

**Please Print** HAS STUDENT EVER BEEN ENROLLED IN GRANITE DISTRICT?  YES  NO School \_\_\_\_\_ Year \_\_\_\_\_

STUDENT'S (LEGAL) LAST NAME FIRST MIDDLE HOME PHONE STUDENT'S SSN

STUDENT'S ADDRESS APT # CITY ZIP CODE MONTH DAY YEAR  
 MALE  FEMALE DATE OF BIRTH

**FOR OFFICE USE ONLY**

STDNT ID \_\_\_\_\_  
 GRADE \_\_\_\_\_ BUS # \_\_\_\_\_  
 FAMILY ID \_\_\_\_\_  
 (Elementary Schools Only)  
 TEACHER \_\_\_\_\_

**\*\*\*PARENT / GUARDIAN NAME(S) AND ADDITIONAL CONTACTS \*\*\***

NAME	RELATION	RESIDES WITH	RELEASE	HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE

ENTRY DATE  
 E1  RS  RO  E2  RD

EXIT DATE  
 TD  TS  TO  
 DR  DE

CUMULATIVE FOLDER  
 SENT \_\_\_\_\_ RECDV \_\_\_\_\_  
 REQU \_\_\_\_\_ SENT \_\_\_\_\_

**\*\*\*\*\* PERSON TO CALL IN EMERGENCY WHEN PARENT CANNOT BE REACHED \*\*\*\*\***

NAME OF EMERGENCY CONTACT	HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE

**GENERAL INFORMATION**

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

DAYCARE/PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH PROBLEMS \_\_\_\_\_

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

WHAT WAS THE FIRST LANGUAGE THE CHILD LEARNED TO SPEAK? \_\_\_\_\_

WHAT IS THE LANGUAGE SPOKEN MOST OFTEN BY THE STUDENT? \_\_\_\_\_

WHAT IS THE LANGUAGE MOST OFTEN SPOKEN IN THE HOME? \_\_\_\_\_

PREFERRED LANGUAGE FOR WRITTEN NOTICES? \_\_\_\_\_

**RACE/ETHNICITY**

ASIAN  
 BLACK  
 CAUCASIAN  
 HISPANIC / LATINO  
 NATIVE AMERICAN  
 PACIFIC ISLANDER

**RELEASE OF INFORMATION**

**SCHOOL DIRECTORY**  
 YES  NO

**UNIVERSITIES OR COLLEGES**  
 YES  NO

**ARMED FORCES**  
 YES  NO

YEAR ROUND SCHOOL  
 TRACK  A  B  C  D

**SPECIAL PERMIT**  
 NEW  RENEW  REVOKE

**KINDERGARTEN**  
 AM  PM  
 BIRTH CERT.  MD  DDS  
 VISION  DPT  POLIO

**IMMUNIZATIONS**  
 MEASLES  RUBELLA  
 MUMPS  2ND MMR

**PREVIOUS SCHOOL ATTENDED**

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**STUDENT'S SIBLINGS**

SIBLING NAME	BIRTH DATE

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**Granite** SCHOOL DISTRICT

Granite School District

REGISTRATION CARD - WOODSTOCK ELEMENTARY - 414

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN NAME (Please Print) \_\_\_\_\_ EMAIL \_\_\_\_\_