

2024 - 2025
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 RESIDENCY
- RESIDENCE (2 FORMS)

COMPLETED:

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

COPY GIVEN TO:

- TEACHER
- COMPUTER
- LITERACY
- MEDIA
- RESOURCE
- LUNCH
- NURSE