

School Personnel:  
 Entry Date \_\_\_\_\_  
 Boundary     Permit  
 Student # \_\_\_\_\_

# New Student Pre-Enrollment

(Please bring with you to begin enrollment process)

After 05/31/18 all new students will register in August by appointment only. Call 801-256-5830 after July 31st to schedule an appointment.



Submit this completed form along with the items listed below. **If any items are missing, your enrollment will not be processed.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Home email \_\_\_\_\_

Male  Female School Last Attended \_\_\_\_\_ City/State \_\_\_\_\_

RACE:  Central, North or South American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White or Caucasian

Who does the student reside with:  Both parents  Mother  Father  Other/Guardian (DPA may be required)

Father \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

***(If different than parent, must contact JSD Student Services prior to enrollment at 567-8183)***

Email Address \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is your child currently on an IEP? (Individual Education Plan) :  Yes  No

Parent/Guardian Signature \_\_\_\_\_

**The following information is REQUIRED in order to enroll a new student.**

1. **New Student Pre-Enrollment (this form)**
2. **Original Birth Certificate** (we will make a copy)
3. **Picture Identification** from legal guardian
4. **Unofficial Transcript/Report Card** – obtain from previous school
5. **Proof of Residency** – 2 forms which must include a lease agreement or mortgage statement **AND** a current utility bill, bank statement, pay stub, etc) – showing address in RHS boundaries
6. **A Permit/Open Enrollment Application** is required **IF** address isn't in RHS boundaries and must be approved **BEFORE** we can proceed with registration.
7. **Immunization Record – MUST have:**
  - 5 DTap, DTP, DT
  - 1 Tdap (TD Booster)
  - 4 Polio
  - 2 MMR
  - 3 Hepatitis B
  - 2 Hepatitis A (if born after 7/1/1996)
  - 1 Varicella (Chickenpox) 2 required if 1<sup>st</sup> dose was given after 13<sup>th</sup> birthday

***When all documents are received your student information will be input and student and parent will be issued Skyward Family Access login and password. An appointment with a counselor may be needed to verify graduation requirements and create a class schedule.***