

Golden Fields Elementary School New Student Registration Form

Family Name _____ Entry Date _____

Student Information:

OFFICE USE ONLY

Last Name	First Name	Birthdate	M/F	Grade	Student #	Teacher

Family Information:

Parent(s)/Guardian _____

Home Address _____

E-mail Address _____

Mailing Address _____

(if different than home address)

Phone _____ Work _____ Cell _____

Race _____ Home Language _____

Are you the legal custodial guardian of this child?

Y____ N____

If no, please list name, address and contact number for the legal custodial guardian:

Name _____

Address _____

Contact # _____



Previous School_____

Address_____

Has your student:

Ever attended a Jordan District School? Y____ N____

Ever had any attendance issues at any previous school? Y____ N____
(More than five unexcused absences/tardies in a school year)

If yes, please explain_____

Ever had any disciplinary issues at any previous school? Y____ N____

If yes, please explain_____

Ever received services in: Special Education? Y____ N____

Speech? Y____ N____

Guidance? Y____ N____

Is your child currently on an IEP? Y____ N____

Please list the names, grades, and birthdates of siblings attending other schools in the Jordan School District:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature

Date

