

Welcome to Northridge High School

The following are required to enroll a new student:

1. A PARENT/LEGAL GUARDIAN with photo ID must be present at time of registration. Attached guardianship status form must be completed.
2. UTAH SCHOOL IMMUNIZATION RECORD - as required by the State Health Department.
Dates required are: 5 DTP, DTap, DT, Td
Tdap booster within 10 years
4 Polio
2 Measles, Mumps, Rubella
3 Hepatitis B
2 Hepatitis A
1 Varicella (chickenpox) OR history of disease. Parent must sign verification statement.
ENROLLMENT CANNOT TAKE PLACE UNTIL THESE DATES ARE PROVIDED.
3. An ORIGINAL BIRTH CERTIFICATE. (A copy will be taken)
4. PROOF OF RESIDENCE – Two forms of documentation are required. See attached Utah Public Schools Proof of Residency Procedures.
5. RECORD REQUEST FORM - Fill out with full name and address of the last school attended to request permanent records. Additional forms are available if multiple schools were attended.
6. STUDENT INFORMATION CARD – Complete both sides and sign.
7. SPECIAL EDUCATION/IEP RECORDS – A copy of the IEP is required before classes can be scheduled in order to meet all accommodations.

****STUDENT REGISTRATION FEES and/or FEE WAIVER FORM must be taken care of at the time of enrollment before a schedule will be given. This is done in the Main Office. A LOCKER will be assigned through the Attendance Office.**

To schedule an enrollment appointment or questions, please contact:

Esther Powell

Registrar

801-402-8517

Email: epowell@dsdmail.net

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:

Column A	Column B
All applicants must submit at least one document from Column A and one document from Column B OR two documents from Column B.	
<p>Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in cases of divorce), and physical address.</p> <ul style="list-style-type: none"> • Rental/Lease Agreement • Purchase/Escrow Agreement • If you are living with another family, or you cannot provide either of the above: <ol style="list-style-type: none"> (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, AND (2) a document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); AND (3) one or more items from Column B showing you live at the location. <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> 	<ul style="list-style-type: none"> Dated within the past 60 days: <ul style="list-style-type: none"> • Utility bill (gas, electric, home telephone, cable, etc.) • Letter from approved government agency (assisted housing, food stamps, unemployment payment) • Payroll stub • Bank or credit card statement • Valid driver's license • Current vehicle registration or insurance • Valid Utah photo identification card • Medical billing or insurance information Dated within the past year: <ul style="list-style-type: none"> • W-2 form • Property tax bill
<p>The following do not establish residency:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• Powers of Attorney <li style="width: 50%;">• Property owned in school district boundaries <li style="width: 50%;">• Letters from friends or relatives <li style="width: 50%;">• P.O. Box in school district boundaries 	

Student's 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: _____

Grade of sibling _____

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.	

School Staff Signature: _____

Date: _____

Northridge High School

2430 N. Hillfield Rd.
Layton, Utah 84041

Date: _____ Request

for records:

Name of School

Address of School

City, State and Zip Code

This certifies that the student(s) named below have enrolled at Northridge High School. Please forward the academic records to the date of withdrawal.

Name	Birth date	Current Grade
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Name	Birth date	Current Grade
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Please include the following information:

- _____ Official Transcript
- _____ Medical and Immunization Records
- _____ Pertinent Test Scores-Competency/Exit Testing (UBSCT-Utah)
- _____ Withdrawal grades and Date of Withdrawal (If applicable)
- _____ Explanation of Grading System
- _____ Discipline/Safe School Information
- _____ Special Education Records (If applicable)

Please forward all records to: Esther Powell, Registrar
Northridge High School
2430 N. Hillfield Road
Layton, Utah 84041
(801)402-8517, Fax: (801)402-8550

The Federal Law 9931 allows for educational records to be sent to other educational agencies without the parent's signature requirement.

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.

Student's Name _____

Student's Birth date _____

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.

* 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 through the courts

** I am not listed on the birth certificate, but have established paternity

**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 or proctor parent.

Caseworker Name _____ Phone# _____

None of the above statements describe my relationship to this child. (Please explain)

Your Name: _____ Address: _____

Your Signature: _____ Date _____

* A copy of the birth certificate is required

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

*** DCFS, Foster Care or Youth Corrections placement requires a District Case Management Team staffing with the Caseworker, prior to enrollment.

All Foreign Exchange Students must process through Student Services

**NORTHRIDGE 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.

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	
Ethnicity (Choose one):		Race (Choose one or more, regardless of Ethnicity): ___ Male ___ Female ___ Hispanic/Latino ___ Not Hispanic/Latino ___ Black or African American ___ American Indian or Alaskan Native ___ Asian ___ Native Hawaiian or Pacific Islander ___ 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
Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone	Mailing Address (if different)	City	State
Workplace:	Economic Guardian ___ Yes ___ No				Economic Guardian ___ Yes ___ No	Workplace:		
Work Phone:	Resides With ___ Yes ___ No				Resides With ___ Yes ___ No	Work Phone:	Ext. _____	
Email Address	Mailings ___ Yes ___ No				Mailings ___ Yes ___ No	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	___ Glasses/Contacts ___ Hearing Aid ___ Physical Problems ___ Daily Medication Health Problems: _____				
Address	City	State	Zip	Apt #	Primary Phone	Special assistance required for student to attend school: ___ Transportation ___ Adult Assistance ___ Wheelchair ___ Special Equipment		
Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone	Physician		
Workplace:	Economic Guardian ___ Yes ___ No				Physician	Phone Nbr _____		
Work Phone:	Resides With ___ Yes ___ No				Special Programs student currently receives			
Email Address	Mailings ___ Yes ___ No				504 ___ ESL ___ Spec Ed/Resource - Speech and Language	___ Title I		
				Absence Notification				
				Email	Internet	Phone	No Notification	
What language does your son or daughter speak most often at home? _____ What language do you speak most often at home (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						
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: _____						
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: _____						
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: _____						
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: _____						
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: _____						
Federal Facilities/Codes						
3 - Hill Air Force Base Clearfield						
4 - ATK Promontory North Plant Bingham City						
5 - A N G Facility Salt Lake City Intl. Apt #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. Apt., 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 Corps 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: _____						
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 _____						



**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.