

Washington County School District Student Registration Information

Student's <u>Legal</u> Last Name		First and Middle Names		Preferred Name	
Gender	Birth Date	Country of Birth	Grade	Social Security Number <i>(Optional)</i>	Home Telephone
Home Street Address			City	Zip Code	
Mailing Address <i>(if different)</i>					
Email Address <i>(Secondary schools: all information will be sent electronically including report cards)</i>				Secondary Schools Only: <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.	
I desire a conference to discuss my student's special needs (i.e. Special Education, IEP, medical, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Father's Name		Place of Employment		Work Telephone	Cell Phone
Mother's Name		Place of Employment		Work Telephone	Cell Phone
Guardian's Name/Relationship <i>(if other than natural parent)</i>		Place of Employment		Work Telephone	Cell Phone
Emergency Contact Name <i>(to call if parent/guardian cannot be reached)</i>		Relationship to Student		Emergency Telephone	
Are you Hispanic/Latino/Spanish origin? <input type="checkbox"/> No, not Hispanic/Latino/Spanish origin <input type="checkbox"/> Yes, Hispanic/Latino/Spanish origin					
Select your race: <i>(You must select one, even if you answered "yes" on the above question. You may select more than one if applicable.)</i> <input type="checkbox"/> American Indian or Alaska Native <i>(Tribe: _____)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
<i>Please complete all information:</i> 1. What was the first language the student learned to speak? _____ 2. List all languages spoken or understood by the student. <i>(Please do not include languages learned through foreign language programs.)</i> _____ 3. List all languages spoken in the home. <i>(Please do not include languages learned through foreign language programs.)</i> _____ 4. In what language do you need to receive communication from the school? _____ 5. Date entered U.S. school system <i>(m/d/yyyy)</i> _____					
Previous School Attended (Name, Address, City and Zip):					
List persons, with phone number, other than parent/guardian who may check student out of school:					

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

WCSD Form 901 Revised 05/2010

For School Use Only:					
School _____	Entry Code _____	Entry Date _____	Birth Certificate <input type="checkbox"/>	Immunization <input type="checkbox"/>	
Student ID# from previous school _____	Other _____	Bus Number _____			