



LOG IN

Please enter your Parent SIS username and password.

[Register](#) if you don't have an account (student lunch# and birthdate needed).

New students need to go to their respective school and get set up in SIS before doing online registration.

[Forgot your Password?](#)

Account Information

Username:

Password:

Keep me logged in

Log In



Welcome to the online registration system for Tooele County School District.

Before you can continue you'll need a username and password.

New students cannot register online until they have gone to their respective school for initial setup.

Follow these steps to register your student(s) for school:

Step 1: Obtain a username and password.

[Click here to open a new window and obtain a username and password.](#) Follow the directions on the screen and after creating your account close the window and return here. If you are having trouble with this step email registration@tooeleschools.org. Include your student's ID.

Step 2: Login and begin registering your student(s).

[Click here to begin](#)

Step 3: Print your documents and pay your fees.

You can pay your fees online or pay at your student's school.

**Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).*

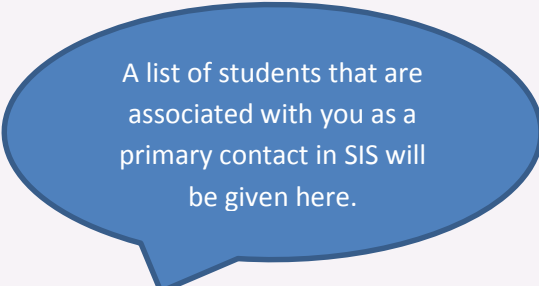


Choose the student you want to register. Please register each student one at a time. You may return to this page to select your next student after you finish the registration process.

Don't see your students?

- Make sure you are logged in as a parent and not as your student
- Email your username and the student ID to registration@tooeleschools.org

Start Registration





- Basic
- Additional
- Contact
- Health
- Language
- Sign
- Print
- Finish

BASIC INFORMATION

First Name:

Last Name:

Middle Name:

Gender: Male Female

Date of Birth:

Place of Birth:

Were you born outside the USA? * Yes No

Grade:

Homeroom Teacher:

Hispanic/Latino: * Yes No

Race:

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White

Items in bold are editable.

PLEASE LIST OTHER CHILDREN IN YOUR FAMILY (18 YEARS OR YOUNGER)

ADD ANOTHER CHILD TO THE LIST

Name:

Age:

Gender: Male Female

Birth Date:

School:

[Save this child to list](#)

STUDENTS CURRENTLY LISTED IN YOUR FAMILY

This information is local to registration only.

Save and Continue

**Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).*



Basic Additional Contact Health Language Sign Print Finish

ADDITIONAL STUDENT INFORMATION

HOME ADDRESS

Address1: [REDACTED]
Address2: [REDACTED]
City: **Tooele**
State: **UT**
Zip Code: **84074**
Home Phone: [REDACTED]
Email Address: [REDACTED]

MAILING ADDRESS

Check if mailing address is the same as the home address

Address1: [REDACTED]
Address2: [REDACTED]
City: **Tooele**
State: **UT**
Zip Code: **84074**

SERVICES

Please mark any of the following that may apply. This information helps the district determine if the student is eligible for additional services. It is required that this information be updated every school year.

- Lives with another family because of a loss of housing or economic hardship.
- Lives in a motel or hotel.
- Lives in a shelter (emergency, transitional, or domestic violence).
- Lives in a car, park, campground, or public place.
- Lives in a residence without adequate facilities (running water, electricity, heat, etc.).
- Seeks enrollment without accompanying parent (not to include youth in foster care).
- My child requires Special Education services
- 504 Plan
- Other?

Would you like to receive additional information from the Educational Homeless Liaison?

- Yes No

Save and Continue

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Basic Additional Contact Health Language Sign Print Finish

U.S. DEPARTMENT OF EDUCATION OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Name of child School Name: Tooele High School
 Date of Birth Grade

Name of tribe, band or group *

Please make a selection:

- Goshute
- Navajo
- Paiute
- Northwest Band Shoshone
- Ute
- Other

Tribe, Band or Group is: *

- Federally Recognized, Including Alaska Native
- State Recognized
- Terminated
- Organized Indian Group Meeting #5 of the Definition Above

Name of individual with tribal membership *

Individual named is:

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available)

Or. Other proof of membership (explain)

Name and address of organization maintaining membership data for the tribe, band or group: *

This form will only be rendered if you choose American Indian/Alaskan Native in the race section of the first page.



Basic Additional **Contact** Health Language Sign Print Finish

PRIMARY CONTACT INFORMATION

(Father, Mother or Legal Guardian)
[Add New Contact](#)

[Edit](#) [Delete](#)

First Name: [REDACTED]
Last Name: [REDACTED]
Home Address: [REDACTED]
Tooele UT 84074
Email Address: [REDACTED]
Main Number: [REDACTED]
Mailing Address: [REDACTED]
Tooele UT 84074
Relationship: [REDACTED]
Custodial: Yes

[Edit](#) [Delete](#)

First Name: [REDACTED]
Last Name: [REDACTED]
Home Address: [REDACTED]
Tooele UT 840
Email Address: [REDACTED]
Main Number: [REDACTED]
Mailing Address: [REDACTED]
Tooele UT 84074
Relationship: [REDACTED]
Custodial: Yes



EMERGENCY CONTACTS - DAYCARE PROVIDERS

(Other than parent, please provide at least one emergency contact and one out of state contact if possible.)

[Add New Emergency Contact](#)

[Edit](#) [Delete](#)

Name: [REDACTED]
Primary Phone: [REDACTED]
Alternate Phone: [REDACTED]

[Edit](#) [Delete](#)

Name: [REDACTED]
Primary Phone: [REDACTED]
Alternate Phone: [REDACTED]

[Edit](#) [Delete](#)

Name: [REDACTED]
Primary Phone: [REDACTED]
Alternate Phone: [REDACTED]

[Save and Continue](#)

**Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).*



Basic Additional **Contact** Health

PRIMARY CONTACT INFORMATION

(Father, Mother or Legal Guardian)
[Add New Contact](#)

[Edit](#) [Delete](#)

First Name: [redacted]
Last Name: [redacted]
Home Address: [redacted]
Tooele UT 84074
Email Address: [redacted]
Main Number: [redacted]
Mailing Address: [redacted]
Tooele UT 84074
Relationship: Father
Custodial: Yes

EMERGENCY CONTACTS

(Other than parent, please provide at least one emergency contact and o

[Add New Emergency Contact](#)

[Edit](#) [Delete](#)

Name: [redacted]
Primary Phone: [redacted]
Alternate Phone: [redacted]

[Edit](#) [Delete](#)

Name: [redacted]
Primary Phone: [redacted]
Alternate Phone: [redacted]

First Name: [redacted]
Last Name: [redacted]
Home Address: [redacted]
Home Address 2: [white]
City: [redacted]
State: [redacted]
Zip: [redacted]
Occupation: [white]

Check this box if your mailing address is the as your home address

Mailing Address: [redacted]
Mailing Address 2: [white]
City: [redacted]
State: [redacted]
Zip: [redacted]

Relationship
Custodial Yes No

Other Contact Information

Email Address: [white]
Main Number: [redacted]

Other Phones
[white] Residence
[Add Phone Number](#)

Screen popup for adding/editing primary contact.



Basic Additional **Contact** Health Language Sign Print Finish

PRIMARY CONTACT INFORMATION

(Father, Mother or Legal Guardian)

[Add New Contact](#)

[Edit](#) [Delete](#) ✖

First Name: [Redacted]

Last Name: [Redacted]

Home Address: [Redacted]

Tooele UT 84074

Email Address: [Redacted]

Main Number: [Redacted]

Mailing Address: [Redacted]

Tooele UT 84074

Relationship: Father

Custodial: Yes

[Edit](#) [Delete](#) ✖

Full Name: [Redacted]

Primary Phone: [Redacted]

Alternate Phone: [Redacted]

Starred emergency contacts will be called before those not starred. Those marked Release will be Authorized for school to release student to at any time

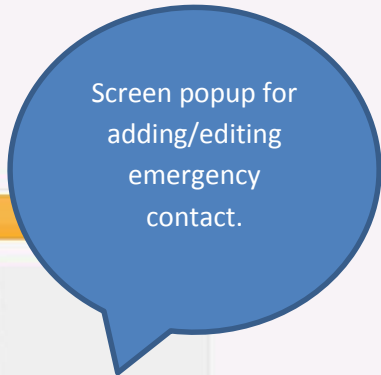
Click the image to toggle starred and release settings.

Starred: ☆

Release: ⇌

Save Changes

339098



EMERGENCY

(Other than parent, please provide at

[Add New Emergency Contact](#)

[Edit](#) [Delete](#) ✖

Name: [Redacted]

Primary Phone: [Redacted]

Alternate Phone: [Redacted]

☆ ⇌

☆ ⇌

☆ ⇌



[Basic](#)

[Additional](#)

[Contact](#)

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[Sign](#)

[Print](#)

[Finish](#)

HEALTH INFORMATION

If your student requires any of the services or attention regarding a health care concern (see below list), it is the parent's/guardian's responsibility to contact the student's school. The school will provide you with the [appropriate paperwork](#) so that your student's health concerns can be addressed at school. It is required that this information be **updated every school year**.

- My child meets one or more of the conditions listed below.
- Administration of medication to student by school personnel
 - Students carrying and self-administering their own medication
 - Diet modifications
 - Medical conditions
 - Physical cares that need to be done during school hours

Health forms must be filled out and given to school for the bulleted items to the left.

Does your student have any of these health concerns?

- Glasses/contacts
 Hearing Aid
 Physical Problems
 Daily Medicine

Does your student have any special needs?

- Transportation
 Wheelchair
 Adult Assistance
 Special Equipment

I give permission to share the information on this page with school personnel who have a need to know my child's health concerns. *

Yes No

In case of an ACCIDENT or SERIOUS ILLNESS, I request the school to take whatever action seems appropriate. *

Yes No

[Save and Continue](#)

**Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).*

Items with red
asterisk are
required.

[Contact](#)

[Health](#)

[Language](#)

[Sign](#)

[Print](#)

[Finish](#)

HOME LANGUAGE SURVEY

The purpose of acquiring this information is to determine Individual Language Development Plans (ILDLP's) for students who may qualify as English Language Learners and to implement Alternative Language Services for our students (ALS).

* Years in the United States

* Number of years in School in US

Number of years in School Outside US

This student can speak a language other than English (if yes, please answer questions below)

What was the first language your child learned to speak?

What language does your child speak most often?

What language do you use most often when speaking to your child?

What language is most often spoken in your home?

What languages do other family members use in your home?

(CTRL + click to select multiple items)

Afrikaans
Amharic
Arabic
Creole French-based(Not Haitian)
Croatian
German
Dutch
Spanish
Persian (Farsi)
French
Gujarati
Hindi

Previous school name:

Previous school address:

**Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).*



[Basic](#)

[Additional](#)

[Contact](#)

[Health](#)

[Language](#)

[Sign](#)

[Print](#)

[Finish](#)

DIGITAL SIGNATURE

These documents will be electronically signed:

- Acceptable Use Policy
- Athlete and Student Concussion and Traumatic Head Injury Policy
- Home Language Survey
- Registration Form
- Residency Questionnaire

Electronic signature will be given on the bulleted items listed to the left.

Student Release:

Unless authorized by the custodial parent in person, the child will not be released to anyone other than parents and persons listed on the [Contact Information](#) page. You can manage your contacts by logging into SIS.

Media Release:

Frequently, Tooele County School District and the media wish to feature student achievement, extracurricular activities, clubs, sports, and other activities. Do you give permission for your student's name, picture, school, age, and any honors received or activities participated in to be utilized in school or district publications, yearbook, school directory, news media, Utah Futures and other publications? *

"No restrictions" is default for media release.

District Policies:

English

Spanish

- [Compulsory Attendance Policy](#)
- [District Fee Schedule](#)
- [Family Education Rights and Privacy Act](#)
- [No-Nit Policy](#)
- [School Fees Notice K-6](#)
- [School Fees Notice 7-12](#)
- [Section 504 of the Rehabilitation Act and Americans with Disabilities Act](#)
- [Safe School Policy](#)
- [Student Health Care](#)

- [No-Nit Policy](#)
- [School Fees Notice K-6](#)
- [School Fees Notice 7-12](#)
- [Safe School Policy](#)

By Signing below you are acknowledging that you received this information.

**Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).*

Financial Responsibility:

A parent or guardian shall, as part of the registration process, agree in writing to be responsible for any of the student's fees or school charges that remain unpaid at the end of the school year and which have not been waived pursuant to District Policy. At the end of the school year, any fees or charges remaining on the student's account that are more than 90 days old, may be referred to a collection agency.

Tooele County School District Acceptable Use Policy

5:48 ACCEPTABLE USE POLICY Approved June 16, 2009

A. PURPOSE

Tooele County School District (TCSD) provides a number of electronic resources such as access to the Internet, email, student information services and other web-based applications. Content filters are used to ensure the safety of all who are TCSD electronic resources. These resources provide the means necessary for students, teachers, administrators and staff to complete assigned

Students and Parents: I have read and fully understand the [Acceptable Use Policy](#) / [Acceptable Use Policy \(Spanish\)](#) and will abide by its stipulations. *

Yes No

5.54 Athlete and Student Concussion and Traumatic Head Injury Policy

Student electronic signature is listed when in secondary school.

5.54 ATHLETE AND STUDENT CONCUSSION AND TRAUMATIC HEAD INJURY

A. Purpose and Philosophy

As medical management of sports-related concussion continues to evolve, Tooele County School District recognizes there has been a significant amount of new research regarding sports-related concussions in high school athletes. Tooele County School District has established this protocol to provide education about concussion for coaches, school personnel, parents and students, as well as any miscellaneous special program within the District. This protocol is intended to be used as a guide for all schools within the District.

[Download the Athlete and Student concussion and Traumatic Head Injury Policy \(Secondary Schools\)](#)

[Download the Athlete and Student concussion and Traumatic Head Injury Policy \(Elementary Schools\)](#)

STUDENTS: I have read, understand and agree to abide by the Tooele County School District policy regarding concussions and traumatic head injuries for the purposes of "sporting events" sponsored by the District for the 2013-2014 school year. I also acknowledge my responsibility to report to my coaches/advisors and parent(s)/guardian(s) any signs or symptoms of a concussion or traumatic head injury. *

Yes No

PARENTS: I, [redacted] the parent/guardian, of [redacted] have read, understand and agree to abide by the Tooele County School District policy regarding concussions and traumatic head injuries for the purposes of "sporting events" sponsored by the District for the 2013-2014 school year. *

Yes No

I certify that I am the legal guardian or custodial parent of this student. I certify that I have read and understood the information on this registration site, that the information entered is correct, and that I will notify the school of any changes to the information herein.

Parent or Guardian Signature

Name: [redacted] *

Date: 6/5/2013 * mm/dd/yyyy

Relationship:

Student signature

Name: [redacted] *

Date: 6/5/2013 * mm/dd/yyyy

*Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).



TOOELE COUNTY SCHOOL DISTRICT ONLINE REGISTRATION

FOR HELP EMAIL REGISTRATION@TOOELESCHOOLS.ORG OR CALL 435-833-8761 7:30AM-4PM.

Welcome
ahansen! [Log](#)
[Out](#)

[Basic](#)

[Additional](#)

[Contact](#)

[Health](#)

[Language](#)

[Sign](#)

[Print](#)

[Finish](#)

Your registration documents are ready for you to download and review. If everything is accurate, press "Complete" below. Once you complete this process your student's online registration will be submitted and you will not be able to edit the forms. You can return to the registration window to download your forms. If you need to make any changes, use the navigation links above.

[Click to review your documents](#)

*Si usted necesita esta información disponible en español para que pueda ser mejor entendida, por favor contacte la escuela de su hijo(a).

Preview documents and verify information before committing registration.



- Basic
- Additional
- Contact
- Health
- Language
- Sign
- Print
- Finish

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The information you entered has been submitted for review and is now closed to updates. If there are any errors, please call 435-833-8761 to open your registration. Next, you need to pay school fees where applicable (see SCHOOL FEES section below). Secondary students need to check with their individual schools regarding any additional requirements that need to be met before school starts.

Students use the account below to log into your school's computers. (This is not the SIS login)

Your school computer **username** is: [REDACTED]

School computer **password** is: [REDACTED]

SCHOOL FEES

- [Click here to download the 2013-2014 fee schedule](#)
- [Click here to pay your fees online.](#)
- If not paying online, print out the [registration completion certificate](#) and take to your school finance secretary with payment.
- [Click here to download the Fee Waiver Application](#) You must fill out, print and take this form along with supporting documentation to the school finance secretary.

REDUCED/FREE SCHOOL LUNCH

- There will be a link to an online application submittal site. We will have specifics at a later date.

If you have completed the school fees section and noted your student's login credentials for school computers, [click here to return to the beginning and register another student.](#) [Click here to download your completed registration documents.](#)



Tooele County School District Online Registration Completion Certificate

2013-2014

Student ID: [REDACTED]

Student Name: [REDACTED]

School: Tooele High School