

# CRESCENT ELEMENTARY – NEW STUDENT REGISTRATION

(Please Print)

School year: 2017 / 2018

Name must be the legal name on birth certificate:

Kindergarten ONLY: AM or PM or SUPPLEMENTAL

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Goes by: \_\_\_\_\_

This address should be within the school boundaries or a permit must be on file:

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Best Contact # \_\_\_\_\_

#1 PARENT/GUARDIAN: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Email \_\_\_\_\_

#2 PARENT/GUARDIAN: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Email \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother/Step Father \_\_\_\_\_ Father/Step Mother  
\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

Is this student: \_\_\_\_\_ Yes, Hispanic/Latino \_\_\_\_\_ No, Not Hispanic/Latino

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

If American Indian or Alaskan Native, please choose one of the following:

\_\_\_\_\_ North American Indian --- Tribal Affiliation \_\_\_\_\_  
\_\_\_\_\_ Central or South American Descent of Indigenous People

First language spoken by student: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

All languages commonly spoken in the student's home: \_\_\_\_\_

Preferred Language (Home/School Communication) \_\_\_\_\_

1. \_\_\_ Yes \_\_\_ No Has your child been living in the U.S. for the last 3 years?
2. \_\_\_ Yes \_\_\_ No Has your child been attending school in the U.S. for the last 3 years?
3. \_\_\_ Yes \_\_\_ No Do you have legal custody of the child you are registering?
4. \_\_\_ Yes \_\_\_ No Is the child you are registering a foster child/ward of the court?
5. \_\_\_ Yes \_\_\_ No Does student have an IEP or is he/she receiving Special Education Services?
6. \_\_\_ Yes \_\_\_ No Has your child ever attended school in the Canyons School District?

## BROTHERS AND SISTERS NAMES (SCHOOL AGE)

Name / School Attending / Grade

Name / School Attending / Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY: Today's Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ Records Request: \_\_\_\_\_

Entry Date: \_\_\_\_\_ B/C: Y / N / \_\_\_\_\_ Immunizations: Y / N / \_\_\_\_\_

Teacher: \_\_\_\_\_ Proof of Residency: Y / N Permit: Y / N Bus: Y / N