

Registration Form

Personal Information

SSN#:	Last Name:	First Name:	Middle Initial:
Address:		City:	State: Zip:
Phone #(s):	Email:	Birthplace (City, State)	Birthdate (mm/dd/yyyy):

Class Registration

Course #	Section #	Course Title	Instructor	Beginning Date

Payment

Registration forms and payment should be sent directly to your district representative.

*Make checks payable to Jordan School District.

District:	Representative:	Phone:	Address:
Davis	Sheri Sauve	(801)402-5111	45 E. State St., PO BOX 588, Farmington, UT 84025
Jordan	Teri Mattson	(801)567-8368	7387 S. Campus View Dr., West Jordan, UT 84084
SLC	Sue Savage	(801)578-8285	440 E. 100 S., Salt Lake City, UT 84111
Granite	Sheri Sorensen	(385)646-4620	2500 S. State St., Salt Lake City, UT 84115
Murray	Kay Erwin	(801)264-7424	662 W. Bulldog Cir., Murray, UT 84123
Canyons	Eden Steffey	(801)558-9158	9150 S. 500 W., Sandy, UT 84070

FOR OFFICE USE ONLY

Check #:	Check Date:	Receipt # (cash only)	Cashier:
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