

# 2019-20 School Year

## Pre - Registration Checklist

Call 435-674-6474, Ext 3609 or email [Jennifer.morgan@washk12.org](mailto:Jennifer.morgan@washk12.org) with questions.

### 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 or completed open enrollment\* form.

\*Must contact SCMS for open enrollment form

For proof of residence, the 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.

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.

## Washington County School District Student Registration Information

Last Name		First and Middle Names			
Legal Name <i>(if different from above)</i>					
Gender	Birth Date	Country of Birth		Grade	
Home Street Address		City		Zip Code	
Mailing Address <i>(if different)</i>					
<b>Secondary Schools Only: (all information will be sent electronically including report cards)</b> <input type="checkbox"/> I prefer to have information mailed to my home and understand that I will be charged a fee of \$5.00 per year for this service.					
Primary Contact 1		Place of Employment		Contact Phone	
Relationship to student				Type <i>(mobile, home, work)</i>	
				<input type="checkbox"/> Custody of child <input type="checkbox"/> Child lives with <input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
Email Address					
Primary Contact 2		Place of Employment		Contact Phone	
Relationship to student				Type <i>(mobile, home, work)</i>	
				<input type="checkbox"/> Custody of child <input type="checkbox"/> Child lives with <input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
Email Address					
Other Contact Name	Relationship to student	Contact Phone	Type <i>(mobile, home, work)</i>	<input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
Other Contact Name	Relationship to student	Contact Phone	Type <i>(mobile, home, work)</i>	<input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
Other Contact Name	Relationship to student	Contact Phone	Type <i>(mobile, home, work)</i>	<input type="checkbox"/> Can pickup child <input type="checkbox"/> Emergency Contact	
<b>My student has special needs:</b> <input type="checkbox"/> Special Education <input type="checkbox"/> IEP <input type="checkbox"/> Medical <input type="checkbox"/> 504 <input type="checkbox"/>					
Other: _____					
Is the student's current address a temporary living arrangement other than a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous School Attended (Name, Address, City and Zip):					

**I acknowledge that I have reviewed and been given a copy of the Washington County School District Schools Policy and Grounds for Suspension and Expulsion as located in School Handbook. ( \_\_\_\_\_ 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.**

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

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

*The Washington County School District does not discriminate on the basis of race, color, national origin, sex, disability, gender orientation, religious affiliation, age, pregnancy, or marital status in any of its educational programs.*

Information on this document is classified as private in accordance with Government Records Management Act (Utah Code 63-2-302).

Student's Name: \_\_\_\_\_

### Ethnicity

Are you of Hispanic/Latino/Spanish origin?

No, not of Hispanic/Latino/Spanish origin

Yes, of Hispanic/Latino/Spanish origin

Select your race: (You must select one, even if you answered "yes" on the above question. You may select more than one, if applicable.)

American Indian/Alaska Native (AI/AN) Tribal Affiliation: \_\_\_\_\_

• I have completed and submitted an AI/AN Form 506 for my student. \_\_\_\_ Yes \_\_\_\_ No

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

### Home Language Survey

*This information cannot be used for immigration matters or reported to immigration authorities.*

#### Home Language Survey Questions

1. What language do you prefer for school-to-home information?

• Which language does your child most frequently speak at home?

• Which language do adults in your home most frequently use when speaking with your child?

• Which language(s) does your child currently understand or speak? *Do not include language(s) learned in a foreign language program.*

• Does your family come from a refugee background? \_\_\_\_ Yes \_\_\_\_ No

• If the student was not born in the United States, what date was the student enrolled in a U.S. school: (DD/MM/YYYY). \_\_\_\_/\_\_\_\_/\_\_\_\_.

#### Purpose of the Home Language Survey:

- Identifies a student whose home language is not English; and,
- Identifies a student who may be tested on the skills of listening, speaking, reading, and writing in English because a language other than English is spoken at home.
- The English Proficiency Test determines if your student needs language support services along with the regular education program.
- Your child is entitled to these language support services as a civil right.

#### School Responsibilities:

- At registration, Utah uses a standard form of the Home Language Survey that identifies a student with a language other than English, or who comes from an environment where a non-English language is used.
- Students must be tested for these services within the first 30 days of school year or within two weeks of entry into school, if after the first 30 days.

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WCSD Form 901

Revised 06/2018

#### For School Use Only:

School \_\_\_\_\_ Entry Code \_\_\_\_\_ Entry Date \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Immunization: \_\_\_\_ Valid Complete Immunization \_\_\_\_ Exempt Documentation \_\_\_\_ Conditional Enrollment – 21 days \_\_\_\_ Extended Conditional Enrollment

Student ID# from previous school \_\_\_\_\_ Other \_\_\_\_\_ Bus Number \_\_\_\_\_

# 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 Residency Questionnaire for McKinney-Vento Eligibility

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 ***the student's*** current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is this temporary arrangement due to loss of housing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 or due to economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 or some other reason? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

If you answered NO to both questions (1 and 2), you may stop here.

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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 enrolling in the Washington County School District at this time:**

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

**Circle** the one that applies: I am the parent / court appointed legal guardian / responsible adult of the above child(ren).

PRINT name: \_\_\_\_\_ Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\* Office Staff \*\*** Please make enough copies for the parent to take to the other schools within our district. **Also, remember to enter this information into PowerSchool and then email me YOUR student's name, homeless code, and YES or NO for being accompanied or not.**

Thank you! *Homeless Liaison*



# 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**

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).

<input type="checkbox"/> Urgent, student waiting to register. <input type="checkbox"/> At earliest convenience.
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**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Snow Canyon Middle School

## 8<sup>th</sup> Grade Registration 2019-2020

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.

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### 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)

5808<sub>MCA</sub> \*Math 8 Consolidated Accelerated (1.0)

#### **History**

6120 U.S. History (1.0)

6125 U.S. History 8 Honors (1.0)

#### **Both Required**

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

7650 Intermediate Fitness (1.0)

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### Electives (choose 2.5 elective credits)

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

1192 Art 2A (.5)

1191 \*Art 2B (.5) (must take Art 2A also)

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) (must take Theater 1 also)

#### **Healthy Lifestyles**

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

7782 PE Weight Training I (.5)

7784 \*PE Weight Training II (.5) (must take PE Weights I also)

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

8630 Exploring Technology (Shop) (.5)

8430 FACS Exploration (Life Skills) (.5)

#### **Electives**

4260 Film (.5)

4740 \*\*Spanish I (1.0)

#### **Dual Immersion Courses**

(Must currently be in the Dual Immersion Program to participate in these classes)

4SDI8 \*Spanish 4 DLI Honors (1.0)

DIC08 \*Chinese DLI 4 Grade 8 (1.0)

DICCM \*DLI Chinese Culture & Media (.5)

(Students in Chinese Dual Immersion need to sign up for both Chinese classes)

\*\*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.

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**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

★ Please select 2.0 credits ONLY of Advisory classes for the 2019-2020 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> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Book Club on the Big Screen (1.0)</td> <td><input type="checkbox"/> Study Hall (1.0)</td> <td><input type="checkbox"/> Scrabble &amp; Scattergories (1.0)</td> </tr> <tr> <td><input type="checkbox"/> Chess (1.0)</td> <td><input type="checkbox"/> Walking Warriors (1.0)</td> <td><input type="checkbox"/> Sustained Silent Reading (1.0)</td> </tr> <tr> <td><input type="checkbox"/> Music Practice (1.0)</td> <td><input type="checkbox"/> Math Counts (1.0)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Math Support (1.0)</td> <td><input type="checkbox"/> Science Support (1.0)</td> <td><input type="checkbox"/> Language Arts Support (1.0)</td> </tr> </table>	<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: _____									
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➡ **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.

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.***