Canyons School District
LONE PEAK ELEMENTARY REGISTRATION FORM 2018-2019

OFFICE USE ONLY

Reg. Date _____ ☐ Birth Certificate
Start Date _____ ☐ Immunizations
Student # _____ ☐ Proof of Address ☐ Permit
☐ Residency Y or N
Boundary School (If Permit)_____
☐ Dual Immersion ☐ ALL DAY K ☐ AM K ☐ PM K
☐ Teacher_____

OFFICE USE ONLY. Please leave blank.

COMPLETE ____

PLEASE PRINT CLEARLY.

Legal Last Name of Student	Legal First Name	Legal Middle Name	Gender	Birth Date	18-19 Grade

Student's Preferred Name _____ **Primary Phone Number** _____

Household # 1 Address _____City _____ Zip _____
Parent/Guardian #1 _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Parent/Guardian #2 _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Primary Email(s) _____

Household # 2 Address _____City _____ Zip _____
Parent/Guardian #1 _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Parent/Guardian #2 _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Primary Email(s) _____

Please list any siblings attending Canyons School District during the 2018-2019 school year:
First and Last Name _____ Birth Date _____ Grade _____
First and Last Name _____ Birth Date _____ Grade _____
First and Last Name _____ Birth Date _____ Grade _____

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1. Is this student Hispanic or Latino? ☐ Yes ☐ No
2. What is the student's race? **(Check at least one and all that apply.)**

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

- If American Indian or Alaskan Native, please choose one of the following:

☐ North American Indian-Tribal Affiliation_____
☐ Central or South American descent of indigenous people

Home/school communication preferred language(s) _____

Please mark if this student has received any of the following services:
☐ Special Education (IEP) ☐ 504 Accommodation Plan

EMERGENCY CONTACT INFORMATION
I give permission to release my child to the person(s) listed below for care, if I cannot be contacted. Make sure to add any additional emergency contacts on Skyward Family Access.

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. Daycare _____ Address _____ Phone _____

Parent/Guardian Signature _____ **Date** _____