

# NORTH SUMMIT SCHOOL DISTRICT

## Elementary

240 S Beacon Dr  
435-336-2101

## REGISTRATION FORM

PO Box 497, Coalville, UT 84017  
435-336-5654

## Middle School

76 South 100 East  
435-336-5678

## High School

111 East 100 South  
435-336-5656

**Previous School(s) - Name and Address:**

Contact person: \_\_\_\_\_

### *For Office Use Only*

HS Transcript  
 Immunization Record  
 Withdrawal Slip  
 Copy of Birth Cert.  
 Proof of Guardianship  
Date records sent for: \_\_\_\_\_  
Date received: \_\_\_\_\_

**Please fill in all of the information on this form. Much of the information is required by the federal government. Your student cannot be properly enrolled if there are blanks. If information does not apply to you, please write N/A.**

Student's Legal Name: \_\_\_\_\_ Preferred Name \_\_\_\_\_

Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Gender: \_\_\_\_\_ Home phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

With whom does the student currently reside? \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's home phone: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_

Legal Guardian (if different than above) \_\_\_\_\_

Guardian's address: \_\_\_\_\_ Guardian's home phone: \_\_\_\_\_

Guardian's day phone: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Racial/Ethnic Background (check one): \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian

\_\_\_\_\_ American Indian/Alaskan native \_\_\_\_\_ Pacific Islander \_\_\_\_\_ African American/African

What was the first language spoken by the student? \_\_\_\_\_

\*If not born in USA, date entered U.S. school \_\_\_\_\_ Parents' preferred language? \_\_\_\_\_

Has your student received special education services? **Y** **N**

If so, please explain in detail on the back of this form.

Does your student require special physical accommodations? **Y** **N**

If so, please explain in detail on the back of this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out the information on the back of this form**

Clarify any necessary information from the enrollment form:

**(Contacts other than Parent/Guardian) Emergency Information**

First contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List a contact that does not live in the North Summit area:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Check all that apply:  Diabetes  Asthma  Seizures  Heart problems

Allergies (life threatening)  Cerebral Palsy  Spina Bifida

Other Health Concerns: \_\_\_\_\_

Preferred doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Parent Permission: I understand that in the event of illness or accident to my child, which in the judgment of the principal, or his/her designee, requires medical attention, I authorize the principal to use his/her discretion to obtain medical services for my child, at my expense, including doctor, ambulance and hospital costs. I understand all attempts will be made to contact me in the event of an emergency situation.**

**Parent signature:** \_\_\_\_\_

**Date:**

Dear Parent/Guardian:

One of our high priorities is to ensure that our school maintains a safe and orderly learning environment. As a result, our staff is providing you with the information below and requesting that the parents of new students to our district complete this form.

We require parents or guardians of students, or the student if over 18 years of age, to inform our school district upon enrollment if the enrolling student was expelled from his/her previous school district.

If a student was expelled for any safe school violation, the district will hold a hearing to determine if the student may be enrolled. If a student or his/her parents/guardians have not divulged information regarding an expulsion which is later discovered, the student may be immediately disenrolled and the district will hold a hearing to determine if the student will be allowed to maintain his/her enrollment.

I certify that \_\_\_\_\_ who is enrolling in grade \_\_\_\_\_

\_\_\_\_\_ was \_\_\_\_\_ was not expelled from his/her previous school.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Current Address \_\_\_\_\_