

Washington County School District Student Registration Information

Last Name		First and Middle Names			
Legal Name <i>(if different from above)</i>					
Gender	Birth Date	Country of Birth		Grade	
Home Street Address		City		Zip Code	
Mailing Address <i>(if different)</i>					
Secondary Schools Only: (all information will be sent electronically including report cards) <input type="checkbox"/> I prefer to have information mailed to my home and understand that I will be charged a fee of \$5.00 per year for this service.					
Primary Contact 1		Place of Employment		Contact Phone	
Relationship to student				Type <i>(mobile, home, work)</i>	
<input type="checkbox"/> Custody of child <input type="checkbox"/> Child lives with <input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact					
Email Address					
Primary Contact 2		Place of Employment		Contact Phone	
Relationship to student				Type <i>(mobile, home, work)</i>	
<input type="checkbox"/> Custody of child <input type="checkbox"/> Child lives with <input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact					
Email Address					
Other Contact Name	Relationship to student	Contact Phone	Type <i>(mobile, home, work)</i>	<input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
Other Contact Name	Relationship to student	Contact Phone	Type <i>(mobile, home, work)</i>	<input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
Other Contact Name	Relationship to student	Contact Phone	Type <i>(mobile, home, work)</i>	<input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
My student has special needs: <input type="checkbox"/> Special Education <input type="checkbox"/> IEP <input type="checkbox"/> Medical <input type="checkbox"/> 504 <input type="checkbox"/> Other: _____					
Is the student's current address a temporary living arrangement other than a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous School Attended (Name, Address, City and Zip):					

I acknowledge that I have reviewed and been given a copy of the Washington County School District Schools Policy and Grounds for Suspension and Expulsion as located in School Handbook. (_____ Initial)

I certify that the above student is living with a natural parent or court-ordered guardian, and resides permanently in the attendance area of this school.

Signature of Parent or Legal Guardian

Relationship to Child

Date

The Washington County School District does not discriminate on the basis of race, color, national origin, sex, disability, gender orientation, religious affiliation, age, pregnancy, or marital status in any of its educational programs.

Information on this document is classified as private in accordance with Government Records Management Act (Utah Code 63-2-302).

Student's Name: _____

Ethnicity

Are you of Hispanic/Latino/Spanish origin?

No, not of Hispanic/Latino/Spanish origin

Yes, of Hispanic/Latino/Spanish origin

Select your race: (You must select one, even if you answered "yes" on the above question. You may select more than one, if applicable.)

American Indian/Alaska Native (AI/AN) Tribal Affiliation: _____

• I have completed and submitted an AI/AN Form 506 for my student.

Yes

No

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Home Language Survey

This information cannot be used for immigration matters or reported to immigration authorities.

Home Language Survey Questions

1. What language do you prefer for school-to-home information?

• Which language does your child most frequently speak at home?

• Which language do adults in your home most frequently use when speaking with your child?

• Which language(s) does your child currently understand or speak? *Do not include language(s) learned in a foreign language program.*

• Does your family come from a refugee background?

Yes

No

• If the student was not born in the United States, what date was the student enrolled in a U.S. school: (DD/MM/YYYY). ____/____/____.

Purpose of the Home Language Survey:

- Identifies a student whose home language is not English; and,
- Identifies a student who may be tested on the skills of listening, speaking, reading, and writing in English because a language other than English is spoken at home.
- The English Proficiency Test determines if your student needs language support services along with the regular education program.
- Your child is entitled to these language support services as a civil right.

School Responsibilities:

- At registration, Utah uses a standard form of the Home Language Survey that identifies a student with a language other than English, or who comes from an environment where a non-English language is used.
- Students must be tested for these services within the first 30 days of school year or within two weeks of entry into school, if after the first 30 days.

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WCSD Form 901

Revised 06/2018

For School Use Only:

School _____ Entry Code _____ Entry Date _____

Birth Certificate

Immunization: Valid Complete Immunization

Exempt Documentation

Conditional Enrollment – 21 days

Extended Conditional Enrollment

Student ID# from previous school _____ Other _____ Bus Number _____