

TIMPVIEV HIGH SCHOOL

www.timpview.provo.edu

Phone: 801-221-9398 Fax: 801-224-4210

Mary Taylor - Registrar Shiegrid Hernandez - Secretary

--NEW STUDENT REGISTRATION REQUIREMENTS--

****If you are new to Provo School District you must have the following information with you at the time of registration.**

1. Guardianship

Students, who do not live with a parent or court appointed legal guardian, must register with the District Office prior to registration.

Provo School District

280 W 940 N

Provo, UT 84604

(801) 374-4838

Student Services: Liz Robles or Greg Hudnall

2. Transcript

A. Unofficial will be acceptable to register, but official transcripts must be received for credit/graduation purposes.

B. If registering once school year has begun, **withdrawal grades** from previous school are required.

3. Social Security Card - Optional

Failure to provide a SS number may result in a loss of national ACT/SAT scores. Because of the way these scores are reported, THS may be unable to maintain scores not linked to a Social Security number and assumes no responsibility for their loss.

4. Immunization Record

A. Must include: 4 DPT, 3 Polio, 2 MMR (*Beginning with the Class of 2012 see attached page for list of required immunizations.*)

B. **Out of country students must have proof of a current TB test.**

Utah County Health Department

151 S. University Avenue

Provo, Utah 84604

(801) 851-7000

5. Address Verification

A. ACCEPTABLE - Current utility, phone, or fuel bills; letter from employer stating mailing address for payroll; social security or government assistance, etc.; lease or rental agreement with landlord verification; or current credit card statement.

B. NOT ACCEPTABLE - Driver's license or personal checks.

6. Birth Certificate

Must provide original or a copy of student's Birth Certificate.

7. **If your student is interested in participating on any athletic teams, you will need to fill out a UHSAA packet and see Mr. Monks or Dr. Bayles in the Main Office.**

I, _____ (parent name) understand that I am responsible to assist Timpview High School with the above information in order to register and schedule classes for my student.

Parent Signature: _____ Date: _____

(3/5/09)