

Diamond Ridge High School - Enrollment Application 2019-20

825 East 9085 South – Sandy, UT 84094 – Phone: 801-826-9900 – FAX: 801-826-9909

Notes: Please complete all sections of this form. Incoming seniors must have at least 14 credits.

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|--|--|--|--|
| Student Name: | | Date of Application: | |
| Birth Date: | | Student ID: | |
| Current Grade: | | Current High School: | |
| Address: | | City, State & Zip: | |
| Student Phone: | | Student Email (<i>must</i> include First and Last Name): | |
| Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 504 Accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Parent/Guardian Name: | | Preferred Contact Phone Number: | |
| Parent email: | | | |

I understand enrollment in Diamond Ridge (DRHS) is based on enrollment capacity, and DRHS is a “school of choice.” This means if my student is accepted to DRHS, my student’s permission to attend will be revoked and required to return to his or her boundary school if my student violates Canyons District/DRHS’s rules for behavior, attendance, or grades.

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____



REQUEST FOR PERMANENT RECORDS

| | | | | |
|--------------|----------------|------------|-------|-------------|
| Date | Student’s Name | Birth Date | Grade | Last School |
| Address | City | | State | Zip |
| Phone Number | | Fax Number | | |

In compliance with the Family Education Rights and Privacy Act of 1974, which requires consent for the release of certain information, I hereby give consent for you to release to the school listed below, the records and report I have indicated.

- General Education Records
- Special Education Records
- Psychological Reports

Please forward school records to:
 DIAMOND RIDGE HIGH SCHOOL
 825 EAST 9085 SOUTH
 SANDY, UTAH 84094
 Phone 801-826-9900 Fax 801-826-9909
 suzanne.hales@canyonsdistrict.org

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|------------------------------------|------|-------|-----|
| Signature of Parent/legal guardian | Date | | |
| Address | City | State | Zip |