

**FOXBORO 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.**

<b>FOR SCHOOL USE ONLY:</b>	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		<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											
School Last Attended _____						Address _____			If Born Outside U.S. What Country _____			Date Entered U.S. _____				
<b>Father Guardian Information</b>							<b>Mother Guardian Information</b>									
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		
<b>Other Guardian Information</b>							<b>Physical Status of Student</b>									
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		Health Problems:					
Address		City	State	Zip	Apt #	Primary 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								
Mailing Address (if different)		City	State	Zip	Apt #	Secondary 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		<b>Special Programs student currently receives</b>									
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		<b>Absence Notification</b>							
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)**

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 - Orbital 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 - Orbital ATK, Inc. 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 \_\_\_\_\_