

**Canyons School District  
LONE PEAK ELEMENTARY REGISTRATION FORM 2019-2020**

**OFFICE USE ONLY**

**Reg. Date** \_\_\_\_\_  Birth Certificate (District Y N)  
**Start Date** \_\_\_\_\_  Immunizations (District Y N)  
**Student #** \_\_\_\_\_  Housing Y N  
 Proof of Address (LP Sib Y N)  
 Dual Immersion  Permit Approved  
 AM K  PM K  ALL DAY K  Records Request (if app)  
 Teacher \_\_\_\_\_  K Session Form (if app)

**OFFICE USE ONLY. Please leave blank.**

**PLEASE PRINT CLEARLY.**

Legal Last Name of Student	Legal First Name	Legal Middle Name	Gender	Birth Date	19-20 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 \_\_\_\_\_

**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 \_\_\_\_\_

**Email(s)** \_\_\_\_\_

Please list any siblings currently attending school in the Canyons School District:

Full Name _____	DOB _____	<b>Current School:</b> <input type="checkbox"/> Lone Peak <input type="checkbox"/> Other Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High
Full Name _____	DOB _____	<b>Current School:</b> <input type="checkbox"/> Lone Peak <input type="checkbox"/> Other Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High
Full Name _____	DOB _____	<b>Current School:</b> <input type="checkbox"/> Lone Peak <input type="checkbox"/> Other Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High
Full Name _____	DOB _____	<b>Current School:</b> <input type="checkbox"/> Lone Peak <input type="checkbox"/> Other Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High

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** \_\_\_\_\_