

School Personnel:
 Entry Date _____
 Boundary Permit
 Student # _____

New Student Pre-Enrollment

(Please bring with you to begin enrollment process)

After 05/31/17 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 _____

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.

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| <ol style="list-style-type: none"> 1. New Student Pre-Enrollment (this form) 2. <u>Original</u> 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 <u>in RHS boundaries</u> 6. <u>A Permit/Open Enrollment Application</u> is required IF address isn't in RHS boundaries and must be approved BEFORE we can proceed with registration. | <ol style="list-style-type: none"> 7. Immunization Record – MUST have: <ul style="list-style-type: none"> ▪ 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 1st dose was given after 13th 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.