

STUDENT ENROLLMENT FORM

Grand County Middle School
439 South 100 East
Moab, Utah 84532

Bus student: YES or NO
(Please circle)

Last Name _____ First Name _____ Middle _____

Birthdate _____ Gender _____ Grade _____ SS# _____

ETHNICITY Hispanic/Latino _____
RACE American Indian or Alaska Native ___ Asian ___ Black or African American ___
Native Hawaiian or other Pacific Islander ___ White ___

NATIVE AMERICAN TRIBAL AFFILIATION _____ CIB# _____
Please check one of the following: Goshute ___ Navajo ___ Paiute ___ Shoshone ___ Ute ___ Other ___

Home Address _____ Mailing Address _____

Home Phone _____ Student Cell Phone _____ (for teacher reminders)

Student E-mail _____

Emergency # _____ Parent E-Mail _____

Father's Name _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Guardian's Name _____ Cell Phone _____ Work Phone _____

Student Lives with: Both Parents ___ Father ___ Mother ___ Guardian/Relationship _____

Name/Address of Previous School _____ Phone _____

Have you ever attended Grand County Schools before? Yes ___ No ___ if yes, Year _____

Specific conditions/Medical procedures/Allergies _____

Siblings in Grand Schools:

I hereby authorize the school principal or his/her designee, to secure medical services for my child, at my expense, including doctor, hospital and ambulance services. If I can't be reached promptly by phone, or if, in his/her judgment medical help is immediately required without time to reach me.

Parent/Guardian Signature _____ DATE: _____

Responsible adults to be contacted if parents cannot be reached at home or work. (i.e.: Emergencies)

Name _____ Phone _____ Relationship _____

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