Please read instructions carefully on how to enroll your student.

- **If you are not in Alta boundaries, Complete Permit here** https://permits.canyonsdistrict.org
  BE SURE TO CHECK YOUR EMAIL FOR CONFIRMATION. YOU ARE REQUIRED TO RESPOND TO THAT EMAIL IN ORDER FOR IT TO FINALIZE.
- **You may not receive confirmation until after July 20 when Kelly Nixon returns. All permit questions are handled by Kelly. You can email Kelly.Nixon@canyonsdistrict.org, as she does periodically check her emails over the summer.**
- **If you are new to Canyons District, complete the paper enrollment application.**
  Be sure to enter the student's LEGAL NAME as shown on their birth certificate.
- **If you just finished attending a school in Canyons District, please contact Paula at Alta, 801-826-5630. She can determine if you will need to complete the paper Enrollment Application.**

you must supply us with the following *required* documents:

- Immunization Records
- Birth Certificate
- Unofficial Transcripts or Report card
- Copy of IEP or 504 if applicable
- Proof of address if you are in the Alta boundary

- **Return your completed enrollment application, along with required documents to the Registrar's office in the Counseling Center. If you are coming on permit, please do not return the Enrollment packet until you receive the email stating that your permit has been finalized.**

AFTER YOU ARE ENROLLED

- **All enrolled students will receive communication from the district towards the beginning of August to complete the Online Back to School Registration. Be sure to use your Parent Skyward login** https://student.canyonsdistrict.org/scripts/wsisa.dll/WService=wsEAplus/fwemnu01.w
- **After you've completed the Back to School Registration, call 801-826-5620 to make an appointment with your counselor to create a schedule. *The above steps must be completed before making the appointment.***
- **You can download the appropriate course card from the Alta website to see what courses are offered.** https://altahscounseling.weebly.com/scheduling.html Choose 8 credits worth of courses and bring course card to your appointment.

Office Use Only

Date_____

Student #_____

Grade_____

Permit_____

Alta High School
Enrollment Information

Please Print Legibly

_____

Student Legal Last Name Legal First MI Birth Date Male or Female

_____S

Student Adress (street)

_____

City State Zip Code

_____

Father/Guardian Home Phone Cell Phone

_____

Mother/Guardian Home Phone Cell Phone

_____

Guardian Email Adress

_____ Parents in Same household _____ Split family Student is living with: _____

_____ Full-time Student _____Part-time Student _____Homeschool/Dual _____ Split Enrollment

Student currently receiving accommodations: _____ Special Ed (IEP) _____ 504 _____ ELL

What is the student's race:

_____ American Indian or Alaskan Native _____ Asian

_____ Black or African American _____ Native Hawaiian or other Pacific Islander

_____ White

_____ Yes, Hispanic/Latino _____ No, Not Hispanic/Latino Country of Birth _____

If American Indian or Alaskan Native, please chose one of the following:

_____ North American Indian - Tribal Affiliation _____

_____ Central or South American descent of indigenous people

Primary Language _____ Preferred Language _____

Has student previously attended any schools in the Canyons School District? _____ YES _____ NO

School Last Attended _____

School Address _____

City _____ State _____ Zip Code _____

School Phone Number _____ School Fax Number _____

Emergency Contact

_____

Name Relationship Phone

_____

Name Relationship Phone

Federal and State Programs
9361 South 300 East - Sandy, UT 84070
T: 801-826-5111
www.canyonsdistrict.org

STUDENT HOUSING QUESTIONNAIRE FOR MCKINNEY-VENTO ELIGIBILITY

This form must be completed for all students before the registration form is done

Name of Student: _____ _____ _____ **Student #:** _____
First Middle Last

Name of School: _____ **Grade:** _____ **Birth Date:** ____/____/____ **Age:** _____
MM DD YYYY

Other children living in the home:

Name	School	Grade

The answers to the following questions will help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home a Temporary Living arrangement other than a rental? ☐ **YES** ☐ **NO**
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? ☐ **YES** ☐ **NO**
3. As a student, are you living with someone other than your parent or legal guardian? ☐ **YES** ☐ **NO**

⊗ If you answered **NO** to all of the above questions you may stop here. ⊗

If you answered **YES** to any of the above questions, please complete the remainder of this form.

Where is the student currently living? (Please check one)

☐ 1. With more than one family in a house or apartment due to loss of housing, economic hardship, or similar reason
☐ 2. In a motel/hotel
☐ 3. In a shelter or Transitional Housing (through community agency)
☐ 4. In a location not designed for sleeping accommodations such as a car, park, or campsite
☐ 5. Living in a place without adequate facilities (no heat, electricity, water, etc.)

Address of current residence, or name of motel/hotel, shelter, or "general area" of current residence:

_____

Name of Contact: _____ Phone number or contact number: (____)_____

Print Name of legal guardian(s)/caretaker(s) or unaccompanied youth: _____

Signature of legal guardian/caretaker or unaccompanied youth: _____

Presenting a false record or falsifying records is an offense under Section 73.10. Penal Code, and enrollment of a child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.003(3)(d).

For School Staff Only: Forward questionnaire to Educational Liaison Connie Crosby in the Federal & State Programs Department. Office Phone: (801) 826-5396.

ALTA HIGH SCHOOL

REGISTRAR'S OFFICE

11055 South 1000 East • Sandy, Utah 84094-5433

Request for Student Records

Office use:
_____ Date
_____ 1st Request
_____ 2nd Request
_____ 3rd Request

CURRENT SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE _____ SCHOOL FAX _____

The individual listed below has enrolled at Alta High School. Please forward a copy of his/her academic and health records, complete to the date of withdrawal, as soon as possible.

Please include the following information, but DO NOT send the entire file:

- ☐ Grades to date of withdrawal (withdraw form)
- ☐ **MAIL A SIGNED OFFICIAL TRANSCRIPT**
- ☐ Explanation of marking system
- ☐ Birth certificate
- ☐ Medical and immunization records
- ☐ Resource/Special Education services?
- ☐ Alternative Language Records (ESL Services)
- ☐ Fax student records necessary for enrollment

STUDENT NAME: _____

DATE OF BIRTH: _____

GRADE LEVEL FOR 2026-27 YEAR: _____

NOTE: Remember that pursuant to Utah State law, "unofficial transcripts may not be withheld from students for nonpayment of school fees" (R277-705-10).

Paula.Seaich@canyonsdistrict.org • *Registrar* • Phone (801) 826-5630 • Fax (801) 826-5698