

Summit Academy High School

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

_____ Previous School Attendance Information Sheet

_____ * 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 first day of school 8/11/2026

_____ * Current copy of Transcript

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

**PLEASE SUBMIT ADDITIONAL FORMS
TO THE OFFICE**

14942 South 560 West, Bluffdale, UT 84065

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 High School

_____ 1st Request
_____ 2nd Request
_____ 3rd Request

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 High School, 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 High School

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

14942 South 560 West
Bluffdale, UT 84065
Phone: 801-495-3272 Fax: 801-495-3275



Previous School Attendance Information Sheet

STUDENT NAME: _____

PLEASE LIST THE LAST 3 SCHOOLS YOUR STUDENT ATTENDED

School Name: _____ Dates of Attendance: _____

School Name: _____ Dates of Attendance: _____

School Name: _____ Dates of Attendance: _____