



# Registration Form

Today's Date \_\_\_\_\_

Date Starting School \_\_\_\_\_

School Name \_\_\_\_\_

(Legal Name as it appears on Birth Certificate)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Full Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Has this student previously attended any school in Garfield County School District?  Y  N School \_\_\_\_\_

Has this student previously attended any school in the State of Utah?  Y  N (If yes) District \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Last Attended Grade: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Previous School Phone ( ) \_\_\_\_\_ Previous School Fax ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth Certificate?  Y  N | Gender:  M  F | Current Grade \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Is this address within current school boundaries?  Y  N If no, you must complete the required documents at the district for approval.

Home Phone: ( ) \_\_\_\_\_ Unlisted:  Y  N Student Cell Phone ( ) \_\_\_\_\_

Legal Guardian	Name and E-mail	Phone Number	Employer	Relationship
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Home ( )		
	Additional Address:	Cell ( )		
	E-mail:	Work ( )		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Home ( )		
	Additional Address:	Cell ( )		
	E-mail:	Work ( )		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Home ( )		
	E-mail:	Cell ( )		
		Work ( )		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Home ( )		
	E-mail:	Cell ( )		
		Work ( )		

## Siblings living in home with child (oldest to youngest)

Gender	Name	Birthdate	School	Grade

**State/Federal Information**

Utah Resident?  Y  N District Resident?  Y  N Immunizations Complete?  Y  N

Will student attend school Part-Time?  Y  N -- If Yes:  Home School  Private School  Neither

Refugee Student:  Y  N Contingent upon school being provided with one of the following:

- I-94 Arrival-Departure Record form
- I-551 permanent resident record
- I-155 permanent resident record
- An Immigration Court Letter identifying the refugee as the result of being in the U.S. due to asylum

**Ethnicity and Race: (BOTH parts of this question must be answered.)**

**Part A: Is this student Hispanic/Latino?** (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking **one or more** boxes to indicate what you consider your student's race to be.

**Part B: What is the student's (or your) race?** (Choose one or more)

- A person having origins in or ancestors from any of the original peoples of Europe, the Middle East, or North Africa. (**White**)
- A person having origins in or from any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. (**including American Indian**)  
If North American Indian, list tribal affiliation: \_\_\_\_\_
- A person having origins in or ancestors from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (**Asian**)
- A person having origins in or ancestors from any of the black racial groups of Africa. (**Black**)
- A person having origins in or ancestors from any of the original peoples of Hawaii, Guam, Samoa, Tonga, or other Pacific Islands. (**Pacific Islander**)

**Home Language Information - Federal and State regulations require schools to determine the language(s) spoken and understood by each student.**

Country/Territory of Birth \_\_\_\_\_ If born outside the US/US Territory, date first enrolled in US school \_\_\_\_\_  
U.S. Virgin Islands, Guam, Northern Marianna Islands Month/Day/Year

If born outside the US, has your child attended one or more schools inside the US or US Territory for **fewer than THREE FULL ACADEMIC YEARS**?  Y  N (*The three years do not need to be consecutive, but DO need to be complete academic years.*)

Please list grade levels and years completed: \_\_\_\_\_

What language(s) did your child use when he/she first began to talk? (Primary Language) \_\_\_\_\_

What language(s) does your child currently speak with you at home? \_\_\_\_\_

What language(s) do you (parents/guardians, or other adults who permanently reside in the home) use when you/they speak to your child? \_\_\_\_\_

In what language do you prefer to receive correspondence?  English  Other, please specify \_\_\_\_\_

Has your child ever been in a bilingual educational or an English as a Second Language (ESL) program?

- ESL  Bilingual  None

Translation services are provided by the Garfield County School District ELL program for parent teacher conferences

**Student Placement Information**

Has student received special education services?  Y  N Has student received speech and/or language services?  Y  N

Has student received 504 services?  Y  N

Student is a Foster Child or Ward of the State (For fee waiver information)  Y  N

Is student in Juvenile Probation?  Y  N

Has student been previously suspended or expelled from school for a safe school violation?  Y  N -- If Y, please explain:

\_\_\_\_\_

\_\_\_\_\_

Other information necessary for appropriate educational placement \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information

If school is unable to contact parents, list people willing to take responsibility for your child.

Name	Relationship	Phone Number	Release to this person?
		Home ( ) Cell ( ) Work ( )	<input type="checkbox"/> Yes
		Home ( ) Cell ( ) Work ( )	<input type="checkbox"/> Yes
		Home ( ) Cell ( ) Work ( )	<input type="checkbox"/> Yes

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

I give permission to release medical information necessary for the care of my student to physician listed above:  Y  N

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

**School should be aware of the following medical conditions:**

Diabetes:  Y  N (Submit diabetic plan) | Heart:  Y  N | Seizures:  Y  N | ADD/ADHD:  Y  N |

Hearing Impairment:  Y  N | Visual Impairment:  Y  N | Wears Glasses:  Y  N |

Asthma:  Y  N (Submit asthma inhaler form) | Allergies:  Y  N Please list allergies \_\_\_\_\_

Medications \_\_\_\_\_

Are there any other medical conditions or services needed at school?  Y  N If yes, parents should contact school nurse.

The Garfield County School District provides vision and hearing screenings to specific grades levels. If you choose to opt out of any of these screenings, an exemption form is available at the school office. It must be completed and returned to the school.

*\*\*\*All Screenings will include disclosure to Teachers, follow up and referral procedures.*

### School Release Information

I give permission for my child to go on school field trips:  Y  N

I give permission for my child to be video-taped or photographed for educational purposes:  Y  N

**Directory information includes names, address, and telephone numbers ONLY!**

I do NOT want my student's directory information listed in the school directory:

*\*\*\*Federal law requires that the district/school provide military recruiters with directory information for juniors and seniors.*

I would NOT like my junior or senior student's directory information released to the military for recruitment opportunities:

**I attest that all information on this form is true:**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Birth Certificate |  Home Language Information |  Test Scores |  Immunizations |  Transcripts |  Lunch |  Open-Enrollment |  Acceptable Use  
 Fees |  Schedule |  Safe Schools |  Residency |  Records Requested \_\_\_\_\_ |  Records Received \_\_\_\_\_