



Riverside Elementary
8737 S 1220 W
West Jordan, UT 84088
801-565-7484 (Phone)
801-302-4953 (Fax)

Student Information

Student's Name _____ Birthdate _____ Grade _____ Select One
M F

Student's Home Address _____
City _____ State _____ Zip _____

Race (Circle One)

American Indian/Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Yes No Is the student Hispanic/Latino?

Yes No Does the student have an IEP or is he/she receiving Special Education Services? Resource Speech

Parent/Guardian Information

Mother's Name _____ Home# _____ Cell# _____ Work# _____

Father's Name _____ Home# _____ Cell# _____ Work# _____

Mother's Email _____ Father's Email _____

Who is student living with? Both parents Mother Father Other _____

Yes No Do you have legal custody of the student you are registering?

What is the preferred language for home-school communications? English Spanish Other _____

Yes No Would you like interpretation services provided for parent-teacher conferences?

Medical Information

Circle One (If yes, please describe)

Yes No Allergies (please specify to what and how serious) _____

Yes No Asthma or breathing problems _____

Yes No Seizures (type and frequency) _____

Yes No Diabetes _____

Yes No Serious or Chronic Disease _____

Yes No Other health concerns _____

Yes No I give my permission for my child to ride the school bus or public transportation on school supervised field trips or activities.

Yes No If I cannot be contacted, I give permission to contact and or release my child to the emergency contacts I have provided below.

Name _____ Home Phone _____ Cell Phone _____ Relationship _____

Name _____ Home Phone _____ Cell Phone _____ Relationship _____

Parent/Guardian Signature _____ Date _____

For office use only: Teacher _____ Student ID _____ Start Date _____

JORDAN SCHOOL DISTRICT–STUDENT HEALTH SERVICES

Student Full Name _____ Student Birthday _____

Parent Name _____ Parent Phone _____

Does your student have any medically diagnosed health concerns that need health care services, or other special attention during school hours? (Examples include diabetes, asthma, seizures, life-threatening allergies, etc.)

Yes ☐ No ☐

If yes, link to *Request for Special Health Care Services and Release of Confidential Information* form.

_____ (Initial) I understand this Request for *Special Health Care Services and Release of Confidential Information Form* must be completed before a student can receive health care services at school. <http://edsupport.jordandistrict.org/files/JORDAN-SCHOOL-DISTRICT-NURSING-SERVICES-REQUEST-FOR-SPECIAL-HEALTH-CARE-SERVICES-AND-RELEASE-OF-CONFIDENTIAL-INFORMATION.pdf>

Spanish – <http://edsupport.jordandistrict.org/files/Spanish-IHP-Release.pdf>

_____ (Initial) I understand this includes nursing services and that it is my responsibility to complete and submit this form. I understand that this form must be submitted every year.

JORDAN SCHOOL DISTRICT–STUDENT HEALTH SERVICES

Does your student have a medically diagnosed health concern requiring your student to take or be administered medication during the school day?

Yes ☐ No ☐

If yes, link to *Medication Authorization Form*.

http://edsupport.jordandistrict.org/files/Medication-MD-Form_ADA.pdf

Spanish: http://edsupport.jordandistrict.org/files/Med-MD-Form_SpanishADA.pdf

_____ (Initial) I understand that this *Medication Authorization Form* must be completed before elementary students are permitted to have medications at school.

_____ (Initial) I understand that middle and high school students may carry one 8-hour dose of medication on their person without a *Medication Authorization Form* being completed.

_____ (Initial) I understand that if my student requires medications at school, I am responsible for providing a completed form signed by a medical provider on an annual basis. I understand the form must be submitted every year.

If your child is not covered by insurance, you may call 1-877-543-7669 for information about CHIP (Children's Health Insurance Program) or Medicaid, or contact one of the names listed on the following website: <http://healthservices.jordandistrict.org/about/>

Student Name _____ Student ID _____ Grade _____

***** PARENTS – PLEASE READ AND SIGN EACH SECTION *****

Compulsory Education Information Letter

Because of the school's commitment to quality education, we are concerned when a student misses school for any reason. The Jordan School District requires that all students achieve mastery in the basic skills identified for reading, language arts and mathematics. Absence from school interferes with the student's opportunity to master these skills.

According to the Utah Compulsory Attendance Laws (53A-11-101), every school age child from six to eighteen years of age must be in school. The parents are responsible for their student's regular school attendance. It is a misdemeanor if you fail to have your student in regular attendance.

Occasionally, a student must be absent from school for reasons which are acceptable to the school as well as the court. Please notify the school every time your student is absent explaining the reason. The school and the court usually require a statement from a doctor regarding extended absences for illness. Your cooperation is needed to help us give your student a quality education.

Please sign below indicating you have read the Compulsory Education Information letter of Jordan School District.

✓ Student Signature _____ Date _____

✓ Parent Signature _____ Date _____

Agreement to Information Network Acceptable Use Policy

I have read district policy AA445 – Student Information Network Acceptable Use Policy and agree to abide by its terms and conditions. I understand that violation of the use provisions stated in the policy may result in limitation, suspension or revocation of network privileges and/or other disciplinary action by the school, Jordan School District, or by legal authorities.

✓ Student Signature _____ Date _____

As a parent or legal guardian of this student, I have read and discussed with my child district policy AA445 – Student Information Network Acceptable Use Policy. I understand that this access is designed for educational purposes. I also recognize that access to all controversial materials on a worldwide network cannot be controlled and I will not hold the district responsible for materials acquired on the network. I hereby give my permission for access to electronic information resources for my child.

✓ Parent Signature _____ Date _____

Web Site Release Form

The faculty and administration at your child's school like to recognize students that have excelled in academics, arts, athletics, student government, or other school or community related events. A portion of this recognition may be posted on the school's web site. This includes individual, group or team pictures. Names will only be placed on the web site when a student receives an award. No personal contact information, such as address, phone number, e-mail address or other personal information will be posted on the web site.

I give the school permission to use my child's name and picture on the official school web site.

✓ Parent Signature _____ Date _____



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.

2. Please list ALL children currently living with you that are attending any elementary, middle, or high school in Jordan School District. Please also list preschool age children who will be 3 or 4 years old by September 1st of the current year.

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 of 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(s)	Signature	Date
Address	City/Zip	Phone

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

Parents(s), Guardians(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 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.



Home Language Survey and Eligibility for Additional Services

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) _____



Riverside Elementary

8737 S 1220 W

West Jordan, UT 84088

Phone: 801-565-7484

Fax: 801-302-4953

Request for Student Records

The following students have recently enrolled at Riverside Elementary

Student Legal Name	Birthdate	Grade

School Last Attended: _____

Address: _____
City State Zip

Phone Number: _____ Fax Number: _____

In compliance with the Family Education Rights 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 reports indicated.

- ☐ General Education Records
- ☐ Special Education Records
- ☐ Psychological Records
- ☐ Alternative Language Records (ESL Services)
- ☐ Other as indicated _____

Please forward student records to:
Riverside Elementary
8737 S 1220 W
West Jordan, UT 84088

- ☐ Please fax Birth Certificate and Immunization Records ASAP to 801-302-4953.

Signature of Parent/Guardian: _____ Date _____

Address: _____
City State Zip

Date Fax sent: _____ Date records received: _____