

Please Print - Press Firmly

1. Student's (Legal Last Name) First Middle Home Phone

2. Student's Address City Zip Code

3. Date of Birth - - () Male () Female Student's Social Security No.
Month/Day/Year

4. Father's Name Place Of Employment Business Phone

5. Mother's Name Place Of Employment Business Phone

6. Other Place Of Employment Business Phone

7. Student lives with: () Both parents () Mother () Father () Other Relationship with student

8. Person To call in emergency when Relationship to Student Phone No.

9. I hereby give my permission to release my name, address and phone number to those checked below:
 School Student Directory Universities or Colleges Armed Forces

10. Elementary (only)
 Day Care Person: Phone:

11. Health Problems:

12. Does child have a disability? No Yes (If yes, explain):

13. Racial Ethnic Background: African/American American Indian/Alaskan Native Asian
 Caucasian Hispanic/Spanish Pacific Islander

What was the first language the student learned to speak?

What Language is spoken most often by the student?

What language is most often spoken in student's home regardless of what the student speaks?

14. Brothers and sisters living at home Date Of Birth

15. Previous School Attended

School _____

Address _____

City _____ State _____ Zip _____

Has student ever been enrolled in Granite District No Yes

School _____ Year _____

For Office Use Only

Student No. _____

Grade: _____ Bus #: _____

Family ID No: _____

Teacher: _____ No: _____

Entry Date: _____

E1 _____ E2 _____ RS _____ RD _____ RO _____

Withdrawal Date: _____

TD _____ TS _____ TO _____ DR _____ DE _____

CUM Folder
 Sent For: _____ Received: _____
 Requested: _____ Sent: _____

Year Round School Information
 Track A B C D

Special Permit
 New Renew Revoke

Kindergarten Information AM PM
 Birth Certificate MD DDS Vision

Immunizations DPT Polio