

Springside Elementary



Phone: (801)610-8732
Fax: (801)854-5505
694 S. Highpoint Dr.
Saratoga Springs, UT 84045

Name of Last School: _____

City and State: _____

Fax #: _____ **Phone#:** _____

Please send all school records including CUM folder with birth certificate, and immunizations records, special education (IEP), and any other records regarding the child/children listed below. Thank you.

Name: _____ Grade: _____ Birthday: ___/___/_____

Name: _____ Grade: _____ Birthday: ___/___/_____

Name: _____ Grade: _____ Birthday: ___/___/_____

To expedite enrollment, please fax the following to us as soon as possible:

Birth Certificate:___ Immunization Record:___

Legal Documents:___ Withdrawal Form:___

As parent or guardian of the above named student(s), I do hereby authorize the above named school to release cumulative files with all records and test results.

School official or Parent/Guardian Signature

Date: