



Silver Crest Elementary

12937 South Elementary Drive • Herriman, Utah 84096

Amanda Edwards, Principal

Phone: 801-253-1034

December 1, 2017

Dear Parents:

It is important that we obtain an accurate list of all children qualifying for kindergarten in the Jordan School District for the 2018-19 school year. If you have a child that will be five years of age on or before September 1, 2018, the child qualifies for next year's kindergarten program. State law requires that all school districts in Utah abide by the the same September 1st entrance cut-off date.

If you have a child qualifying for kindergarten next year, please complete both sides of the form attached to this letter and return it to the school office before January 22, 2018 along with your student's immunization record, legal birth certificate, proof of residency, and legal guardian's picture identification.

Kindergarten Orientation is scheduled for Friday, March 2 from 2:30 to 3:30 so please mark your calendars for this date. We will send out a letter before March 2nd to remind you of this event. If you know of a neighbor who has a qualifying kindergarten child, please share this information with them and tell them to drop by the school and register their kindergarten child. If you have any questions, please call the school at (801) 253-1034.

Sincerely,

Silver Crest Elementary



SILVER CREST ELEMENTARY STUDENT REGISTRATION FORM

Registration Date _____ Entry Date _____

STUDENT INFORMATION

Last Name	First Name	Sex	Date of Birth	Teacher	Grade	Student No.

GUARDIAN #1

Legal Custodial Guardian: Yes / No

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

PRIMARY PHONE No.

PHONE No. 2

PHONE No. 3

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Email: _____

GUARDIAN #2

Legal Custodial Guardian: Yes / No

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

PRIMARY PHONE No.

PHONE No. 2

PHONE No. 3

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Email: _____

RACE: AMERICAN INDIAN _____ HISPANIC _____ PACIFIC ISLAND _____ BLACK _____
 CAUCASIAN _____ ASIAN _____ OTHER _____

ETHNICITY: NO NOT HISPANIC/LATINO _____ YES HISPANIC/LATINO _____

1. What was the first language the student learned to speak? _____
2. Which language is used most by your student? _____
3. Which language is spoken most often in the student's home? _____
4. Student's Country of birth? _____

EMERGENCY CONTACTS – (I give permission to release or send my child/children home to the person(s) listed below for care, if I cannot be contacted). *Parents will always be called first.

FIRST AND LAST NAME	RELATIONSHIP	PHONE NO #1	PHONE NO #2

***PREVIOUS SCHOOL INFORMATION**

SCHOOL _____ DISTRICT _____
 CITY _____ STATE _____ GRADE _____

***OTHER CHILDREN REGISTERED IN JORDAN SCHOOL DISTRICT: LIST OLDEST FIRST**

NAME	BIRTHDATE
_____	_____
_____	_____
_____	_____

DO SIBLINGS RIDE A JORDAN SCHOOL DISTRICT BUS? YES OR NO

WILL STUDENTS BE RIDING A DAY CARE BUS? IF SO, WHICH DAYCARE _____

OFFICE USE ONLY:

BIRTH CERT // IMMUN // POSTCARD/LTR // ONLINE SCHED //
 MEDIA // CAFETERIA // READING // TEACHER // PROOF RESIDENCY //