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/Diptheria (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.
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) Classes within the last three years? _______

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

Date of Entry _______________     Transcripts Sent For __________________

Student Number _______________     Transcripts Received _______________