

**FARMINGTON 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.**

FOR SCHOOL USE ONLY:		Proof of Residence	Variance	Track	Birth Certificate	Special Concerns	Teacher		SSID																
Student's	Legal	Last Name	Legal	First Name	Middle Name	Suffix	Preferred	Last Name	Preferred	First Name	Date of Birth	Grade in School													
<input type="checkbox"/> Male		<input type="checkbox"/> Female		Ethnicity (Choose one): <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Not Hispanic/Latino		Race (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. _____										
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 #		Primary Phone		Address		City		State		Zip		Apt #		Primary Phone			
								() -												() -					
Mailing Address (if different)		City		State		Zip		Apt #		Secondary Phone		Mailing Address (if different)		City		State		Zip		Apt #		Secondary 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 <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											
Address		City		State		Zip		Apt #		Primary Phone		Health Problems:													
										() -															
Mailing Address (if different)		City		State		Zip		Apt #		Secondary 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					
										() -															
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				Special Programs student currently receives																	
Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> 504				<input type="checkbox"/> ESL				<input type="checkbox"/> Spec Ed/Resource - Speech and Language				<input type="checkbox"/> Title I					
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 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)

Contact (Other than guardian) Relationship Phone Nbr Ext. Cell/Alt. Phone

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 _____