

2022 - 2023
BLUFFDALE ELEMENTARY STUDENT REGISTRATION FORM

Office use only

Entry Date _____

STUDENT INFORMATION

Last Name	First Name	Sex	Date of Birth	Teacher	Grade	IEP	Student #
1							
2							
3							
4							
5							

GUARDIAN #1

Legal Custodial Guardian: Yes / No

Name: _____

Relationship: _____

Address: _____

City: _____

Zip: _____

Email: _____

Primary Phone # _____

Phone #2 _____

Phone #3 _____

GUARDIAN #2

Legal Custodial Guardian: Yes / No

Name: _____

Relationship: _____

Address: _____

City: _____

Zip: _____

If different than above

Email: _____

Primary Phone # _____

Phone #2 _____

Phone #3 _____

Federal Race: American Indian, Asian, Black/African, Pacific Islander, White

Ethnicity: Is the student (or are you) Hispanic/Latino? Yes, No

Language spoken in student's home: _____

PLEASE COMPLETE BACK OF FORM

EMERGENCY CONTACTS-I give permission to release or send my child/children home to the person(s) listed below for care, if I cannot be contacted. *Parents will always be called first.

FIRST NAME	LAST NAME	RELATIONSHIP	PHONE #1	PHONE #2

PREVIOUS SCHOOL INFORMATION

School: _____ District _____

City: _____ State: _____ Grade: _____

OTHER CHILDREN REGISTERED IN JORDAN SCHOOL DISTRICT: LIST OLDEST FIRST NAME: BIRTHDATE:

_____	_____
_____	_____
_____	_____

DO SIBLINGS RIDE A JORDAN DISTRICT BUS? YES OR NO BUS # _____

WILL STUDENTS BE RIDING A DAY CARE BUS? IF SO, WHICH DAYCARE?

OFFICE USE ONLY

VERIFIED:

- BIRTH CERTIFICATE
- DRIVERS LICENSE
- IMMUNIZATION RECORD
- HOME RESICENCY
- RESIDENCE (2 FORMS)

COMPLETED:

- IMMUNIZATIONS ENTERED
- REQUEST FOR RECORDS
- PERM FILE LABEL
- QTRLY ENTRY/INCOMING RECORDS
- CLASS LIST FOLDER
- ENTER CUSTOM FORMS
- SKYWARD PASSWORD TO PARENTS
- NOTIFY TEACHER - EMAIL OR VERBAL
- PRINT REGISTRATION REPORT FOR BOOK

COPY GIVEN TO:

- TEACHER
- COMPUTER
- LEXIA
- MEDIA
- RESOURCE
- LUNCH
- NURSE