

**PLEASE PRINT - PRESS FIRMLY**

1. STUDENT'S (LEGAL) LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

2. STUDENT'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

3. DATE OF BIRTH \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_  MALE  FEMALE  
 STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_  
**★ ONLY THOSE LISTED IN 4, 5, 6 AND 7 MAY CHECK MY CHILD OUT OF SCHOOL ★**

4. PARENT/GUARDIAN \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

5. PARENT/GUARDIAN \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

6. OTHER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

7. PERSON TO CALL IN EMERGENCY WHEN PARENT CANNOT BE REACHED \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

8. DOES THIS CHILD RESIDE IN A SINGLE PARENT HOME?  YES  NO

9. DAY CARE/PERSON (ELEMENTARY ONLY) \_\_\_\_\_ PHONE \_\_\_\_\_

10. HEALTH PROBLEMS \_\_\_\_\_

11. DOES CHILD HAVE A DISABILITY?  NO  YES IF YES, EXPLAIN \_\_\_\_\_

12. RACIAL/ETHNIC BACKGROUND  BLACK/AFRICAN AMERICAN  NATIVE AMERICAN INDIAN/ALASKAN NATIVE  ASIAN  
 CAUCASIAN  HISPANIC/LATINO  PACIFIC ISLANDER

WHAT WAS THE FIRST LANGUAGE THE STUDENT LEARNED TO SPEAK? \_\_\_\_\_  
 WHAT IS THE LANGUAGE SPOKEN MOST OFTEN BY THE STUDENT? \_\_\_\_\_  
 WHAT IS THE LANGUAGE MOST OFTEN SPOKEN IN THE HOME? \_\_\_\_\_  
 WHAT LANGUAGE SHOULD THE SCHOOL USE IN WRITTEN NOTICES TO YOUR HOME? \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

13. BROTHERS AND SISTERS LIVING AT HOME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

14. PREVIOUS SCHOOL ATTENDED \_\_\_\_\_ SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HAS STUDENT EVER BEEN ENROLLED IN GRANITE DISTRICT?  NO  YES

**GRANITE SCHOOL DISTRICT  
 REGISTRATION CARD**

Stock No.: 192300  
 8/04

**FOR OFFICE USE ONLY**

STUDENT NO. \_\_\_\_\_ BUS NO. \_\_\_\_\_

GRADE \_\_\_\_\_

FAMILY ID NO. \_\_\_\_\_

TEACHER \_\_\_\_\_ NO. \_\_\_\_\_

ENTRY DATE \_\_\_\_\_

E1 \_\_\_\_\_ E2 \_\_\_\_\_ RS \_\_\_\_\_ RD \_\_\_\_\_ RO \_\_\_\_\_

WITHDRAWAL DATE \_\_\_\_\_

TD \_\_\_\_\_ TS \_\_\_\_\_ TO \_\_\_\_\_ DR \_\_\_\_\_ DE \_\_\_\_\_

**CUM FOLDER**

SENT FOR \_\_\_\_\_ RECEIVED \_\_\_\_\_

REQUESTED \_\_\_\_\_ SENT \_\_\_\_\_

**YEAR ROUND SCHOOL INFORMATION**

TRACK  A  B  C  D

**SPECIAL PERMIT**

NEW  RENEW  REVOKE

**KINDERGARTEN INFORMATION**  DAM  DPM

BIRTH CERTIFICATE  MD  DDS  VISION

**IMMUNIZATIONS**  DPT  POLIO

MEASLES  MUMPS  RUBELLA

2ND MMR (MEASLES, MUMPS, RUBELLA)

**RELEASE OF INFORMATION:**

SCHOOL DIRECTORY  YES  NO

UNIVERSITIES OR COLLEGES  YES  NO

ARMED FORCES  YES  NO