



<b>OFFICE USE ONLY:</b> Date of Registration _____ Student ID _____	
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Records Requested	<input type="checkbox"/> Bus or Walk
	<input type="checkbox"/> Permit
	<input type="checkbox"/> Teacher

**NEW STUDENT REGISTRATION FORM**  
(Please Print – One per student)

Student's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_ M or F \_\_\_\_

Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

#1 Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

#2 Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Is this student: \_\_\_ Yes, Hispanic/Latino \_\_\_ No, not Hispanic/Latino Country of birth: \_\_\_\_\_

What is the student's race: \_\_\_ American Indian or Alaskan Native, \_\_\_ Asian, \_\_\_ Black or African American, \_\_\_ Native Hawaiian or other Pacific Islander, \_\_\_ White

If American Indian or Alaskan Native, please chose one of the following: \_\_\_ North American Indian – Tribal affiliation \_\_\_\_\_  
\_\_\_ Central or South American descent of indigenous people

Preferred Language \_\_\_\_\_



**REQUEST FOR PERMANENT RECORDS**

Date	Student's Name	Birth Date	Grade
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School Last Attended	Address	City	State	Zip
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Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

In compliance with the Family Education Rights and Privacy Act of 1974, which requires consent for the release of certain information, I hereby give consent for you to release to the school listed below, the records and report I have indicated.

- General Education Records
- Special Education Records
- Psychological Reports

Please forward school records to: <a href="mailto:stacey.pike@canyonsdistrict.org">stacey.pike@canyonsdistrict.org</a>	
School	<u>Brookwood Elementary</u>
Address	<u>8640 S Snowbird Drive</u>
City	<u>Sandy</u> State <u>UT</u> Zip <u>84093</u>
Phone	<u>(801) 826-7900</u> Fax <u>(801) 826-7901</u>

Signature of Parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_