

**DAVIS SCHOOL DISTRICT
STUDENT INFORMATION FORM**

The District is requesting this information under the authority of PL 94-142, Title IV of the Civil Rights Law and State Administrative Rule R227-716 (1 to 5).
This information will be handled confidentially and will be used only for the purposes noted in the law or rule. This information will not subject you to any unfair or discriminatory treatment.

FOR SCHOOL USE ONLY:		Proof of Residence	Variance	Track	Birth Certificate	Special Concerns	Teacher		
Student's Legal Last Name		Legal First Name	Middle Name	Suffix	Preferred Last Name	Preferred First Name	Date of Birth	Grade in School	
								Student SSNO	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No Response							
School Last Attended _____				Address _____		If Born Outside U.S. What Country _____		Date Entered U.S. _____	
Father Guardian Information					Mother Guardian Information				
Last Name		First Name	Middle Name	Suffix	Last Name		First Name	Middle Name	
								Suffix	
Address		City	State	Zip	Apt #	Address		City	
								State	
								Zip	
								Apt #	
								Home Phone	
Mailing Address (if different)		City	State	Zip	Apt #	Mailing Address (if different)		City	
								State	
								Zip	
								Apt #	
								Cell/Alt. Phone	
Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone:		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			Work Phone:		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No					Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address		Last 4 Digits of Ssno for online lunch payment			Email Address		Last 4 Digits of Ssno for online lunch payment		
Other Guardian Information					Physical Status of Student				
Last Name		First Name	Middle Name	Suffix	<input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Physical Problems <input type="checkbox"/> Daily Medication				
					Health Problems:				
Address		City	State	Zip	Apt #				
Mailing Address (if different)		City	State	Zip	Apt #	Special assistance required for student to attend school: <input type="checkbox"/> Transportation <input type="checkbox"/> Adult Assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Equipment			
						Physician _____			
						Phone Nbr _____			
Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Programs student currently receives				
Work Phone:		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language				
		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No							
Email Address		Last 4 Digits of Ssno for online lunch payment			Absence Notification				
					<input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification				
What is the first language your son or daughter learned to speak? _____					What language does your son or daughter speak most often at home? _____				
What language do you speak most often at home (parents or guardians)? _____					What is the first language you learned to speak (parents or guardians)? _____				

PLEASE FILL OUT BOTH SIDES

Emergency Contacts and Authorization to Pick Up (enter at least two)					Preschool Children in Home	
Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone	Name	Birthday

Father Military/Federal Employment Information	Federal Facilities/Codes
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	3 - Hill Air Force Base Clearfield 4 - AF Plant #78 Brigham City 5 - A N G Facility Salt Lake City Intl. Arpt #1, SLC 6 - ARSR Site Francis Peak 7 - Dugway Proving Grds Tooele, Dugway 8 - Fed Depot Clearfield 9 - Federal Admin Bldg 1745 W. 1700 S. Redwood Rd., SLC 10 - Fort Douglas Salt Lake City 11 - NG Facility Camp Williams, Lehi 12 - Tooele Army Depot Tooele 13 - VA Hosp 500 Foothill Dr - Ft Douglas Sta., SLC 15 - IRS 1160 West 1200 South, Ogden 16 - Alliant Tech Bacchus Works Magna - Plant 81 17 - Army Reserve Center Salt Lake City 18 - Courthouse & Fed Office Bldg 25th St - Grant Ave - 24th St - Kiesel St., Ogden 19 - FAA Bldg 2150 W. Sixth St - N Intl. Arpt., SLC 20 - Fed Office Bldg 125 S. State St - 1st S., SLC 21 - Forest Serv Bldg 507 25th - 504 24th - Adams St., Ogden 22 - Job Corps Cons Str (#323) Mil Springs - Weber Basin Ogden 23 - Frank E. Moss Courthouse 350 S. Main St., SLC 24 - Utah Defense Depot Ogden
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____	Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____
Mother Military/Federal Employment Information	
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	19 - FAA Bldg 2150 W. Sixth St - N Intl. Arpt., SLC 20 - Fed Office Bldg 125 S. State St - 1st S., SLC 21 - Forest Serv Bldg 507 25th - 504 24th - Adams St., Ogden 22 - Job Corps Cons Str (#323) Mil Springs - Weber Basin Ogden 23 - Frank E. Moss Courthouse 350 S. Main St., SLC 24 - Utah Defense Depot Ogden
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____	Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____
Other Military/Federal Employment Information	
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	19 - FAA Bldg 2150 W. Sixth St - N Intl. Arpt., SLC 20 - Fed Office Bldg 125 S. State St - 1st S., SLC 21 - Forest Serv Bldg 507 25th - 504 24th - Adams St., Ogden 22 - Job Corps Cons Str (#323) Mil Springs - Weber Basin Ogden 23 - Frank E. Moss Courthouse 350 S. Main St., SLC 24 - Utah Defense Depot Ogden
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____	Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____

Parent or Legal Guardian Signature _____	Date _____	If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language _____
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Davis School District Guardianship Status

Under Utah Law and Davis School District Policy, a child is eligible to attend a school if their parent or legal guardian resides within the school's boundaries. *Exceptions to this may only be granted through the Boundary Variance process or the Student Services Department.*

Please select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student Name: _____

Student Birth date: _____

- ☐ I am the parent (birth/adopted) of this child and this child lives with:
- ☐ Both Parents
 - ☐ Mother
 - ☐ Father
- ☐ *I am the parent (birth/adopted) of this child and am not currently married to the other parent:
- ☐ I have been awarded physical custody/guardianship through the courts
 - ☐ I am a single parent and the only parent listed on the Birth Certificate
- ☐ **I am not the parent (birth or adopted) of this child. I am a relative or friend.
(Check only one)
- ☐ I have been awarded legal guardianship of this child through the court.
 - ☐ I have not been awarded legal guardianship of this child through the court
- ☐ **I am a foster parent
- ☐ None of the above statements describe my relationship to the child. (Please explain)

Your Name _____

Your Signature _____ Date _____

* To assist us in complying with court orders, please provide us with a copy of legal documents.

** Verification of court orders, DCFS placement, or letter of authorization from Davis District must be provided prior to the child being enrolled.

All Foreign Exchange Students must process through Student Services.

**Student Information Questionnaire
McKinney-Vento Eligibility
Davis School District**

This voluntary questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11431 et seq. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

**If you answered YES to either of the above questions, please complete the remainder of this form.
If you answered NO to both questions, you may stop here.**

Which of the situations below apply to the student?

- ☐ H1 Student is sharing a residence with one or more families because of economic hardship.
- ☐ H2 Student is living in a motel or hotel.
- ☐ H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
- ☐ H4 Student is living in a car, park, campground, or public place
- ☐ H5 Student is living in a place without adequate facilities (not designed for heat, electricity water).
- ☐ H6 Student is seeking enrollment without an accompanying parent (not in foster care).

- ♦ **Please notify the school if your living status changes.**
 - ♦ **If a false claim is made about your living situation, enrollment may be affected.**
-

Student Name: _____ School: _____

Date: _____ Grade: _____ Gender: _____

Names and ages of school age and preschool age children: _____

Parent Signature: _____

**Parents: If you have any questions concerning this form or a homeless situation, please contact the
Davis School District Homeless Liaison at 402-5609.**

**School: please return those forms indicating a temporary residence
to "District Homeless Liaison" at the District Office. Thank you.**