



## Syracuse High School RECORDS REQUEST

Date: \_\_\_\_\_

ADDRESS OF LAST SCHOOL ATTENDED (if junior high, future high school)

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Fax # of school: \_\_\_\_\_

This certifies that the student named below has enrolled at Syracuse High School. Please forward the academic records to the date of withdrawal.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please include the following information:

- OFFICIAL TRANSCRIPT
- Immunization Records
- Pertinent Test Scores-Competency /Exit Testing
- Withdrawal grades and Date of Withdrawal
- Explanation of Grading System
- Discipline/ Safe School Information
- Special Education Records/IEP
- Birth Certificate

Please forward all records to:

Syracuse High School  
Attn: Natalie Ogan (Registrar)  
665 S. 2000 W.  
Syracuse, UT 84075

(801) 402-7923  
(801) 402-7908 (FAX)  
nogan@dmail.net

**SYRACUSE HIGH SCHOOL  
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
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School Last Attended _____ Address _____	If Born Outside U.S. What Country _____ Date Entered U.S. _____
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<b>Father Guardian Information</b>	<b>Mother Guardian Information</b>
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Last Name	First Name	Middle Name	Suffix	Last Name	First Name	Middle Name	Suffix
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Address	City	State	Zip	Apt #	Home Phone	Address	City	State	Zip	Apt #	Home Phone
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Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone	Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone
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Workplace:	Economic Guardian	___ Yes ___ No	Resides With	___ Yes ___ No	Mailings	___ Yes ___ No	Workplace:	Economic Guardian	___ Yes ___ No	Resides With	___ Yes ___ No	Mailings	___ Yes ___ No
Work Phone:	Ext.						Work Phone:	Ext.					

Email Address	Last 4 Digits of Ssno for online lunch payment	Email Address	Last 4 Digits of Ssno for online lunch payment
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<b>Other Guardian Information</b>	<b>Physical Status of Student</b>
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Last Name	First Name	Middle Name	Suffix	___ Glasses/Contacts	___ Hearing Aid	___ Physical Problems	___ Daily Medication
Address				Health Problems:			
City State Zip Apt # Home Phone							

Address	City	State	Zip	Apt #	Home Phone						
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Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone	Special assistance required for student to attend school: ___ Transportation ___ Adult Assistance ___ Wheelchair ___ Special Equipment					
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	<b>Physician</b>
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Workplace:	Economic Guardian	___ Yes ___ No	Resides With	___ Yes ___ No	Mailings	___ Yes ___ No	Physician	Phone Nbr
Work Phone:	Ext.						<b>Special Programs student currently receives</b>	

Workplace:	Economic Guardian	___ Yes ___ No	Resides With	___ Yes ___ No	Mailings	___ Yes ___ No	___ 504 ___ ESL ___ Spec Ed/Resource ___ Title I ___ Special Ed. Preschool ___ Speech and Language
Work Phone:	Ext.						<b>Absence Notification</b>

Email Address	Last 4 Digits of Ssno for online lunch payment	___ Email ___ Internet ___ Phone ___ No Notification
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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  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 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  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  Navy  Navy Reserve

Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

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

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

Date \_\_\_\_\_

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

Language \_\_\_\_\_



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

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11435. This form helps **determine the services the student is eligible to receive.**

**Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?**

Yes

No

**If you answered YES please complete the remainder of this form and return it to the school office.**

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).

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Names and ages of siblings:

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Parent Signature: \_\_\_\_\_

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

**Parents: Please call the Davis School District Education Equity Department if you need assistance or have questions concerning this form at (801) 402-8730.**

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

# School Proof of Residency Procedures

To be enrolled in \_\_\_\_\_ School, families must present **TWO forms of documentation showing that their primary residence (the house in which they live) lies within the school boundaries.** We may ask families to periodically update their residency in order to keep our records current. The following documents may be used in determining residency:

All applicants must submit at least one document from Column A and one document from Column B OR two documents from Column B.	
<b>Column A</b>	<b>Column B</b>
Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in cases of divorce), and physical address.	
<ul style="list-style-type: none"> <li>•Rental/Lease Agreement</li> <li>•Purchase/Escrow Agreement</li> <li>•If you are living with another family, or you cannot provide either of the above:               <ol style="list-style-type: none"> <li>(1) provide a notarized statement from the person you are living with stating that you <i>and</i> your child(ren) live there, the address, and for what period of time, <b>AND</b></li> <li>(2) a document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); <b>AND</b></li> <li>(3) one or more items from Column B showing you live at the location.</li> </ol> <p><i>If the situation is temporary, once you have moved into your own home, you will need to bring in proof of residency for your new home.</i></p> </li> </ul>	<p><b>Dated within the past 60 days:</b></p> <ul style="list-style-type: none"> <li>• Utility bill (gas, electric, home telephone, cable, etc.)</li> <li>• Letter from approved government agency (assisted housing, food stamps, unemployment payment)</li> <li>• Payroll stub</li> <li>• Bank or credit card statement</li> <li>• Valid driver's license</li> <li>• Current vehicle registration or insurance</li> <li>• Valid Utah photo identification card</li> <li>• Medical billing or insurance information</li> </ul> <p><b>Dated within the past year:</b></p> <ul style="list-style-type: none"> <li>• W-2 form</li> <li>• Property tax bill</li> </ul>
<p>The following <b>do not</b> establish residency:</p> <ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Letters from friends or relatives</li> <li>• Property owned in school district boundaries</li> <li>• P.O. Box in school district boundaries</li> </ul>	

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_  
 \_\_\_\_\_

*If the student has a sibling currently attending this school for which Proof of Residency has already been presented, school staff **may** consider the prior documentation to be sufficient for this student.*

*Name of sibling currently attending this school: \_\_\_\_\_*

\*\*\*School staff must verify and make notation below\*\*\*

**This proof of residency procedure does not apply to homeless students.** If you believe your family fits this exception, please ask school personnel for a Student Information Questionnaire

*To be completed by school personnel*

Type of document showing residency	Date on document
1.	
2.	
3.	