



Registration Form

Today's Date _____

Date Starting School _____

School Name _____

(Legal Name)

Last Name _____ First Name _____

Full Middle Name _____ Nickname _____

Has this student previously attended any school in Cache County School District? Y N Year _____

Has this student previously attended any school in the State of Utah? Y N If yes, list District _____

School Last Attended: _____ Last Attended Grade: _____ City _____ State _____

Birthdate Do not list current year! _____ Birth Certificate? Y N | Gender: M F | Current Grade _____

Mailing Address _____ City _____ Zip _____

Residence Address if different _____ City _____ Zip _____

Is this address within current school boundaries? Y N If no, have you completed School Choice Application at District? Y N

Home Phone: () _____ Unlisted: Y N Student Cell Phone () _____

Legal Guardian	Student Resides With	Name and E-mail	Cell	Employer	Work Phone
<input type="checkbox"/> Yes	<input type="checkbox"/> Mother	Name:	()		()
<input type="checkbox"/> No		Additional Address:			
<input type="checkbox"/> Additional mailings ?		E-mail:			
<input type="checkbox"/> Yes	<input type="checkbox"/> Father	Name:	()		()
<input type="checkbox"/> No		Additional Address:			
<input type="checkbox"/> Additional mailings ?		E-mail:			
<input type="checkbox"/> Yes	<input type="checkbox"/> Stepmother	Name:	()		()
<input type="checkbox"/> No		E-mail:			
<input type="checkbox"/> Yes	<input type="checkbox"/> Stepfather	Name:	()		()
<input type="checkbox"/> No		E-mail:			
<input type="checkbox"/> Yes	Please list other	Name:	()		()
<input type="checkbox"/> No		E-mail:			

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 Survey 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 Mariana 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

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

Is student in Juvenile Probation? Y N

Form continues

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

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 medical services needed during school hours? Y N If yes, parents should contact school nurses.

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, 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 | School Choice | Acceptable Use

Fees | Schedule | Records Requested _____ | Records Received _____