

Canyons School District
Department of Planning and Enrollment

REPORT OF STUDENT DEATHS

School: _____

Student's Name: _____ Grade: _____

DOB: _____ Student Number: _____

Address: _____

DE Exit Code Entered in Skyward

Cause of Death: _____ Date of Death: _____

Please return this form within 14 days following student's death to the Department of Planning and Enrollment
9361 S 300 E, Sandy, UT 84070.

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