

# SCMS Registration Checklist for 2018-2019 School Year

Call 435-674-6474, Ext 303 or email [Jennifer.morgan@washk12.org](mailto:Jennifer.morgan@washk12.org) with questions and to make an appointment for registration.

## The following must be presented for registration:

- A Parent/Legal guardian with a valid photo ID must be present at time of pre-registration. Proof of guardianship paperwork is required for any student not residing with biological parent/s listed on Birth Certificate.
- Birth Certificate - A copy of or the original
- Complete Immunization Record - A copy of or the original
- Proof of residence -The Parent/custodial parent or guardian with whom the student lives must provide proof of address when enrolling the student in school. Verifiable proof of address includes the following and must be dated within the last 60 days:
  - Utility bill (water, gas, TV, Power), Deed of house/lease agreement, Medical insurance card or document from a government agency stating your current physical address.

**OR**

  - If Parent/Guardian is subletting an apartment or home, or if more than one family shares a living space, the parent/guardian must present and affidavit or letter from the leaseholder or homeowner and attach any of the acceptable proofs of address listed above, along with a copy of a valid driver's license for that person.
- Completed student information and course request forms.
- Transfer grades and/or transcript from previous school attended.  
(Only needed for registration once the school year has started)

Information regarding honors class requirements can be found on [scmiddle.org](http://scmiddle.org) under the parents menu. Honors class placement depends upon qualifications being met and if room is available in the honors classes.

**Snow Canyon Middle School**  
1215 N Lava Flow Dr. St. George, UT 84770  
**STUDENT REGISTRATION FORM**

Data Entry: \_\_\_\_\_ Address verified: \_\_\_\_\_  
Immunizations: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_  
Records requested: \_\_\_\_\_ IEP / ELL  
Transfer Grades: \_\_\_\_\_ Added to server: \_\_\_\_\_

STUDENT INFORMATION (PLEASE PRINT)					
Student's <u>Legal</u> last name		First	Middle	Preferred Name (if applicable)	
Gender	Birth date	Country of Birth	Grade	SSN (optional)	Home Phone
<input type="checkbox"/> M	<input type="checkbox"/> F	/ /			( )
Home Street Address			City	Zip Code	
Mailing Address (if different)			City	Zip Code	

PARENT/GUARDIAN INFORMATION			
Father's Name	Place of Employment	Work Telephone	Cell Phone ( )
Mother's Name	Place of Employment	Work Telephone	Cell Phone ( )
Guardian's Name/Relationship (if other than natural parent)	Place of Employment	Work Telephone	Cell Phone ( )
Student Lives With:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
<input type="checkbox"/> Guardian (must have district approved guardianship established)			

IN CASE OF EMERGENCY			
Emergency Contact Name (to call if parent/guardian cannot be reached)	Home Phone	Cell Phone	Relationship to Student
	( )	( )	
	( )	( )	

List persons with phone number, <u>other than parent/guardian</u> who may check student out of school (student will ONLY be released to legal Parent/Guardian unless otherwise noted)		
Name:	Phone:	Relation to student:
Name:	Phone:	Relation to student:
Name:	Phone:	Relation to student:

ETHNICITY INFORMATION*	
Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Black/African American
*Failure to self identify will result in observer identification by SCMS <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native (Tribe: _____)	
Previous School	Address, City, State
	Phone (if known) ( )
	Fax (if known) ( )

EMAIL ADDRESS (information will be sent electronically, including report cards. This is our main form of communication)	

My Child receives the following services (Please check all that apply)	<input type="checkbox"/> IEP	<input type="checkbox"/> 504/Heath care plan	<input type="checkbox"/> ELL	<input type="checkbox"/> Other _____
I desire a conference to discuss my student's special needs (i.e. Special Education, IEP, Medical, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
1. What was the primary language the student learned to speak? _____				
2. List all languages spoken or understood by student _____				
3. List all languages spoken in the home (Please do not include languages learned through foreign language programs) _____				
4. In what language do you need to receive communication from the school? _____				
5. Date entered into the U.S. school system _____				

*I acknowledge that I have reviewed or been given a copy of the Washington County School District Schools Policy and Grounds for Suspension and Expulsion as located in the School Handbook or online at <a href="http://scmiddle.org">scmiddle.org</a> . ( Initial)	
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	
Patient/Guardian signature	Date

# WASHINGTON COUNTY SCHOOL DISTRICT SAFE SCHOOLS CONDUCT STATEMENT

## 1. STUDENT AND PARENT/LEGAL GUARDIAN STATEMENT

The Student Applicant \_\_\_\_\_

A. Has Has Not had criminal charges filed against him/her in the past two years from the date on this statement. If so, please note the charges and explain.

B. Is Is Not the subject of a current criminal investigation. If yes, please note the charges and status.

\_\_\_\_\_  
(Parent/Legal Guardian's Signature) (Date) (Student's Signature) (Date)

Any omission, falsification, or misstatement will be considered a violation of the School District Safe Schools Policy.

## 2. PARENT/LEGAL GUARDIAN RELEASE FOR POLICE AUTHORITY STATEMENT

*(Required for any student twelve (12) years of age or older if answer is yes in A or B of #1)*

As parent/legal guardian of \_\_\_\_\_  
(Student's name) (Student's date of birth)

\_\_\_\_\_ I authorize the POLICE AUTHORITY OF  
(Student legal address during the last two years)

\_\_\_\_\_ to release the information requested below to (school)\_\_\_\_\_. It is understood that this information will be evaluated by the Washington County School District professional staff as part of the residency application process and will not be transferred to any other person or jurisdiction without parental permission. UTAH CODE 75-5-206 (i) (ii) UTAH CODE 53A-2-208 (3).

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date)

Regarding (Student)\_\_\_\_\_ please list any criminal charges filed against him/her during the last two years and whether or not the student is currently the subject of any criminal investigation with your agency.

\_\_\_\_\_  
(Officer and Badge Number) (Police Department) (Date)

# Washington County School District

## Student Information Questionnaire

### McKinney-Vento Eligibility

## Washington County School District

This questionnaire is intended to address the McKinney-Vento Education Assistance Improvement Act 42 U.S.C. 11435. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is this temporary arrangement due to loss of housing or economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to either of the above questions, please complete the remainder of this form.

**If you answered NO to both questions, you may stop here.**

---

Which of the situations below apply to the student?

- H1 Student is sharing a residence with one or more families temporarily.
- H2 Student is living in a motel or hotel.
- H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
- H4 Student is living in a car, park, campground, or public place.
- H5 Student is living in a place without adequate facilities (running water, heat, electricity).
- H6 Student is seeking enrollment without an accompanying parent (not in foster care).

**Student is “physically” living with a parent or guardian in the above situation?** \_\_\_\_ Yes \_\_\_\_ No

**Yes = Accompanied      N = Unaccompanied**

- **IF a false claim is made about your living situation, enrollment may be affected.**
  - **\*Please notify the school if your living status changes.**
- 

**Please list all your children that will be enrolled in schools in the Washington County School District at this time:**

Student's Name	Student's School	Grade	Gender	Date of Birth

Parent signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_ *Form updated 5/2/2016*



# Official Request for Education Records

## SAFE SCHOOLS RELEASE OF RECORDS

(Enrollment in Washington County School District does not automatically guarantee activity/athletic eligibility. Utah High School activities Association transfer rules apply)

For office use:
Faxed _____
Mailed _____
Request: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>

Student Last Name	Student First Name	Birth Date	Grade
<b>Previous School Attended</b>	<b>City &amp; State of Previous School</b>	<b>Phone # &amp; Fax # of Previous school</b>	
		<b>Phone:</b>  <b>Fax:</b>	

**For office use:**

**Please fax or email the following records to 435-628-3289 or [jennifer.morgan@washk12.org](mailto:jennifer.morgan@washk12.org)**

Birth Certificate

Immunization Records

Transcript and Grades to date of leaving

Test Scores

Behavior records

Special Education Records (IEP, Psych Eval)

**Please send cumulative file and Sped records to:**

**Snow Canyon Middle School**

**Attn: Registrar**

**1215 N Lava Flow Dr**

**St George, Utah 84770**

**Phone: 435-674-6474**

**Urgent, student waiting to register.**

**At earliest convenience.**

You are authorized to release records relative to my child's conduct, specifically: (1) suspensions; (2) expulsions; (3) safe school violations; and/or (4) truancy problems. It is understood that these records may be used as part of the application process. These records will be for the use of Washington County School District professional staff and will fall under the guidelines of the Family Education Rights and Privacy Act (FERPA).

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Snow Canyon Middle School

## 8<sup>th</sup> Grade Registration 2018-2019

Student Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

**DIRECTIONS:** In pencil circle your class choices below, enough to equal 8 credits.

(Registration for students receiving Special Ed. Assistance will be done by the Special Ed. Department).

**Course Catalog & Course Videos:** Available online at [www.scmiddle.org](http://www.scmiddle.org) under the GUIDANCE link.

**Honors Classes Requirements:** Academic & Effort grades need to be "B" or higher for Honors Language Arts and Honors U.S. History, "A" for Honors Math, and good attendance. Documentation does not need to be turned in.

---

### REQUIRED 5.5 CREDITS

#### **Integrated Science**

3220 Integrated Science 8 (1.0)

#### **Language Arts**

4080 Language Arts 8 (1.0)

4086 Language Arts 8 Honors (1.0)

#### **Math Class (1.0)**

5808<sub>M</sub> 8<sup>th</sup> grade Mathematics (1.0)

5808<sub>MH</sub> 8<sup>th</sup> grade Mathematics Honors (1.0)

#### **History**

6120 U.S. History (1.0)

6125 U.S. History 8 Honors (1.0)

#### **PE Class (Choose one)**

7650 Intermediate Fitness (1.0)

7651 Int Fitness 1 (1.0)

(mountain biking/hiking/recreation games)

#### **Required**

2020<sub>DL</sub> Digital Literacy (.5)

---

### Electives (choose 2.5 elective credits)

#### **Fine Arts** (all Fine Arts classes require an additional fee)

1192 Art 2A (.5)

1191 \*Art 2B (.5)

1750 Band II Concert (1.0)

1610 Chorus I -Mixed (Beg/Int) (1.0)

1630 \*Chorus II -Mixed (Adv) (1.0)

1870 Guitar (Beg) (.5) (Must furnish own guitar & stand)

1760 Intermediate Orchestra (1.0)

1770 \*Percussion (1.0)

1950 Theater Foundations 1 (.5)

1960 \*Theater Foundations 2 (.5)

#### **Healthy Lifestyles**

7770 Body Toning (.5) (Recommended for girls)

7782 PE Weight Training I (.5)

7784 \*PE Weight Training II (.5)

#### **Career & Tech. Ed**

8630 Exploring Technology (Shop) (.5)

8430 FACS Exploration (Life Skills) (.5)

#### **Electives**

4260 Film (.5)

4600 \*\*Chinese I (1.0)

4740 \*\*Spanish I (1.0)

4SDI8 \*Spanish 4 DLI Honors \_\_\_\_\_

(Must currently be in the Dual Immersion Program to participate in this class)

\*\*Students who take Foreign Language in 8<sup>th</sup> grade will need to take at least 3 years to meet the Regents Scholarship requirements

\$\$ = Fee Required

\* = Prerequisite Required

\*\*\*If you are interested in Yearbook please visit the [scmiddle.org](http://scmiddle.org) homepage for an application.

---

**Note:** Students that have not earned the appropriate credit from 7<sup>th</sup> grade may have one or more elective classes dropped from their schedule and enrolled in GRASP or Learning Strategies.

#### **Select 4 Alternate Course Numbers**

(not already selected courses)

1 - \_\_\_\_\_

3 - \_\_\_\_\_

2 - \_\_\_\_\_

4 - \_\_\_\_\_

Signature indicates approval of registration for next year. **Approved** schedule changes will cost \$10.00 per class change.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

# 8<sup>th</sup> Grade Advisory Registration 2018-2019

★ Please select 2.0 credits ONLY of Advisory classes for the 2018-2019 school year

<b>Full Year Class, A and B day</b> (Choose your 3 alternate classes at the bottom and you are done!): <input type="checkbox"/> Study Hall (2.0)			➡ Subtotal: _____
<b>Full Year Classes:</b> <input type="checkbox"/> Book Club on the Big Screen (1.0) <input type="checkbox"/> Study Hall (1.0) <input type="checkbox"/> Scrabble & Scattergories (1.0) <input type="checkbox"/> Chess (1.0) <input type="checkbox"/> Walking Warriors (1.0) <input type="checkbox"/> Sustained Silent Reading (1.0) <input type="checkbox"/> Music Practice (1.0) <input type="checkbox"/> Math Counts (1.0) <input type="checkbox"/> Math Support (1.0) <input type="checkbox"/> Science Support (1.0) <input type="checkbox"/> Language Arts Support (1.0)			➡ Subtotal: _____
<b>Half Year Classes:</b> <input type="checkbox"/> Book Club on the Big Screen (.5) <input type="checkbox"/> Study Hall (.5) <input type="checkbox"/> Scrabble & Scattergories (.5) <input type="checkbox"/> Chess (.5) <input type="checkbox"/> Walking Warriors (.5) <input type="checkbox"/> Sustained Silent Reading (.5) <input type="checkbox"/> Music Practice (.5) <input type="checkbox"/> Science Olympiad (.5) <input type="checkbox"/> Math Support (.5) <input type="checkbox"/> Science Support (.5) <input type="checkbox"/> Language Arts Support (.5)			➡ Subtotal: _____
<b>Quarter Year Classes:</b> <input type="checkbox"/> Art Club (.25) <input type="checkbox"/> Study Hall (.25) <input type="checkbox"/> Scrabble & Scattergories (.25) <input type="checkbox"/> Chess (.25) <input type="checkbox"/> Walking Warriors (.25) <input type="checkbox"/> Sustained Silent Reading (.25) <input type="checkbox"/> Creative Writing (.25) <input type="checkbox"/> Music Practice (.25)			
<b>You may choose 4 Intramural classes ONLY—1 per quarter:</b>			
<b>Quarter 1:</b> <input type="checkbox"/> Volleyball (.25) <input type="checkbox"/> Pickleball (.25)	<b>Quarter 2:</b> <input type="checkbox"/> Pickleball (.25) <input type="checkbox"/> Flag Football (.25)	<b>Quarter 3:</b> <input type="checkbox"/> Basketball (.25) <input type="checkbox"/> Soccer (.25)	<b>Quarter 4:</b> <input type="checkbox"/> Ultimate Frisbee (.25) <input type="checkbox"/> Outdoor Recreation (.25) <small>(games, nature hike, outdoor ethics)</small>
			➡ Subtotal: _____

➡ **TOTAL credits must equal 2.0:** \_\_\_\_\_

**Alternate Classes** (Please list 3 alternate classes that were **NOT** chosen above, that will only be used if your first choice classes fill up. You may **NOT** choose Science Olympiad as an alternate.)

1 - \_\_\_\_\_

2 - \_\_\_\_\_

3 - \_\_\_\_\_

Signature indicates registration approval of Advisory classes for the 2018-2019 year.

Student Signature: \_\_\_\_\_

### Schedule Change Policy

Schedule changes will be made:

- The week before school starts through the first week of school
- The first week of second semester (after Christmas break)
- If a student does not have a complete schedule (less than 8 credits)
- If a student is physically unable (by a doctor's note) to participate in the class
- If a student was placed in the wrong course by mistake
- By teacher or counselor request

**\$10 Schedule  
change fee  
per class**

**Schedules will NOT be changed for homeroom classes, advisory classes, or to be with friends. All other schedule changes will be based on availability, as well as teacher, parent, and counselor permission.**