

Student Support Services

7387 S. Campus View Drive, West Jordan, UT 84084 801-567-8187

Registration

Student First Name, Last Name	Date of Birth	Gender	Entry	Jate	EXIT Date				
Student Address, City, Zip	Student Cell #		SSID#		JSD ID #				
Parent/Guardian First, Last Name	ian First, Last Name Parent/Guardian Cell #		Parent/Guardian Email						
Boundary School/School of Attendance Grade			Student Email						
Internet Access	Laptop		Deskto	р	Desktop Location				
Yes No	Yes	No	Y	es No					
Reason for Referral			Project	ted Length of H & I	H Services				
Short Term Illness (student requires H & H services between 10 to 45 consecutive school days)				Date Civics Test Passed:					
Long Term Illness (student or requires H&H services for 46 consecutive school days or longer)				SPECIAL CONSIDERATIONS: ELL: Yes No					
At Risk (District Exclusion – weapons/violent acts)				WIDA Level _ IEP: Yes					
High Risk (District Exclusion – drugs/alcohol)				(If the student has an IEP, please contact Special Education.)					
Youth Services (Day Treatment Program)				504: Yes	N-				
Other				504: Yes Accommodati					
Home & Hospital Teacher assigned:									

STUDENT SCHEDULE & GRADE INFORMATION

Schedule	Course Description		Content Units (A,B,C,D)				Quarter Grades			
Changes	Number	Name	Q1	Q2	Q3	Q4	1 st	2 nd	3 rd	4 th
				-						

Notes: