

To be completed by school personnel:
 Entry Date _____
 Locker # _____
 Bus # _____
 Boundary Choice

Jordan School District
SECONDARY REGISTRATION

Student No. _____
 Social Security No. _____
 Birth Date _____
 Home Phone _____
 Parent E-mail _____

Parent: Please complete this card and return it to school with registration materials.

Name _____ (Last) _____ (First) _____ Grade _____ Sex: M F
 Student's Home Address _____ City _____ Zip _____
 Guardianship: Both Parents Mother Father Other
 Father _____ Employer _____ Phone _____ Cell _____
 Mother _____ Employer _____ Phone _____ Cell _____
 Guardian _____ (If different than parent) Employer _____ Phone _____ Cell _____
 Relationship of Guardian _____
 School Last Attended _____ Address _____

Federal Ethnicity and Race Count

Part 1 – Ethnicity: Is the student (or are you) Hispanic/Latino?
 No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Central American, South American or other Spanish culture or origin, regardless of race.)
 The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes below to indicate what you consider your student's (or your) race to be.

Part 2 – Race: What is your student's (or your) race? (Choose one or more.)
 Central American Indian, North American Indian, South American Indian or Alaska Native, a person having origins in any of the original peoples of Central America, North America or South America, and who maintains community attachment or tribal affiliation.
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 Black or African American (A person having origins in any of the black racial groups of Africa.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Tonga or other Pacific Islands.)
 White or Caucasian, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

If Part 1 or Part 2 is left blank, observer-identification will be used. Race designated by observer

Home Language Survey

- What was the first language that the student learned to speak? _____
- Which language is used most by the student? _____
- Which language is spoken most often in the student's home? _____
- What is your preferred language for home-school communication? English Other _____
- Would you like interpretation services provided for parent-teacher conferences, etc? Yes Language _____

In case of an accident, illness, or emergency school closure, I give permission to contact and/or release my child to the person(s) listed below for care until I arrive:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Please list any health problem(s) that may affect school work: _____

In case we cannot contact you, do we have your permission to contact a physician in case of an emergency and to administer first aid when necessary? Yes No Contact: _____
 Physician's Name _____ Phone _____

Permission is granted for the above named student to ride the school bus or public transportation on school supervised field trips or activities.

Parent's Signature _____

(Please do not fold this card)

District Secondary Registration Cards are to be filled out by parents or guardians of all students entering school.
 If parents or guardians need interpretive assistance and interpreters are not available in the school, please call Alternative Language Services at 801-567-8116.

Home Language Survey and Eligibility for Additional Services

Student Name _____ Student Number _____

School _____

Home Language Survey

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? _____

Questions 4-6a are optional, however if the answer is yes, your student may be eligible for additional services.

Refugee Students

A refugee is defined as a student who has fled to another country to be resettled due to political, religious or social persecution.

4. Is this student a refugee student? (Students CAN be both refugee and immigrant.) Yes No

Immigrant Children and Youth

Title III definition of 'immigrant children and youth' means students who:

- Are aged 3 through 21
- Were not born in any one of the 50 United States; and
- Have not been attending one or more schools in any of the 50 United States for more than 3 full academic years;
- The term "State" means one of the 50 United States, the District of Columbia, and the Commonwealth of Puerto Rico

5. Is this student an immigrant student? (Students CAN be both refugee and immigrant.) Yes No

Migrant Students

A migrant student has a parent who works in agriculture, forestry, meat processing plants, dairy or fisheries, and, in the last 3 years, has moved from one school district to another in order to work (temporary or seasonal) in agricultural activities.

6. Is your child a migrant student? Yes No
a. If yes, what is the date that you moved to this area? (mm/dd/yy) _____

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.

OR

- Check here if you are **NOT** living in any of the above conditions. Complete 3. below and return this form to your child's school.

2. Please list ALL children currently living with you that are attending any Elementary, Middle or High School in Jordan District.

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 or 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 _____ Signature _____ Date _____

Address _____ City/Zip _____ Phone _____

<p>Person completing this form: <input type="checkbox"/> Parent <input type="checkbox"/> Student</p>	<p><input type="checkbox"/> Guardian <input type="checkbox"/> Other</p> <p>_____</p> <p>(please specify)</p>	<p><input type="checkbox"/> School Personnel (Date/Method)</p> <p>_____</p> <p>(phone conversation, personal knowledge)</p>
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Parent(s), Guardian(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 any 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.

New Student Registration Questionnaire

1. Name of Student: _____

2. Birth date: _____ Current Grade: _____

3. Has this child ever been in the Jordan School District? Yes___ No___

4. Is this child living with their legal custodial guardian? Yes___ No___

5. Are you the legal custodial guardian of this child? Yes___ No___

If no, who is the legal custodial guardian? _____

Address _____

6. Has this child had any attendance issues at any previous school?

(More than 5 unexcused absences or tardies in a school year)

Yes___ No___

If yes, reason: _____

7. Has this child had any disciplinary issues at any previous school?

Yes___ No___

If yes, issues: _____

8. Is this child currently on an IEP? (Individual Education Plan)

Yes___ No___

Legal Custodial Guardian Signature

Date

For Office Use Only:

Date: _____

In Boundary

On Permit