

Elk Run Elementary School



3550 S. Helen Drive
Magna, Utah 84044

Office (385) 646-4786
FAX (385) 646-4787

Estimados Padres;

La Pre-registración para Kindergarten en la escuela Elk Run tomará lugar a partir de Marzo 7 al 7 de Abril, 2022 con cita únicamente. Los turnos serán a partir de las 9:30 hasta las 2:30 de la tarde cada día, Están invitados a iniciar el proceso de registro de su estudiante completando la siguiente aplicación y reuniendo los siguientes documentos:

Certificado de Nacimiento Debe ser el original o una copia oficial. five years of age on or before September 1, 2023.

❖ **Certificado de Inmunizaciones** La ley del Estado requiere que el alumno tenga todas sus vacunas al día antes de que comience la escuela. El Certificado debe tener la fecha de cada dosis y la firma del médico. Las siguientes vacunas son requeridas para los niños nacidos después del 1 de Julio de 1996:

DTP/DTAP/DT	Rubella
Hepatitis B	Polio
Varicella (Chicken Pox)	Measles
Hepatitis A	Mumps

Las vacunas necesarias para los niños de 5 años deben ser y registradas y marcadas en el formulario (tarjeta) antes de realizar la cita para el turno de registracion de su niño/a

El Examen de vista/examen de salud Estos exámenes no son requeridos pero son fuertemente recomendados. Los exámenes realizados en las clínicas de examen del Distrito Granite o de pediatras privados son aceptables.

❖ **Prueba de Domicilio:** Este Documento requerido debe tener fecha dentro de los 30 días de la registracion y el nombre del guardian legal del menor debe estar incluido en el document que se presente

Las formas Prueba de Domicilio pueden ser:

Contrato de compra o alquiler
Recibo de pago de(agua, gas, luz,)

Por favor reúna todos estos documentos e información antes de realizar la cita para su turno de Registracion.

Sinceramente,

A handwritten signature in black ink that reads "Lisa Wells".

Lisa Wells, Directora

Kindergarten Registration Checklist

Please use this checklist to help know when to schedule your appointment.

- Birth Certificate
 - Must be five on or before September 1st, 2023
 - Students turning 5 after September 1st, 2023 will need to wait until the next school year.

- Proof of Residency – one of the following documents, dated within the last 30 days. **MUST HAVE LEGAL GUARDIANS NAME ON DOCUMENT.**
 - Water
 - Power
 - Gas
 - Mortgage Agreement
 - Lease Agreement

- Immunizations
 - Has the student had their 5-year-old shots?
 - If no – **Please get 5-year-old shots prior to scheduling an appointment.**
 - If yes – **schedule an appointment**

- Exemption from Immunization is okay if it comes from the department of health.**

- Guardian Photo ID copy**

Kindergarten Registration Checklist

LISTA DE DOCUMENTOS REQUERIDOS

Por favor use como guia esta lista para tener todo lo necesario para su cita.

- Certificado de Nacimiento
 - Debe tener 5 añ para antes de; 1 de Septiembre de 2023.
 - Los estudiantes que cumplan 5 despues del 1 de septiembre de 2023, deberan esperar hasta el proximo año.
- Prueba de domicilio, Cualquiera de estos documentos es valido y deben tener una validez dentro de los 30 dias, **EL NOMBRE DEL GUARDIAN LEGAL DEL MENOR, DEBE ESTAR EN EL RESPECTIVO DOCUMENTO PRESENTADO..**
RECIBO DE:
 - Agua
 - Luz
 - Gas
 - Contrato de compra
 - Contrato de Alquiler
- Inmunizaciones
 - Ha tenido el alumno/a sus vacunas para 5
 - Si no – **Por favor procure que el niñ/a este al dia con sus vacunas ANTES de su cita de registracion**
 - Si si esta al dia – **Puede hacer una Cita.**
- Exemcion de inminizaciones es aceptable si proviene del Departamento de Salud.**

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 STATE ZIP CODE DATE OF BIRTH MONTH DAY YEAR

MALE FEMALE

FOR OFFICE USE ONLY

STUDENT ID _____

GRADE _____ BUS # _____

FAMILY ID _____
(Elementary Schools Only)

TEACHER _____

OPEN ENROLLMENT PERMIT

NEW RENEW REVOKE

RESIDENCE DISTRICT: _____

RESIDENCE SCHOOL: _____

ENROLLMENT NOTES: _____

KINDERGARTEN

AM PM ALL DAY

IMMUNIZATIONS

MMR DPT

2nd MMR POLIO

Proof of address _____
I.D. _____

Immunization records _____
Birth certificate _____

Check IEP/504 needs _____
Check health needs _____
Verify grade/B-day _____
Check contacts _____
Check languages _____
Check for email _____

Contact previous school _____
Records request _____
Enroll in Discovery _____
Assign to class _____
Scanned _____

*****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

SIBLINGS IN DISTRICT

SIBLING NAME	BIRTH DATE

RACE/ETHNICITY

Is this student Hispanic / Latino? YES NO

Native American Tribal Information

Which of the following groups describe the students race?

ASIAN CAUCASIAN NORTHWEST BAND SHOSHONE

Afr Am NATIVE AMERICAN Ute

PACIFIC ISLANDER Other

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? _____

PREVIOUS SCHOOL ATTENDED

SCHOOL _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

EMAIL _____

REGISTRATION CARD - ELK RUN ELEMENTARY - 244

Granite School District

Generated: Jan 23 2023 10:27 AM

Letra Imprinta

Ha estado el estudiante registrado en el Distrito de Granite?

 SI NO

Escuela

Año

APELLIDO (LEGAL) DEL ESTUDIANTE

NOMBRE

SEGUNDO NOMBRE

TELÉFONO PRINCIPAL

DIRECCION DEL ESTUDIANTE

APT # CIUDAD

CODIGO POSTAL

MES DIA AÑO

 HOMBRE MUJER

DIA DE NACIMIENTO

SOLO PARA USO DE LA OFICINA

STNDT ID

GRADE

BUS #

FAMILIA ID

(Elementary Schools Only)

TEACHER

*****NOMBRE(S) DE LOS PADRES / TUTORES Y CONTACTOS ADICIONALES*****

NOMBRE	PARENTESCO	CONVIVIENDO	PUBLICAR	TELÉFONO DE CASA	TELÉFONO DEL TRABAJO	TELÉFONO CELULAR

*****PERSONAS QUE PODAMOS LLAMAR EN CASO DE EMERGENCIA Y QUE LOS PADRES NO ESTEN DISPONIBLES*****

NOMBRE DEL CONTACTO DE EMERGENCIA	TELÉFONO DE CASA	TELÉFONO DEL TRABAJO	TELÉFONO CELULAR

INFORMACION GENERAL

ESTE ESTUDIANTE VIVE EN UNA CASA DE PADRE SOLTERO?

 SI NO

TIENE EL ESTUDIANTE NECESIDADES DE SALUD O MEDICAS?

 SI NO

NECESIDADES:

HA RECIBIDO EL ESTUDIANTE SERVICIOS DE EDUCACION ESPECIAL O DE 504?

 SI NO

SU FAMILIA ESTÁ VINIENDO CON UN ANTECEDENTE DE REFUGIADO?

 SI NO

QUÉ IDIOMA HABLA SU HIJO NORMALMENTE, EN CASA?

QUÉ IDIOMA HABLAN LOS ADULTOS, CON SU HIJO, NORMALMENTE EN CASA?

EN QUÉ IDIOMA PREFERIRE USTED QUE LA ESCUELA SE COMUNIQUE CON SU HOGAR?

QUÉ IDIOMA COMPRENDE O HABLA SU HIJO, NORMALMENTE?

ESCUELA EN QUE ASISTIO ANTERIORMENTE

ESCUELA

DIRECCION

CIUDAD

ST ZIP

HERMANOS EN EL DISTRITO

NOMBRE DEL HERMANO(A)

DIA DE NACIMIENTO

NOMBRE DEL HERMANO(A)	DIA DE NACIMIENTO

RAZAORIGEN ETNICO

Es el Estudiante Hispano /Latino?

 SI NO

Cual de los siguientes grupos describe la raza del Estudiante?

- ASIATICO CAUCASICO/ANGLO
 NEGRO NATIVO AMERICANO
 ISLAS DEL PACIFICO ISLANDER

Informacion de Tribu de Nativo Americano

- Goshute
 Navajo
 Paiute
 Northwest Band Shoshone
 Ute
 Other

OPEN ENROLLMENT PERMIT NEW RENEW REVOKE

RESIDENCE DISTRICT:

RESIDENCE SCHOOL:

ENROLLMENT NOTES:

KINDERGARTEN AM PM ALL DAY**IMMUNIZATIONS** MMR DPT
 2nd MMR POLIO

Proof of address

I.D.

Immunization records

Birth certificate

Check IEP/504 needs

Check health needs

Verify grade/B-day

Check contacts

Check languages

Check for email

Contact

previous school

Records request

Enroll in Discovery

Assign to class

Scanned



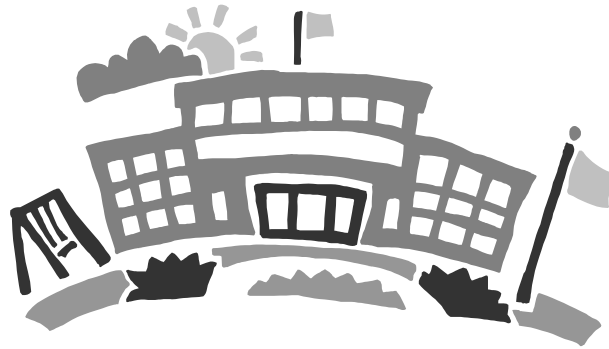
Granite School District

FIRMA DE PADRES/TUTORES

FECHA

TARJETA DE REGISTRACION/REGISTRATION CARD - ELK RUN ELEMENTARY - 244

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Immunization Requirements Kindergarten Entry 2023-2024

To attend kindergarten, a student *must have written proof* of receiving the following immunizations:

- ◆ 5 DTaP/DT
- ◆ 4 Polio
- ◆ 2 Measles, Mumps, Rubella (MMR)
- ◆ 3 Hepatitis B
- ◆ 2 Hepatitis A
- ◆ 2 Varicella (chickenpox)

Recommended for children 5 years and older but not required for school entry in Utah:

- ◆ **Influenza**
- ◆ **COVID-19**

Proof of immunity to disease(s) can be accepted in place of vaccination only if a document from a health care provider stating the student previously contracted the disease is presented to the school.

For children whose parents claim an exemption to immunization for medical, religious, or personal reasons, their legally responsible individual must complete an online immunization education module at immunize.utah.gov or in-person consultation at a local health department. A copy of the certificate must be presented to the school or child care official.

For a medical exemption from the required immunizations, a completed vaccination exemption form and a written notice signed by a licensed healthcare provider must be presented to the school.

For questions regarding your child's immunization status, contact your child's healthcare provider, your local health department or the Immunization Hotline at 1-800-275-0659.

This may be copied and distributed.





Requisitos de Inmunizaciones para ingresar al Kínder 2023-2024

Para asistir al kínder, un estudiante debe presentar comprobante por escrito de haber recibido las siguientes vacunas:

- ◆ 5 DTaP/DT
- ◆ 4 Polio
- ◆ 2 MMR
- ◆ 3 Hepatitis B
- ◆ 2 Hepatitis A
- ◆ 2 Varicella (chickenpox)

Recomendado para niños de cinco años o más, pero no se requiere para ingresar a la escuela en Utah:

- Influenza (Gripe)**
- La vacuna COVID-19**

En lugar de ser vacunado, puede aceptarse una "Carta de Prueba de Inmunidad", siempre que se presente a la escuela un documento debidamente emitido y firmado por un proveedor de cuidados de la salud en donde este declare que el estudiante contrajo la enfermedad correspondiente previamente.

Para los niños cuyos padres reclaman una exención a la inmunización por razones médicas, religiosas o personales, la persona legalmente responsable debe completar un módulo de educación en línea sobre inmunización en immunize.utah.gov o presentarse a una consulta en persona en su departamento de salud local. Deberá presentar una copia del certificado a la escuela o al funcionario de cuidado infantil.

Para una exención médica de las vacunas requeridas, debe presentar a la escuela un formulario de exención de vacunación debidamente completado junto a una notificación por escrito firmada por un proveedor de salud debidamente licenciado.

Si tiene preguntas sobre el estado de inmunización de su hijo, comuníquese con el proveedor de salud de su hijo, con el departamento de salud local o por teléfono a la línea directa de inmunización por el número de teléfono 1-800-275-0659.

STATE OF UTAH
UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH SERVICES
UNIFIED HEALTH APPRAISAL FORM

- Pre-school & Kindergarten
- Third Grade
- Seventh Grade
- Other

TO PHYSICIANS: This Unified Health Appraisal Form may be used for reporting any of the following:

1. Physical examination	4. Recommended remedies or follow-up services
2. Activity Restrictions	5. Athletic camp or other examinations
3. Medications to be taken at school	

TO SCHOOL PERSONNEL: This Unified Health Appraisal Form and Immunization Record should become a permanent part of each student's cumulative record folder. A copy should be made and sent to the new school whenever a student transfers.

NAME: _____ DATE OF BIRTH _____ SEX: F M
month day year

PARENTS/GUARDIAN: _____ SCHOOL/ORGANIZATION: _____

ADDRESS: _____ SCHOOL DISTRICT: _____

PHONE: _____ EMERGENCY PHONE _____ VISUAL ACUITY:
 Right: 20/_____
 With correction: _____ Left: 20/_____
 Without correction: _____

I. The above named patient was examined on _____ (date) and found to

- be free of illness or conditions which would interfere with **SCHOLASTIC** performance
- be free of illness or conditions which would interfere with **SPORTS** performance
- have the following **MEDICAL CONDITIONS**:
 1. _____
 2. _____

II. The following **RESTRICTIONS** should be placed on **ACTIVITY**: None See Below

1. _____
2. _____
3. _____

Restrictions are to be in force until _____ (date)

III. The following **MEDICATIONS** are prescribed and may be taken at school: None See Below

Medication	Medical Condition # from above	Dose (mg)	Form (tab. tsp)	Time	Stop Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. Other Recommendations: None See Below

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

For further information please contact me at the following address or telephone number.

PRINTED OR STAMPED NAME, ADDRESS AND PHONE
NUMBER OF EXAMING PHYSICIAN

Name: _____

Address: _____

Phone: _____

_____, M.D.
 Physician's signature

 Date

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was granted for:

- Medical reason (Expires* on: _____)
- Religious belief
- Personal belief

*If the medical exemption is temporary, enter date.

2. Proof of Immunity (history of disease):

This student has proof of immunity for the following antigen (s):

- MMR
- Haemophilus influenzae type b (Hib)
- Polio Pneumococcal
- Tdap Varicella (Chickenpox)
- DTaP Meningococcal
- Hepatitis A Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.

Immunization record received for this student is from: a statewide registry
 student's former school
 legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____

