

Valley View Elementary

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	Ethnicity (Choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Black or African American			Race (Choose one or more, regardless of Ethnicity): <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 #	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	Resides With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone					
Work Phone:	Ext.	Mailings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workplace:	Economic Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Resides With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone
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 #	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										
				Physician													
Workplace:	Economic Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Resides With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physician	Phone Nbr									
Work Phone:	Ext.	Mailings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special Programs student currently receives	<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											
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)					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
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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"/> 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"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> 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
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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: _____
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Mother Military/Federal Employment Information
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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"/> 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"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____
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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: _____
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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"/> 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"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____
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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: _____
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