

Welcome to Bountiful 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.
2. An **ORIGINAL BIRTH CERTIFICATE**
3. If your student is currently enrolled in the Davis School District please contact your previous school to have your student withdrawn before coming to enroll.
4. Complete **TRANSCRIPT** (unofficial) and **WITHDRAWAL FORM** from previous school.
5. Copy of **COMPLETE IMMUNIZATIONS** – as required by the State Health Department.
 - DTap – 5 doses plus booster
 - Polio – 4 doses
 - MMR – 2 doses
 - Varicella (Chickenpox)- had disease or 2 doses
 - Hepatitis B – 3 doses if born after July 1, 1993
 - Hepatitis A – 2 doses if born after July 1, 1996
- Or an exemption form filled out with Davis County Health Department
6. **PROOF OF RESIDENCE** – Two forms of documentation are required. See attached Utah Public Schools Proof of Residency Procedures.
7. **STUDENT INFORMATION FORM** - Must be completely filled out and signed by a parent.
8. **RECORD REQUEST FORM** - Filled out with full name and address of last school attended to request permanent records.
9. **GUARDIANSHIP STATUS FORM** - if items 2 through 5 on status form are checked, legal documentation is required.

****REGISTRATION CANNOT BE DONE UNTIL THESE DATES AND FORMS ARE PROVIDED****

Free/Reduced Lunch Forms are in the business office or online at:
www.schools.utah.gov

Registration Fees are paid in the Main Office

To schedule an enrollment appointment or questions, please contact:

Karen Bouchard

Registrar

801-402-3907

Email: kbouchard@dsdmail.net

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.

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.

Student's Name: _____ Student's Birth date: _____

1. I am the parent (birth or adopted) of this child and this child lives with
 - Both Parents
 - Mother
 - Father

2. * I am the parent (birth / adopted) of this child and am not currently married to the other parent: *
 - I have been awarded physical custody / guardianship through the courts.
 - I am a single parent and the only parent listed on the Birth Certificate

3. ** I am not the parent (birth / 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

4. I am a foster parent.

5. None of the above statements describe my relationship to this child
(Please explain your relationship to this child on the back of this form.)

Your Name: _____
(Please print)

Your Signature: _____ Date: _____

* To assist us in complying with court orders, please provide us with a copy of the legal documents within 10 school days.

** Verification of court order or DCFS placement must be provided prior to child being enrolled.

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

Variates

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

Male Female Ethnic Origin: African American American Indian Asian Caucasian Hispanic Pacific Islander Other No Response

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
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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	Resides With	Mallings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone: Ext.							

Email Address	Last 4 Digits of Ssn	Last 4 Digits of Ssn
	for online lunch payment	for online lunch payment

Other Guardian Information

Last Name	First Name	Middle Name	Suffix
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Address	City	State	Zip	Apt #	Home Phone
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Mailing Address (if different)	City	State	Zip	Apt #	Cell/Alt. Phone
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Workplace:	Economic Guardian	Resides With	Mallings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone: Ext.							

Email Address	Last 4 Digits of Ssn	Last 4 Digits of Ssn
	for online lunch payment	for online lunch payment

What is the first language your son or daughter learned to speak? _____
 What language do you speak most often at home (parents or guardians)? _____

Physical Status of Student

Glasses/Contacts _____ Hearing Aid _____ Physical Problems _____ Daily Medication _____
 Health Problems: _____

Special assistance required for student to attend school:
 _____ Transportation _____ Adult Assistance _____ Wheelchair _____ Special Equipment _____
 _____ Physician _____ Physician _____

Special Programs student currently receives:
 _____ ESL _____ Spec Ed/Resource _____ Title I _____ Special Ed. Preschool _____ Speech and Language _____
Absence Notification
 Email _____ Internet _____ Phone _____ No Notification _____

PLEASE FILL OUT BOTH SIDES

Contact (Other than guardian) _____ Relationship _____ Phone Nbr _____ Ext. _____ Call/Alt. Phone _____ Name _____ Birthday _____

Father 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: _____

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: _____

Parent or Legal Guardian Signature _____ **Date** _____
 If translation services are needed please check the box and indicate the language.
 Please provide the service Language _____

Federal Facilities/Codes

- 3 - Hill Air Force Base Clearfield
- 4 - AF Plant #78 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
- 9 - Federal Admin Bldg 1745 W. 1700 S. Redwood Rd., SLC
- 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) Mill Springs - Weber Basin Ogden
- 23 - Frank E. Moss Courthouse 350 S. Main St., SLC
- 24 - Utah Defense Depot Ogden

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
<p>All applicants must submit at least one document from Column A and one document from Column B OR two documents from Column B.</p>	
<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 and 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>	<p>Dated within the past 60 days:</p> <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 <p>Dated within the past year:</p> <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"> • Powers of Attorney • Letters from friends or relatives • Property owned in school district boundaries • 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.	

School Staff Signature: _____

Date: _____

Bountiful High School
695 South Orchard Drive
Bountiful, Utah 84010
Telephone: 801-402-3907
E-mail: kbouchard@dsdmail.net
Fax: 801-402-3948



Home of the Braves

Please forward: (e-mail format is welcome)

- **Official Transcript** (please fax copy and mail official)
- Medical and Immunizations records from medical provider
- Birth Certificate
- 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)

***If Special Ed IEP or 504 applies to student please include documents.**

For the following student:

Student Name _____ Date of Birth _____

Thank you for your help,

Karen Bouchard
Registrar

To:

Previous School _____ Phone _____

Fax _____ Requested Date _____