

**NORTH DAVIS JR HIGH  
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.**

<b>FOR SCHOOL USE ONLY:</b>	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		<b>Ethnicity</b> (Choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		<b>Race</b> (Choose one or more, regardless of Ethnicity): <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White										
School Last Attended _____ Address _____				If Born Outside U.S. What Country _____		Date Entered U.S. _____								
<b>Father Guardian Information</b>				<b>Mother Guardian Information</b>										
Last Name		First Name		Middle Name	Suffix		Last Name		First Name		Middle Name	Suffix		
Address		City	State	Zip	Apt #	Home Phone		Address		City	State	Zip	Apt #	Home Phone
Mailing Address (if different)		City	State	Zip	Apt #	Cell/Alt. Phone		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: _____ Ext. _____			Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			Work Phone: _____ Ext. _____			Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mailings _____			Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No			Mailings _____			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 _____				
<b>Other Guardian Information</b>				<b>Physical Status of Student</b>										
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							
Address		City	State	Zip	Apt #	Home Phone		Health Problems:						
Mailing Address (if different)		City	State	Zip	Apt #	Cell/Alt. Phone		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						
<b>Physician</b>				<b>Special Programs student currently receives</b>										
Workplace:			Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			Physician _____		Phone Nbr _____						
Work Phone: _____ Ext. _____			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 _____			Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Absence Notification</b> <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification								
Email Address _____				Last 4 Digits of Ssno for online lunch payment _____										
What language does your son or daughter speak most often at home? _____				What is the first language your son or daughter learned to speak? _____										
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:  Yes  No Date Activated: \_\_\_\_\_  
 Military:  US Military  Non US Military Non US Military Country: \_\_\_\_\_  
 Branch:  Air Force  Air Force Reserve  Air National Guard  Army  Army National Guard  Army Reserve  Coast Guard  Coast\_Guard\_Reserve  
 Marine Corps  Marine Corps Reserve  Navy  Navy Reserve Other \_\_\_\_\_  
 Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

- 3 - Hill Air Force Base Clearfield
- 4 - ATK Promontory North Plant 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
- 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 by contractor at Federal Facility on list (Hill Air Force Base, IRS)**  
 Employed at Federal Facility on list:  Yes  No Contractor Name: \_\_\_\_\_  
 Federal Facility Name/Code: \_\_\_\_\_ Hours per day at facility: \_\_\_\_\_

**Mother Military/Federal Employment Information**

**Military**  
 Active duty in Military:  Yes  No Date Activated: \_\_\_\_\_  
 Military:  US Military  Non US Military Non US Military Country: \_\_\_\_\_  
 Branch:  Air Force  Air Force Reserve  Air National Guard  Army  Army National Guard  Army Reserve  Coast Guard  Coast\_Guard\_Reserve  
 Marine Corps  Marine Corps Reserve  Navy  Navy Reserve Other \_\_\_\_\_  
 Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

**Employment at Federal Facility** (see valid Federal Facilities/Codes on right side of form) **Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)**  
 Employed at Federal Facility on list:  Yes  No Contractor Name: \_\_\_\_\_  
 Federal Facility Name/Code: \_\_\_\_\_ Hours per day at facility: \_\_\_\_\_

**Other Military/Federal Employment Information**

**Military**  
 Active duty in Military:  Yes  No Date Activated: \_\_\_\_\_  
 Military:  US Military  Non US Military Non US Military Country: \_\_\_\_\_  
 Branch:  Air Force  Air Force Reserve  Air National Guard  Army  Army National Guard  Army Reserve  Coast Guard  Coast\_Guard\_Reserve  
 Marine Corps  Marine Corps Reserve  Navy  Navy Reserve Other \_\_\_\_\_  
 Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

**Employment at Federal Facility** (see valid Federal Facilities/Codes on right side of form) **Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)**  
 Employed at Federal Facility on list:  Yes  No Contractor Name: \_\_\_\_\_  
 Federal Facility Name/Code: \_\_\_\_\_ Hours per day at facility: \_\_\_\_\_

If translation services are needed please check the box and indicate the language.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide the service  Language \_\_\_\_\_