

INFORMATION FOR MONTANA HIGH SCHOOL ASSOCIATION

Student Name: _____

PLEASE PROVIDE PROOF OF RESIDENCE.

Did student move with parents? Yes _____
No _____

Was move from parent to parent? Yes _____ No _____
If yes, was it the first move? Yes _____ No _____

With whom does the student live? Mother _____ Father _____ Both _____
Guardian _____ Other _____

Does student live within Helena School District #1 boundary?
Yes _____ No _____
If no, has the out-of-district boundary process been completed?
Yes _____ No _____

Does student live in the Helena High attendance area?
Yes _____ No _____
If no, has an agreement been made for an in-district boundary exception?
Yes _____ No _____

I, _____, am the legal guardian of
_____, and do certify the registration information is
correct.

Parent/Guardian Signature