

Please Print HAS STUDENT EVER BEEN ENROLLED IN GRANITE DISTRICT? YES NO School _____ Year _____

STUDENT'S (LEGAL) LAST NAME FIRST MIDDLE PRIMARY PHONE _____

STUDENT'S ADDRESS APT # CITY ZIP CODE MONTH DAY YEAR
 MALE FEMALE DATE OF BIRTH _____

FOR OFFICE USE ONLY

STDNT ID _____
 GRADE _____ BUS # _____
 FAMILY ID _____
 (Elementary Schools Only)
 TEACHER _____

OPEN ENROLLMENT PERMIT
 NEW RENEW REVOKE

KINDERGARTEN
 AM PM

IMMUNIZATIONS
 MMR DPT
 2nd MMR POLIO

*****PARENT / GUARDIAN NAME(S) AND ADDITIONAL CONTACTS *****

NAME	RELATION	LIVES WITH	RELEASE	HOME PHONE	WORK PHONE	CELL PHONE

*******PERSON TO CALL IN EMERGENCY WHEN PARENT CANNOT BE REACHED*******

NAME OF EMERGENCY CONTACT	HOME PHONE	WORK PHONE	CELL PHONE

GENERAL INFORMATION

DOES THIS STUDENT RESIDE IN A SINGLE PARENT HOME? YES NO
 DOES THE STUDENT HAVE SPECIAL HEALTHCARE CONCERNS? YES NO
 CONCERNS: _____
 HAS THE STUDENT RECEIVED SPECIAL ED/504 SERVICES? YES NO
 DOES YOUR FAMILY COME FROM A REFUGEE BACKGROUND? YES NO
 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 DO YOU PREFER FOR SCHOOL TO HOME COMMUNICATION?
 WHICH LANGUAGE(S) DOES YOUR CHILD CURRENTLY UNDERSTAND OR SPEAK?

RACE/ETHNICITY

Is this student Hispanic / Latino? YES NO
 Which of the following groups describe the students race?
 ASIAN CAUCASIAN Afr Am NATIVE AMERICAN PACIFIC ISLANDER

Native American Tribal Information
 Goshute Navajo Paiute Northwest Band Shoshone Ute Other

PREVIOUS SCHOOL ATTENDED

SCHOOL _____
 ADDRESS _____
 CITY ST ZIP

SIBLINGS IN DISTRICT

SIBLING NAME	BIRTH DATE

 **PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

Granite School District **EMAIL** _____

REGISTRATION CARD - COTTONWOOD ELEMENTARY - 222 Printed 3/24/2020 10:49:00 AM