

# Summit Academy Schools

## NEW STUDENT CHECK LIST

### 2026-2027

### NEW STUDENTS

To register your child please provide the following:

\_\_\_\_\_ Copy of IEP or 504 Plan for Special Education students, if applicable

\_\_\_\_\_ Disciplinary History (Signed by Parent)

\_\_\_\_\_ Request for Transfer of Records

\_\_\_\_\_ Student Media Consent and Release Form

\_\_\_\_\_ \* Copy of birth certificate or current passport

**Turn in once you have completed your on-line SIS Aspire registration**

\_\_\_\_\_ \* Proof of current immunization or exemption

**Immunization must be current before the first day of school 8/11/2026**

\_\_\_\_\_ \* Copy of vision screening (Grades Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup>)

**Turn in before the first day of school 8/11/2026**

Utah Code 53A-1a-506.5 **Mandates that a student may be officially enrolled in only one school.**

#### **Draper Campus**

1225 East 13200 South  
Draper, UT 84020  
Elem: 801-572-4166  
Jr. High: 801-572-9007

#### **Independence Campus**

15327 South Noell Nelson Drive  
Bluffdale, UT 84065  
801-987-8755

#### **Bluffdale Campus**

1940 West 14400 South  
Bluffdale, UT 84065  
801-254-9488

---

# DISCIPLINARY HISTORY

This information is allowed under Utah Code 53A-2-208(3) (b)

STUDENT NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

Please circle the appropriate answer:

- |   |     |    |
|---|-----|----|
| 1. Has your student ever been suspended from school?  | Yes | No |
| 2. Has your student ever been expelled from school?   | Yes | No |
| 3. Is there any disciplinary action pending concerning your student from his/her previous school of enrollment? | Yes | No |

If you answered yes to any of the above questions, please provide details below. (Include school name, student's grade level at the time of the incident, approximate date of the incident, describe the incident for which the discipline was taken, and the type of discipline handed down by the school.)

---

---

I certify that the above information is true and complete:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Summit Academy Schools

\_\_\_\_\_ 1<sup>st</sup> Request  
\_\_\_\_\_ 2<sup>nd</sup> Request  
\_\_\_\_\_ 3<sup>rd</sup> Request

**Draper Campus**  
1225 East 13200 South  
Draper, UT 84020  
801-572-9007

**Independence Campus**  
15327 South Noell Nelson Drive  
Bluffdale, UT 84065  
801-987-8755

**Bluffdale Campus**  
1940 West 14400 South  
Bluffdale, UT 84065  
801-254-9488

---

## Request for Transfer of Records

Date: \_\_\_\_\_

School requested from: \_\_\_\_\_

Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Fax: \_\_\_\_\_

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

Grade \_\_\_\_\_

Please send the file to Summit Academy, ATTN: Registrar Office, at your earliest convenience. Thank you for your cooperation on behalf of maintaining the most appropriate educational services for all the students.

### Please include the following information:

- Grades to date of withdrawal and Student Withdraw Form
- Test Scores
- Medical and Immunization Records
- Explanation of marking system
- SEOP folder (if available)
- Birth certificate
- Special Education Records (**Please send ENTIRE ORIGINAL folder**)

Registrar's Office  
Summit Academy Schools

**Note:** Federal Law 99.31 states, "No parent signature is required for educational records sent to another educational agency."

---



# Student Media Consent and Release Form

*Throughout the school year, students may be highlighted in efforts to celebrate their achievements and promote Summit Academy activities, programs and achievements. This includes internal and external media such as social media, district's website and other media platforms.*

Please complete this form and have your child return it to his or her school. This consent form remains valid throughout your child's K-12 experience with Summit Academy Schools or until a new form is completed and signed by a parent / guardian or eligible student. I, \_\_\_\_\_ as the parent or guardian of

\_\_\_\_\_ grant permission to Summit Academy and its School Board, agents, employees and/or school staff to photograph my child and to record voice, performance, poses, acts, plays and appearances. I further grant my child's school all rights to use these sounds, still, and moving images and other reproductions of physical likeness in any medium (i.e., print, website, video, social media).

I understand that neither Summit Academy nor its representatives will reproduce said photographs, interviews or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photographs or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

I further release and relieve Summit Academy, its School Board, employees, and other representatives from any liabilities, known or unknown, arising from the use of this material.

I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing to the Summit Academy *Student Media Consent and Release Form*. I agree that my failure to raise any questions in writing in conjunction with the signing of this document will be interpreted as a free and knowledgeable acceptance of the terms of this release.

- I deny permission to use my child's image for display, publication, or release to external organizations.
- I grant permission for use of my child's image in print, video and/or digital media.
- I grant permission for use of my child's image for the yearbook only.

I understand that my child's image may be used or released by Summit Academy without additional notification and that my child's name may appear along with his or her photograph.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date