

Timpview High School

New Student Entry Form

Student's Name (**Birth Certificate**): _____
(Last) (First) (Middle Initial)

Social Security #: _____ Birth Date: _____

Check as many boxes as apply:

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: White Asian Black or African American Native Hawaiian or Other Pacific Islander American Indian (Tribe Affiliation _____) or Alaska Native
 Male Female Present Grade: 9 10 11 12

Student's Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Living with Parent/s? Yes
No

Guardian's First/Last Name: _____

Father's First Name: _____ Work Place: (_____) _____ Work #: _____
(_____) _____

Mother's First Name: _____ Work Place: (_____) _____ Work #: (_____) _____

Last School Attended: _____
(School) (City) (State)

Emergency Contact (someone **not** living with you):

Relationship to Student: _____ Phone: (_____) _____ Cell: (_____) _____

Student Information:

Has your student ever attended school in **Provo School District**? No Yes
Has your student ever been in **Special Ed or Resource classes**? No Yes
Has your student ever been in **ESOL classes**? No Yes
Is a language other than English used in the home? No Yes

If Yes, please fill out following:

1. What language? _____
2. What was the first language the student learned to speak? _____
3. What language is most often spoken by the student? _____
4. Country of Birth (required) _____
5. If born outside of U.S., indicate the date first enrolled in a U.S. school ____/____/____

Parent/Guardian Signature _____

For Office Use Only:

Immunization Birth Certificate Proof of Residency **OR** Choice Social Security #

Transcript **OR** Official Transcript UBSCT Scores **OR** other state Scores

Pre-Registered 9 10 11 12 YIC - Case Worker _____ Phone: _____

For Office Use Only:

Student #:
Bio on Computer:
Transcript Posted:
UBSCT Posted: