

PAYSON JUNIOR HIGH SCHOOL REGISTRATION

GENERAL INFORMATION

Name: _____ Grade: _____ Sex: M F Date of Birth: ____/____/____ Home Phone: _____
 E-mail Address _____ Cell Phone # _____ Additional Phone # _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____ Social Security #: _____-_____-_____
 Child lives with: Mother _____ Father _____ Step-Parent _____ Grandparent _____ Other Relative _____ Legal Guardian _____ Foster Care _____
 Father/Guardian: _____ Employed at: _____ Work #: _____ Is this a federal agency? Y N
 Mother/Guardian: _____ Employed at: _____ Work #: _____ Is this a federal agency? Y N
 Step-Parent/Guardian: _____ Employed at: _____ Work #: _____ Is this a federal agency? Y N
 Ethnic Code (circle one): Native American Asian Black White Hispanic Pacific Islander Other _____
 Is there a language other than English spoken at home? Yes No Language: _____
 Other children enrolled in this school: _____

List two relatives and/or neighbors who will assume temporary care of your child if you cannot be reached:			
Name	Address	Phone	Relationship

HEALTH HISTORY

History of (circle all that apply): Seizures Diabetes Asthma Heart Problems Allergies Other _____
 Special needs or health concerns: _____
 Medication currently taking: _____ Allergies: _____

AUTHORIZATIONS

- Medical Authorization:** In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instruction. If it is impossible to contact this physician, the school may make whatever arrangements it deems prudently necessary. Please indicate your permission by **initialing:** _____
 Physician's Name: _____ Phone: _____ Hospital: _____
 Dentist's Name: _____ Phone: _____ Insurance Co. _____
- Field Trip Authorization:** We would like to conduct a few supervised excursions. If you are willing to let your child be included in these trips please indicate your permission **by initialing:** _____

AS PARENT/GUARDIAN OF THE STUDENT, I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT MISREPRESENTATION OF ANY INFORMATION MAY RESULT IN THE STUDENT BEING REMOVED FROM SCHOOL PERMANENTLY OR UNTIL THE ISSUE IS RESOLVED.

Signature of Parent/Guardian: _____ Date: ____/____/____

NEW STUDENT SECTION (Fill this section out only if you are transferring from a school outside of the Payson/Santaquin area)
 STATE LAW REQUIRES THAT A STUDENT MUST HAVE A BIRTH CERTIFICATE AND A CURRENT IMMUNIZATION RECORD ON FILE IN ORDER TO ATTEND SCHOOL. Under Utah Law and Nebo School District Policy, a child is eligible to attend a school if their parent or legal guardian resides within the school boundaries; we must therefore ask for proof of residency. Exceptions to this may only be granted through the Boundary Variance process or the Student Services Department. Any student living with other than the legal, custodial parent should be screened by Student Services.

Must be approved and initialed: Immunization Record: _____ Birth Certificate: _____ Transfer or Checkout Sheet: _____
 School Last Attended: _____ Phone: (_____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Has this student been enrolled in Special Education classes within the past three years? Yes No Is there a current IEP? Yes No
 Has this student ever been suspended for more than three days? If yes, please explain: _____