

New Student Registration

Spanish Fork Jr. High

Phone: (801) 798-4081

Fax: (801) 798-4097

Cheryl Brown, Counselor (A-J)

Todd Jackson, Counselor (K-Z)

Becky Provstgaard, Registrar

New Students must bring the following documents to the counseling center:

1. **Transcript-** Unofficial Transcripts will be accepted to register.
 - a. previous years grades PLUS withdrawal grades
2. **Immunization Record**
 - a. Must include: a) 4 DPT, b) 3 Polio, C) 2 MMR
 - b. Out of country students must have proof of a current TB test
 - c. For your convenience, the Health Department address is listed below;

Health Department
151 South University Ave.
Provo, Utah 84601
(801) 370-8743
 - d. To attend SFJH a student must have proof of receiving the following immunizations:
 - **3 Hepatitis B** (already a requirement for this age, should be in file)
 - **1 Tetanus/Diphtheria (Td) booster or Tdap (Td/Pertussis)**
 - a. Must have a booster before entering 7th grade (given after 9-01-02)
 - b. Kindergarten dose does not count as a booster for 7th grade requirement.
 - **1 Varicella (Chickenpox)**
 - a. Previous History of chickenpox disease is OK, parent must submit written statement or shot is required.
 - b. If student is already 13 years old, 2 doses are required.

This is in addition to other immunizations which should have already been completed (i.e. MMR, Polio)

3. **Address Verification**
 - a. Utility Bill in Parent's/Guardian name
 - b. Letter from employer
 - c. Housing Agreement
4. **Birth Certificate-** A Copy will be acceptable.

Spanish Fork Junior High
New Student Registration

Student's Name _____
Last First Middle

Grade _____ Student's Sex: Male/Female Date of Birth: ____/____/____

Student Lives With (Circle One) Parents Mother Father Step-Parent
Guardian Relative Other- Please Specify

Parent/Guardian _____

Address _____
(City) (Zip Code)

Telephone Home # _____

Father's Work # _____ Cell # _____

Mother's Work # _____ Cell # _____

In Case of Emergency and you cannot be reached please Call:

Name _____ Relationship _____ Phone _____ Cell# _____

Name _____ Relationship _____ Phone _____ Cell# _____

Ethnic Code – Circle One

Native American / Black / White / Hispanic / Asian / Pacific Islander / Other _____

Is there a language other than English spoken in the home? Yes _____ No _____

(If yes) What Language _____

Name of School you last attended _____

School's Address _____
(City) (State) (Zip Code)

Have you been suspended or expelled from another school? Y N
(If Yes) When? _____ Why? _____

Have you ever been enrolled in any Resource (Special Ed) Classed within the last three years? _____

-----FOR SCHOOL USE ONLY-----

Date of Entry _____ Transcripts Sent For _____

Student Number _____ Transcripts Received _____