

To be completed by school personnel:
Entry Date _____
Boundary _____ Permit _____

Jordan School District
SECONDARY REGISTRATION

Student # _____
Birth Date _____

Student Name _____ Grade _____ Sex: M _____ F _____
Student's Home Address _____ City _____ State _____ Zip _____
School Student Attended Last _____ State _____

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

Guardianship: Both Parents Mother Father Other DPA*paperwork required

FAMILY #1 (Home where student resides)

Father _____ Primary Phone # _____ Cell # _____ Work # _____
Mother _____ Primary Phone # _____ Cell # _____ Work # _____
Mother Email _____ Father Email _____

IF TWO HOUSEHOLD FAMILY, FAMILY #2 *Custody Papers Recommended

Father _____ Primary Phone # _____ Cell # _____ Work # _____
Mother _____ Primary Phone # _____ Cell # _____ Work # _____
Address: _____ City _____ State _____ Zip _____
Mother Email _____ Father Email _____

IF GUARDIANSHIP IS DIFFERENT THAN PARENT: (Must contact JSD Student Services prior to enrollment at 801-567-8183)

Guardian(s) _____ Primary Phone # _____ Cell # _____ Work # _____

EMERGENCY CONTACTS: In case of an accident, illness, or emergency school closure, I give permission to contact and/or release my child to the person(s) listed below for care.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

List any health problem(s) and/or special education needs that may affect school work _____

In case we cannot contact you, do we have your permission to contact a physician in case of an emergency and to administer first aid when necessary? Yes No Physician's Name: _____ Phone _____

Permission is granted for the above named student to ride the school bus or public transportation on school supervised field trips or activities.

PARENTS SIGNATURE _____

FEDERAL ETHNICITY AND RACE COUNT

Part 1 – Ethnicity: Is the student (or are you) Hispanic/Latino?

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Central American, South 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 below to indicate what you consider your student's (or your) race to be.

Part 2 – Race: What is your student's (or your) race? (Choose one or more.)

- Central American Indian, North American Indian, South American Indian or Alaska Native**, a person having origins in any of the original peoples of Central America, North America or South America, and who maintains community attachment or tribal affiliation.
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent IE Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Tonga or other Pacific Islands.)
- White or Caucasian**, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

1. **Secondary Registration Form (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 1st dose was given after 13th birthday

