

2019-20 School Year

Pre - Registration Checklist

Call 435-674-6474, Ext 3609 or email 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 an 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 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>					
Secondary Schools Only: (all information will be sent electronically including report cards) <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	
My student has special needs: <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.

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 st 2 nd 3 rd

Student Last Name	Student First Name	Birth Date	Grade
Previous School Attended	City & State of Previous School	Phone # & Fax # of Previous school	
		Phone: Fax:	

For office use:

Please fax or email the following records to 435-628-3289 or 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

9th Grade Registration 2019-2020

Student Name: _____

DIRECTIONS: In pencil circle your class choices below, enough to equal 8 credits or Release Time plus 7 credits. (Registration for students receiving Special Ed. Assistance will be done by the Special Ed. Department).

Course Catalog: Available online at www.scmiddle.org under the GUIDANCE link.

Honors Classes: Information available online at www.scmiddle.org under the PARENT link

REQUIRED CLASSES 4.5 Credits (5.0 if taking Hon. Geog)

Science class

- 3240 Earth Systems (1.0)
- 3525 Honors Biology** (1.0)

Language Arts class

- 4090 Language Arts 9 (1.0)
- 4095 Honors Language Arts 9* (1.0)

Math class (1.0)

- 5809_M Secondary Mathematics 1 (1.0)
- 5809_{MH} Honors Secondary Mathematics 1* (1.0)

Social Science class

- 6200 Geography for Life (.5)
- 6205 Honors Geography for Life* (1.0)

PE Class (Choose one)

- 7700 Physical Skills & Technique (.5)
- 7706 Physical Skills 1 (dance/yoga/water aerobics) (.5)

Required

- 8594 Business Office Specialist (.5)

ELECTIVES Choose 3.5 Credits (3.0 if taking Hon. Geography)

Seminary

- 0200 Release Time (1.0)

Fine Arts

- 1192 Art 2A (.5) \$\$
- 1191 Art 2B* (.5) \$\$
- 1750 Band II Concert (1.0)
- 1811 Band III Symphonic* (1.0)
- 1610 Chorus I-Mixed (Beg/Int) (1.0)
- 1630 Chorus II-Mixed (Adv)* (1.0)
- 1670 Chorus II-Girls (Adv)* (1.0)
- 1870 Guitar (Beg) (.5) (Must furnish own guitar & stand)
- 1760 Intermediate Orchestra (1.0)
- 1770 Percussion* (1.0) \$\$
- 1940 Social Dance (.5) (may count as Healthy Lifestyle credit)
- 1950 Theater Foundations I (.5)
- 1960 Theater Foundations II* (.5)
- 1970 Theater Foundations III* (.5)

Electives (cannot choose more than one World Language)

- 3670 Aerospace Science (JROTC) (1.0)
- 4600 Chinese I (1.0)
- 4610 Chinese II (1.0)*
- 4740 Spanish I (1.0)
- 4750 Spanish II (1.0)*
- 4SDI9 Spanish 5 DLI Honors (1.0)*

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

Aides (must have a GPA of 3.0 or higher) (can only choose 1)

- 6352 Media Aide (.5)
- 6351 Office Aide (.5)
- 6358 Peer Tutor (.5)
- 6353 Shop Aide (.5)
- 6350 Teacher Aide (.5)

Healthy Lifestyle

- 7770 Body Toning (.5)
 - 7782 PE Weight Training I (.5)
 - 7743 Weight Training Adv. (.5)
 - 7760 Weight Training Adv. (.5)
 - 7741 Weight Training Adv. Fall* (early morning) (0)
 - 7742 Weight Training Adv. Spring* (early morning) (0)
- (Priority for early morning weight training is given to student athletes)

Career & Technology Education

- 8475 Apparel Design & Production 1 (.5) \$\$
- 8469 Fashion Design Studio (.5) \$\$
- 8477 Food & Nutrition I (.5) \$\$
- 8675 Intro to Communication Technology (.5)
- 8645 Manufacturing Technology (.5) \$\$
- 8603 Construction Tech (.5) \$\$

* = Pre-requisite

**=Must also have Honors Secondary Mathematics

\$\$ = Fee required

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

Public Education Online:

The statewide Online Education Program (www.schools.utah.gov/edonline) allows students to earn high school graduation credit through online providers. Students may access high quality online learning regardless of where they attend school, language, residence, family income, or special needs. This program allows students to acquire knowledge and technology skills for a digital world. Students can utilize technology to customize education and to learn in their own style, at their own pace. They can access learning virtually at any time and in any place. Students may accelerate academically. They can customize their schedules to better meet their academic goals. Quality learning options better prepare students for post-secondary education and vocational or career opportunities.

9th Grade Advisory Registration

★ Please select **2.0 credits ONLY** of Advisory classes for the 2019-2020 school year

Full Year Class, A and B day (Choose your 3 alternate classes at the bottom and you are done!): <input type="checkbox"/> Study Hall (2.0)			➡ Subtotal: _____
Full Year Classes: <input type="checkbox"/> Book Club on the Big Screen (1.0) <input type="checkbox"/> Music Practice (1.0) <input type="checkbox"/> Scrabble & Scattergories (1.0) <input type="checkbox"/> Chess (1.0) <input type="checkbox"/> Study Hall (1.0) <input type="checkbox"/> Sustained Silent Reading (1.0) <input type="checkbox"/> Language Arts Support (1.0) <input type="checkbox"/> Math Support (1.0) <input type="checkbox"/> Science Support (1.0)			➡ Subtotal: _____
Half Year Classes: <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"/> Language Arts Support (.5) <input type="checkbox"/> Math Support (.5) <input type="checkbox"/> Science Support (.5)			➡ Subtotal: _____
Quarter Year Classes: <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)			
You may choose 4 Intramural classes ONLY—1 per quarter:			
Quarter 1: <input type="checkbox"/> Volleyball (.25) <input type="checkbox"/> Pickleball (.25)	Quarter 2: <input type="checkbox"/> Pickleball (.25) <input type="checkbox"/> Flag Football (.25)	Quarter 3: <input type="checkbox"/> Basketball (.25) <input type="checkbox"/> Soccer (.25)	Quarter 4: <input type="checkbox"/> Ultimate Frisbee (.25) <input type="checkbox"/> Badminton (.25)
			➡ Subtotal: _____
➡ TOTAL credits must equal 2.0: _____			

Alternate Classes (Please list 3 alternate classes that were <u>NOT</u> chosen above, that will only be used if your first choice classes fill up. You may <u>NOT</u> choose Science Olympiad as an alternate.) 1 - _____ 2 - _____ 3 - _____		
Signature indicates registration approval of Advisory classes.		
Student Signature: _____		

Snow Canyon High School Diploma	Regents Scholarship Core Course of Study*	Regents Scholarship Requirements
<ul style="list-style-type: none"> • Language Arts: 4.0 credits • Math: 3.0 credits • Science: 3.0 credits • Social Science: 3.0 credits • Fine Arts: 1.5 credits • Physical Education: 1.5 credits • Health: 0.5 credits • CTE: 1.0 credits • Business Office Specialist: 0.5 credit • Financial Literacy: 0.5 credit • Electives: 13.5 Credits <p style="text-align: center;">Total: 32 Credits</p>	<ul style="list-style-type: none"> • Language Arts: 4.0 credits • Math: 4.0 credits (progressive) • Science: 3.0 credits (Biology, Chemistry, Physics) • Social Science: 3.5 credits • Foreign Language: 2.0 credits (9-12 grade) <p style="text-align: center;">PLUS SCHS GRADUATION REQUIREMENTS</p> <ul style="list-style-type: none"> • Fine Arts: 1.5 credits • Physical Education: 1.5 credits • Health: 0.5 credits • CTE: 1.0 credits • Business Office Specialist: 0.5 credit • Financial Literacy: 0.5 credit • Electives: 10 Credits <p style="text-align: center;">Total: 32 Credits</p>	<ul style="list-style-type: none"> • Complete the Regents Scholarship Core Course of Study • 3.3 GPA or higher • ACT score of 22 or higher • Fill out the FAFSA • Graduate from a Utah high School • Enroll in 15 college credits Fall semester after graduation (or meet deferment requirements) • Meet all deadlines <p>Up to \$400 in additional money can be earned by opening up a UESP account and depositing \$100 at ages 14, 15, 16, 17 and this program will match your contribution.</p> <p style="font-size: small;">**Award amounts vary and are subject to funding.</p>

*By completing the Regents Scholarship core course of study, students will be better prepared for college classes and be eligible for the Regents Scholarship.

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.