

WELCOME TO CANYON VIEW ELEMENTARY SCHOOL (Kindergarten)

Request *A.M.* *P.M.* (*Bus and day care students will be given first choice of morning classes.*)

We will TRY to accommodate as many requests as possible.

Parent Fills Out:

_____ *E-mail address*

_____ *Name child goes by if different than first name*

STUDENT

_____ *Last Name*

_____ *First Name*

_____ *Middle*

_____ *Sex*

_____ *Birth Date*

ADDRESS

_____ *Street*

_____ *City*

_____ *State*

_____ *Zip Code*

_____ *Home Telephone Number*

PARENT

_____ *Last Name*

_____ *First Name*

_____ *Relationship*

_____ *Cell phone #*

PARENT

_____ *Last Name*

_____ *First Name*

_____ *Relationship*

_____ *Cell phone #*

FATHER'S WK # _____

MOTHER'S WK # _____

EMERGENCY # _____

Federal race: *American Indian* *Alaskan Native* *Asian* *Black or African American*

Native Hawaiian or other Pacific Islander *White*

Ethnicity: *Hispanic* *Yes* *No*

Language spoken in home _____

Office Fills Out:

STUDENT NUMBER _____

TEACHER _____

PERMIT

ENTRY DATE _____

To Register: _____ *Permit* _____ *Regular* _____ *Choice*

_____ *Added to class list*

_____ *Copy of immunizations*

_____ *Verified*

_____ *Put on Skyward*

_____ *Birth Certificate*