



# Registration Form

Today's Date \_\_\_\_\_

Date Starting School \_\_\_\_\_

(Legal Name as it appears on Birth Certificate)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Full Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender:  M  F | Current Grade \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Student Cell Phone (\_\_\_\_) \_\_\_\_\_

Legal Guardian	Name and E-mail	Phone Number	Employer	Relationship <small>Ex: Mother, Father</small>
<input type="checkbox"/> Yes	Name: _____	Home Cell Work		
<input type="checkbox"/> No	E-mail: _____			
<input type="checkbox"/> Yes	Name: _____	Home Cell Work		
<input type="checkbox"/> No	E-mail: _____			

**Emergency Contact Information** ~If the school is unable to contact those above, list people willing to take responsibility

Name	Phone Number	Phone Type	Relationship
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Physicians Name:		I give permission to release medical information necessary for the care of my student to physician listed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Dentist Name:			

**Medical Information** School should be aware of the following 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 there any other medical conditions or services needed at school?  Y  N If yes, parents should contact school nurses.

The Iron County School District provides vision, hearing, & dental screenings to specific grades levels. If you choose to opt out of any of these screenings, an exemption form is available at the school office. It must be completed and returned to the school.

\*\*\*All Screenings will include disclosure to Teachers, follow up and referral procedures.

Has this student previously attended any school in Iron County School District?  Y  N School \_\_\_\_\_

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 \_\_\_\_\_

**State/Federal Information**

Utah Resident?  Y  N Will student attend school Part-Time?  Y  N -- If Yes:  Home School  Private School

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 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 Marianna 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:** \_\_\_\_\_

For those students whose native language is other than English or whose environment is dominated by a non-English language:

1. Which language does your child most frequently speak at home? \_\_\_\_\_
2. Which language do adults in your home most frequently use when speaking with your child? \_\_\_\_\_
3. Which language(s) does your child currently understand or speak? \_\_\_\_\_

Has your child ever been in a bilingual educational or an English as a Second Language (ESL) program?  ESL  Bilingual  None

Translation services are provided by the Iron County School District ELL program for parent teacher conferences

**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 a Foster Child or Ward of the State (For fee waiver information)  Y  N
- Is student in Juvenile Probation?  Y  N
- 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 |  Open-Enrollment |  Acceptable Use
- Fees |  Schedule |  Safe Schools |  Residency |  Records Requested \_\_\_\_\_ |  Records Received \_\_\_\_\_