**Trout Creek School District #6**

**4 School Lane**

**Trout Creek, MT 59874**

**406-827-3629**

**Fax 406-827-4185**



Mrs. Vanessa Pallister, Supervising Teacher

e-mail – [tcsprincipal@troutcreekeagles.org](mailto:tcsprincipal@troutcreekeagles.org)

Mr. Robert Johnson, District Clerk

e-mail – [clerk@troutcreekeagles.org](mailto:clerk@troutcreekeagles.org)

Ms. Gabriele Ohning, Administrative Asst.

e-mail – [gohning@troutcreekeagles.org](mailto:gohning@troutcreekeagles.org)

[www.troutcreekeagles.org](http://www.troutcreekeagles.org)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to request enrollment of

(Printed name of parent/ guardian)

my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of child) (Child’s DOB)

Into Trout Creek School’s Early Kindergarten Program, for the **2025-2026** school year.

I understand; that if should choose to, **transportation within the district will be provided to the school in the morning, but I will need to provide transportation to pick up my child from the school at the time of the program’s dismissal.**

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

(Signature of parent/guardian)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number

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(School Board Use Only)

**The above enrollment request has been approved by the Trout Creek School Board:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Board Member)**