

Butterfield Canyon Elementary Registration

20__

Registration Date _____ Entry Date _____

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	DATE OF BIRTH	TEACHER	GRADE	STUDENT #

Do any of your children have an IEP or a 504 plan? If so, please list names: _____

GUARDIAN #1 (WE WILL CALL FIRST) Legal Custodial Guardian: Yes ___ / No ___

Last Name: _____ First Name: _____ Relationship: _____

Address: _____

Cell #: _____ Landline #: _____ Email: _____

GUARDIAN #2 (WE WILL CALL SECOND) Legal Custodial Guardian: Yes ___ / No ___

Last Name: _____ First Name: _____ Relationship: _____

Address: _____

Cell #: _____ Landline #: _____ Email: _____

Do you have other children attending a school within Jordan School District? If yes, please list names and the school they attend:

1. _____
2. _____
3. _____
4. _____

GUARDIAN SIGNATURE: _____ **DATE:** _____

PLEASE TURN OVER

EMERGENCY INFORMATION

Please do NOT list Guardians here.

In case of emergency, we will call Guardians first, then those listed in the order below. You are giving permission for the following people to pick up your child if we can't reach a Guardian first.

First and Last Name	Relationship	Phone # 1	Phone #2

Previous School Information

School _____ District _____

City _____ State _____ Grade _____

Will Students be riding a Daycare Bus? If so, which Daycare?

Are there any health concerns we should be aware of? Please advise:

Child's Race: Native American___ Hispanic/Latino___ Pacific Islander___ Black___ Asian___
Caucasian___ Other _____ (Please specify race)

Ethnicity:

1. What was the first language the student learned to speak? _____
2. Which language is used most by your student? _____
3. Which language is spoken most often in the student's home? _____
4. Student's Country of birth? _____

Please check if any of these apply to your student: __Migrant __Immigrant __Refugee



**Home of the Bobcats
Michelle Peterson, Principal**

6860 W. Mary Leizan Lane.
Phone 801-254-0737
Herriman, Utah 84096
Fax 801-302-4977

****Please send IEP by Fax as soon as possible, and mail all SPED files.**

Request for Permanent Records

Student Name: _____ Birthdate: _____ Current Grade: _____

Student Name: _____ Birthdate: _____ Current Grade: _____

Student Name: _____ Birthdate: _____ Current Grade: _____

Student Name: _____ Birthdate: _____ Current Grade: _____

School Last Attended: _____

School Address: _____

Street

City, State, Zip

The student(s) listed above have recently enrolled at Butterfield Canyon Elementary in Herriman, Utah. Please forward all student records to the address listed above. Federal Law 99.31 requires no parent signature needed for educational records sent to another education agency.

***** PARENTS – PLEASE READ AND SIGN EACH SECTION *****

Compulsory Education Information Letter

Dear Parent/Guardian:

Because of the school's commitment to quality education, we are concerned when a student misses school for any reason. The Jordan School District requires that all students achieve mastery in the basic skills identified for reading, language arts and mathematics. Absence from school interferes with the student's opportunity to master these skills.

According to the Utah Compulsory Attendance Laws (§53G-6-2), every school age child from six to eighteen years of age must be in school. The parents are responsible for their student's regular school attendance. It is a misdemeanor if you fail to have your student in regular attendance.

Occasionally, a student must be absent from school for reasons which are acceptable to the school as well as the court. Please notify the school every time your student is absent explaining the reason. The school and the court usually require a statement from a doctor regarding extended absences for illness. Your cooperation is needed to help us give your student a quality education.

Please sign below indicating you have read the Compulsory Education Information letter of Jordan School District.

✓ Student Signature _____ Date _____

✓ Parent Signature _____ Date _____

This letter constitutes Administrative Notification #1 (Registration Packet)

Agreement to Information Network Acceptable Use Policy

I have read district policy AA445 – Student Information Network Acceptable Use Policy and agree to abide by its terms and conditions. I understand that violation of the use provisions stated in the policy may result in limitation, suspension or revocation of network privileges and/or other disciplinary action by the school, Jordan School District, or by legal authorities.

✓ Student Signature _____ Date _____

As a parent or legal guardian of this student, I have read and discussed with my child district policy AA445 – Student Information Network Acceptable Use Policy. I understand that this access is designed for educational purposes. I also recognize that access to all controversial materials on a worldwide network cannot be controlled and I will not hold the district responsible for materials acquired on the network. I hereby give my permission for access to electronic information resources for my child.

✓ Parent Signature _____ Date _____

Web Site Release Form

The faculty and administration at your child's school like to recognize students that have excelled in academics, arts, athletics, student government, or other school or community related events. A portion of this recognition may be posted on the school's web site. This includes individual, group or team pictures. Names will only be placed on the web site when a student receives an award. No personal contact information, such as address, phone number, e-mail address or other personal information will be posted on the web site.

I give the school permission to use my child's name and picture on the official school web site.

✓ Parent Signature _____ Date _____

Helpful Resources to Students

We are making every effort to provide helpful resources to students pursuing higher education after high school. Please indicate your highest level of education.

What is the highest level of school completed by parent/guardian 1:

Middle School _____ High School _____ College or beyond _____ Other/unknown _____

What is the highest level of school completed by parent/guardian 2:

Middle School _____ High School _____ College or beyond _____ Other/unknown _____

Student/Family Residency Questionnaire

Your child may be eligible for additional educational services through Title I-Part A, Title I-Part C-Migrant and/or the Federal McKinney-Vento Assistance Act (42 U.S.C. 11435). Please complete this form and return it to your child's school.

1. Presently, are you and/or your family living in any of the following situations? Check all that apply.

- 1. Student is sharing the housing with one or more families due to loss of housing, economic hardship, or similar reason.
- 2. Student is temporarily living in a motel or hotel due to loss of housing, economic hardship, or similar reason.
- 3. Student is living in a shelter (family shelter, domestic violence shelter, youth shelter, or transitional housing.)
- 4. Student is living in a car, park, campground, abandoned building, or public place.
- 5. Student is living in a place without adequate facilities (not designed for heat, electricity, water services, etc.)
- 6. Student is seeking enrollment without an accompanying parent (unaccompanied youth).

If any of the above conditions were checked, please return this completed form to your child's school office.

2. Please list ALL children currently living with you that are attending any elementary, middle, or high school in Jordan School District. Please also list preschool age children who will be 3 or 4 years old by September 1st of the current year.

First	Middle	Last	M/F	Birthdate	Grade	School Name

Presenting a false record or falsifying records is an offense under Section 73.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition of other costs. TEC Sec. 25.003(3)(d). The McKinney Vento Homeless Education Assistance Act ensures rights for students who are homeless.

3.

Name of parent(s)/legal guardian(s)	Signature	Date
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Address	City/Zip	Phone
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Person completing this form:	<input type="checkbox"/> Parent <input type="checkbox"/> Student	<input type="checkbox"/> Guardian <input type="checkbox"/> Other (please specify _____)	<input type="checkbox"/> School Personnel (Date/Method): _____ (Phone conversation, personal knowledge, etc.)
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- Parents(s), Guardians(s), or Student:**
- ✓ Please notify the school if your living status changes.
 - ✓ If your children qualify for services under the McKinney-Vento Assistance Act they have the right to additional services and support which could include school placement, school supplies, intervention, etc.
 - ✓ Please call the Jordan School District Homeless Liaison at 801-567-8308 if you have questions.

- School Personnel:**
- ✓ Please return this form for SKYWARD identification purposes to the Jordan School District Homeless Liaison at Alternative Language Services in the Auxiliary Services Building or call 801-567-8308 for questions.