

# Park City Schools K-12 Enrollment Form

For Office Use Only	Date Received:
	Time Received:

Student Information	Last Name (Legal):
	First Name:
	Middle Name:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Grade:
	Birthdate:
	Birthplace:
	Student Resides With:
	Home Address:
	City, State, Zip:

Ethnicity:
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian
<input type="checkbox"/> White
<input type="checkbox"/> Other: _____

Is this a temporary living arrangement?  Yes  No

Does student have a parent on active duty in the regular Armed Forces, National Guard, or Reserves?  Yes  No

Parent Information <small>Required for Transcripts</small>	Father's Information					
	First Name:	<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup			
	Last Name:	<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail			
		(select one for each row)				
		Daytime	Home	Mobile	Text	Work
	Preferred Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alternate Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Primary Email Address:					
	Additional Email Address:					
	Home Address:					
City, State and Zip:						
Mailing Address (if different):						
City, State and Zip (if different):						

Parent Information <small>Required for Transcripts</small>	Mother's Information					
	First Name:	<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup			
	Last Name:	<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail			
		(select one for each row)				
		Daytime	Home	Mobile	Text	Work
	Preferred Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alternate Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Primary Email Address:					
	Additional Email Address:					
	Home Address:					
City, State and Zip:						
Mailing Address (if different):						
City, State and Zip (if different):						

Other Parent/Guardian Information <small>e.g. step parent, relative with custody or other</small>	Relationship to Student:					
	First Name:	<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup			
	Last Name:	<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail			
		(select one for each row)				
		Daytime	Home	Mobile	Text	Work
	Preferred Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alternate Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Primary Email Address:					
	Home Address:					
	City, State and Zip:					
Mailing Address (if different):						
City, State and Zip (if different):						

Other Parent/Guardian Information <small>e.g. step parent, relative with custody or other</small>	Relationship to Student:					
	First Name:	<input type="checkbox"/> Custody	<input type="checkbox"/> School Pickup			
	Last Name:	<input type="checkbox"/> Lives With	<input type="checkbox"/> Receives Mail			
		(select one for each row)				
		Daytime	Home	Mobile	Text	Work
	Preferred Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alternate Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Primary Email Address:					
	Home Address:					
	City, State and Zip:					
Mailing Address (if different):						
City, State and Zip (if different):						

Emergency Contact Info	Emergency Contact #1					
	Relationship to Student:					
	School Pickup: <input type="checkbox"/>	Daytime	Home	Mobile	Work	
	Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Contact Info	Emergency Contact #2					
	Relationship to Student:					
	School Pickup: <input type="checkbox"/>	Daytime	Home	Mobile	Work	
	Phone Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sibling Information	Name (Last, First):	School Attending:	Grade:

Last School Attended	Include preschool if registering for kindergarten	Name of School or Preschool:	Phone Number:
		Address:	Fax Number:
		City, State, Zip:	Dates Attended:
		Has student ever been expelled or been considered for expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Has student previously attended school in Park City School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Services	Special Education	Has <b>NEVER</b> received this service	Is <b>CURRENTLY</b> receiving this service	Has been <b>EXITED</b> from this	FOR OFFICE USE ONLY
	Speech Only (Special Education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	IEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gifted and Talented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

English Learner (EL)	Student's Primary Language	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language did student learn when he/she first began to talk?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the family speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the parent/guardian speak to the student?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	What language does the student speak to the parent/guardian?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____

Transportation	How will student <b>get to school</b> ?	How will student <b>get home from school</b> ?

Signatures	<i>I affirm that the above information is true and accurate to the best of my knowledge.</i>		
	Signature of Parent/Guardian	Date	Please Print Name

FOR OFFICE USE ONLY	Required for Registration		Form Given to Parent/Guardian	Received	Notes
		Copy of Birth Certificate		<input type="checkbox"/>	
		Medical History Form	<input type="checkbox"/>	<input type="checkbox"/>	
		Verification of Residence		<input type="checkbox"/>	
		Copy of Immunizations		<input type="checkbox"/>	
	Completed Registration Form	<input type="checkbox"/>	<input type="checkbox"/>		
	If Applicable	506 Form		<input type="checkbox"/>	
		F/R Lunch Form		<input type="checkbox"/>	
		Boundary Exception Form		<input type="checkbox"/>	
		Guardianship Paperwork		<input type="checkbox"/>	
Entered into PowerSchool	Initials	Date	School		