature: _____ Date: _____

Please list all disabilities (including special education programs) which may interfere with the student's studies or participation in school activities such as Physical Education, hiking, snow shoeing:

All applications and additional materials are treated as confidential. De La Salle Blackfeet School admits students of any race, color, nationality and religion to all rights, privileges, programs and activities generally accorded or made available at school. De La Salle Blackfeet School does not discriminate on the basis of race, color, nationality or religion in the administration of its educational policies and school administered programs.

- Parents together Father remarried Father deceased
- Parents divorced Mother remarried Mother deceased

Student lives with: _____ Relationship: _____

Would you like your student to receive the sacrament of (please circle): Baptism First Communion ? Has your student received the sacraments of Baptism & First Communion: Yes No ?

NO contact list

Due to safety and legal custody situations, please list anyone you DO NOT want to have contact with your student
