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Student Name (Please Print)  
**Ashman Elementary 1<sup>ST</sup> & 2<sup>ND</sup> Grade**  
**Registration Checkoff Sheet**

The forms below are required to register your student.

**THINGS TO RETURN:**

**STATE ISSUED ORIGINAL BIRTH CERTIFICATE & THE FOLLOWING PROOF OF IMMUNIZATIONS MUST BE PRESENTED AT SCHOOL TO REGISTER.**

It is required by law that all children in Utah schools show evidence of CURRENT Immunizations. No child will be admitted the first day of school without PROOF they are CURRENT on immunizations or exempt from immunizations.

Required immunizations for admittance to SCHOOL are:

5 doses DTP (5th DTP is required if 4th is before 4th birthday)

4 doses Polio (3 doses are acceptable, if 3'd dose was given after 4h birthday)

2 doses MMR

3 doses Hepatitis B

2 dose Varicella (Chickenpox)

2 doses Hepatitis A

\_\_\_\_\_ *Authorization to Release Records*

\_\_\_\_\_ *Ashman Elementary Registration Information form*

\_\_\_\_\_ *Bus Rules Form (Must be filled out. This will be used for field trips also)*

\_\_\_\_\_ *Health Survey Form*

\_\_\_\_\_ *Homeless Questionnaire (Fill out and return ONLY IF this applies to your child)*

\_\_\_\_\_ *Free & Reduced Lunch Application*

**SCHOOL TIMES FOR 2015-2016**

**MONDAY – THURSDAY 8:05 AM. – 2:50 P.M. / FRIDAYS 8:05 AM. – 1:05 P.M.**

**Questions?** Call the school office 896-8415



Jill Porter Principal
Amee Roundy Literacy Coach
Michel Woodbury Secretary

**AUTHORIZATION TO RELEASE STUDENT RECORDS**

TO: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX: \_\_\_\_\_

The following student(s) have enrolled in our school.

Please send the following records to the address above:

- Cumulative Folder
- Special Education Records
- Disciplinary Records
- Testing Information
- Special Education Records/IEP etc. (Parent signature required)

Name	Birth date	Grade
_____	_____	_____
_____	_____	_____

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School Official:

X \_\_\_\_\_  
Mich'el Woodbury, Secretary

Date: \_\_\_\_\_

X \_\_\_\_\_/Parent/Guardian

SEND TO:

**ASHMAN ELEMENTARY SCHOOL**

70 North 200 West  
Richfield, UT 84701  
(435) 896-8415 / Fax # (435) 896-6958

FAXED: \_\_\_\_\_

RECEIVED: \_\_\_\_\_

Sevier School District (Ashman Elementary School) does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to all groups. The following person has been designated to handle inquiries regarding non-discrimination policies: Cade Douglas, Director of Student Learning, Sevier School District, 180 E. 600 N., Richfield, Utah 84701 435-896-8214. For further information on notice of non-discrimination, visit: <http://wdeobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone

## Ashman Elementary Registration Information

<b>FOR SCHOOL USE ONLY:</b>				
STUDENT ID # _____		FAMILY ID# _____		TEACHER ASSIGNMENT: _____
ENTRY CODE: _____		ENTRY DATE: _____		
BIRTH CERTIFICATE <input type="checkbox"/> IMMUNIZATIONS <input type="checkbox"/> SS# <input type="checkbox"/> COMPUTER ENTRY COMPLETED <input type="checkbox"/> IMMUNIZATION ENTRY COMPLETE <input type="checkbox"/>				
STUDENT'S LEGAL NAME: _____				
GENDER	BIRTH DATE	GRADE		HOME TELEPHONE: _____
HOME STREET ADDRESS: _____		CITY _____		ZIP CODE _____
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) _____				
I desire a conference to discuss my student's special needs (i.e. Special Education, IEP, Speech, Health/Medication needs. <input type="checkbox"/> Yes <input type="checkbox"/> No				
CHILD'S RACE: (CHECK ALL THAT APPLY) <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Black <input type="checkbox"/> Hispanic				
<input type="checkbox"/> Native American/Tribe: _____		<input type="checkbox"/> Pacific Islander _____		
<b>HOME LANGUAGE SURVEY:</b>				
1. What was the first language the student learned to speak? _____				
2. List all languages spoken or understood by student. _____				
3. List all languages spoken in the home. _____				
4. In what language do you need to receive communication from the school? _____				
5. Date entered/entering U.S. school system _____				
Previous School Attended (if any): Name of School, City & State _____				
Has this child <b>ever</b> attended school in the Sevier School District? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE: _____				
<b>GUARDIANSHIP:</b> Choose the statement below that best describes your relationship to the student whom is/or will be attending AES. <u>To assist us in complying with court orders, you will need to provide us with the necessary legal documents if you mark 2, 3, 4, 5, or 6.</u>				
1. <input type="checkbox"/> I am the parent (birth or adopted) of this child and this child lives with both parents.				
2. <input type="checkbox"/> I am the parent (birth or adopted) of this child and I am not currently married to the other parent, but I have been awarded custody/guardianship through the court.				
3. <input type="checkbox"/> I am the mother/father (birth or adopted) of this child and am not currently married to the other parent and I share custody with the other parent.				
4. <input type="checkbox"/> I am not the parent of this child; I am a relative or friend and have been awarded legal guardianship through the court.				
5. <input type="checkbox"/> I am a foster parent. Verification of DCFS placement must be provided prior to child being enrolled.				
6. <input type="checkbox"/> None of the above statements describe my relationship to this child. Explain below: _____				
<b>WEB &amp; REAPER PERMISSION-</b> On occasion, usually during assemblies and special events at the school, pictures of the students are taken by our staff or the Richfield Reaper staff. Please read the statements below, check the appropriate box and initial on the appropriate line.				
I agree to allow my student's picture to be put on the AES web page when school activities are posted. Names will not be attached to any pictures. <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____				
I agree to allow my student's picture to be taken and published when the Reaper visits the school. Names will be given to the Reaper when they request it. <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____				
<b>EMERGENCY CONTACTS:</b> List <u>LOCAL</u> persons, with phone number and relationship to child, other than parent/guardian who may check student out of school.				
NAME ↓	PHONE # ↓	↓ RELATIONSHIP TO CHILD ↓		

I certify that the above student is living with a natural parent or court-ordered guardian, and resides permanently in the attendance area of this school. I also hereby authorize the people listed on this form to pick up my child from AES.

⊗

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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