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

| Student First Name, Last Name | Date of Birth | Gender | Entry Date |  | Exit Date |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Student Address, City, Zip | Student Cell \# |  | SSID \# |  | JSD ID \# |
| Parent/Guardian First, Last Name | Parent/Guardian Cell \# |  | Parent/Guardian Email |  |  |
| Boundary School/School of Attendance | Grade |  | Student Email |  |  |
| Internet Access $\square$ Yes $\quad \square$ No |  |  |  |  | Desktop Location |
| Reason for Referral |  |  | Projected Length of H \& H Services |  |  |Short Term Illness (student requires H \& H services between 10 to 45 consecutive school days)Long Term Illness (student or requires H\&H services for 46 consecutive school days or longer)



At Risk (District Exclusion - weapons/violent acts)


High Risk (District Exclusion - drugs/alcohol)

$\square$
Youth Services (Day Treatment Program) Other $\qquad$
Home \& Hospital Teacher assigned: $\qquad$

Date Civics Test Passed: $\qquad$
SPECIAL CONSIDERATIONS:
 Yes
 No WIDA Level
IEP:
 Yes $\square$ No
(If the student has an IEP, please contact Special Education.)
 Accommodations Needed:

STUDENT SCHEDULE \& GRADE INFORMATION

| Schedule Changes | Course Description |  | Content Units (A,B,C,D) |  |  |  | Quarter Grades |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Number | Name | Q1 | Q2 | Q3 | Q4 | $1^{\text {st }}$ | $2^{\text {nd }}$ | $3{ }^{\text {rd }}$ | $4^{\text {th }}$ |
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| Notes: |  |  |  |  |  |  |  |  |  |  |

