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)	(First)		(Middle)	
Home Address		City/Zip				
Birth Date	Home Phone	Home email				
☐ Male ☐ Female	School Last Attended		City/State			
Ethnicity: $\square$ No, not I	•	es, Hispanic/Latino (A pe erican or other Spanish c	·	•	ican, Central American, South e.)	
•	lorth or South American Ind waiian or Pacific Islander		Asian White or Caucasian	☐ Black	or African American	
Who does the studer	nt reside with: $\square$ Both pare	ents 🗆 Mother 🗀 Fathe	r □ Other/Guardian	(DPA may be	e required)	
Father			Phone		Cell	
Email Address						
Mother			Phone		Cell	
Email Address						
Guardian			Phone		Cell	
(If different than paren	nt, must contact JSD Student S					
Email Address						
Emergency Contacts:						
Name		Relationship_		_Phone		
Name		Relationship_		_Phone		
Is your child currentl	y on an IEP? (Individual Edu	ucation Plan) : $\square$ Yes $\square$	No			
Parent/Guardian Sig	nature					
		g information is REQUIRED		v student.		

- 1. New Student Pre-Enrollment (this form)
- Original Birth Certificate (we will make a copy)
- $3. \quad \textbf{Picture Identification} \ \text{from legal guardian} \\$
- 4. **Unofficial Transcript/Report Card** obtain from previous school
- 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
- A Permit/Open Enrollment Application is required <u>IF</u> 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.