

**BUFFALO POINT ELEMENTARY
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		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 #	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	
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						
Last Name		First Name		Middle Name	Suffix		Health Problems:						
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			Physician			Phone Nbr				
Work Phone: _____ Ext. _____			Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Programs student currently receives							
Mailing _____			Mailings <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							
Email Address					Last 4 Digits of Ssno for online lunch payment		Absence Notification						
Email Address					Last 4 Digits of Ssno for online lunch payment		<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

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 _____