



# HISTORY OF SERVICES

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

	Yes	No
Is your child currently taking any online classes, home-school classes, or taking classes elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently receiving Special Education or Resource Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever received Special Education or Resource Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been tested for Special Education Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a 504 Plan to accommodate a disabling condition?	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CENTENNIAL JUNIOR HIGH  
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 R227-726 (1-5).

This information will be handled confidentially and will be used only for the purpose noted in the law or rule. This information will not subject you to any unfair or discriminatory treatment.

<b>FOR SCHOOL USE ONLY:</b>	<b>Proof of Residence</b>	<b>Variance</b>	<b>Track</b>	<b>Birth Certificate</b>	<b>Special Concerns</b>	<b>Teacher</b>																					
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	Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No Response																										
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		Suffix		Last Name		First Name		Middle		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		Workplace:		Economic Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With		<input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone:		Ext.		Mailings		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone:		Ext.		Mailings		<input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		Last 4 Digits of SSNo for online lunch payment		Work Phone:		Ext.		Mailings		<input type="checkbox"/> Yes <input type="checkbox"/> No		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		Suffix		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															
Workplace:		Economic Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With		<input type="checkbox"/> Yes <input type="checkbox"/> No		Physician		Physician															
Work Phone:		Ext.		Mailings		<input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		Last 4 Digits of SSNo for online lunch payment		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"/> Spec Ed. Preschool <input type="checkbox"/> Speech and Language															
Workplace:		Economic Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With		<input type="checkbox"/> Yes <input type="checkbox"/> No		Physician		Phone Number															
Work Phone:		Ext.		Mailings		<input type="checkbox"/> Yes <input type="checkbox"/> No		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 (parent or guardians)? _____																							

Emergency Contacts and Authorization to Pick Up (enter at least two)					Preschool Children in Home	
Contact (other than guardian)	Relationship	Phone Number	Ext.	Cell/Alt. Phone	Name	Birthday

Father Military/Federal Employment Information		Federal Facilities/Codes
<b>Military</b> Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> U.S. Military <input type="checkbox"/> Non U.S. Military Non U.S. 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"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____		3 - Hill Air Force Base Clearfield 4 - AF Plant #78 Brigham City 5 - A N G Facility Salt Lake City Intl. Arprt #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 25 <sup>th</sup> St - Grant Ave - 24 <sup>th</sup> St - Kiesel St., Ogden 19 - FAA Bldg 2150 W. Sixth St - N Intl. Arprt., SLC 20 - Fed Office Bldg 125 S. State St - 1 <sup>st</sup> S., SLC 21 - Forest Serv Bldg 507 25 <sup>th</sup> - 504 24 <sup>th</sup> - 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
<b>Employment at Federal Facility</b> (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: _____		
<b>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</b> Contractor Name: _____ Hours per day at facility: _____		
<b>Mother Military/Federal Employment Information</b> <b>Military</b> Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> U.S. Military <input type="checkbox"/> Non U.S. Military Non U.S. 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"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____		
<b>Employment at Federal Facility</b> (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: _____		
<b>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</b> Contractor Name: _____ Hours per day at facility: _____		
<b>Other Military/Federal Employment Information</b> <b>Military</b> Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> U.S. Military <input type="checkbox"/> Non U.S. Military Non U.S. 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"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____		
<b>Employment at Federal Facility</b> (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: _____		
<b>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</b> Contractor Name: _____ 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: \_\_\_\_\_

**Save Document**

# 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 \_\_\_\_\_

1. \_\_\_\_\_ I am the parent (birth or adopted) of this child and this child lives with both parents.
2. \_\_\_\_\_ I am the parent (birth or adopted) of this child and am not currently married to the other parent, but I have been awarded custody/guardianship through the court.\*
3. \_\_\_\_\_ I am not the parent (birth or adopted) of this child. I am a relative or friend. (circle one)
  - a. I have been awarded legal guardianship of this child through the courts\*\*
  - b. 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 tis form.)

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Should you desire the school's assistance in enforcing any court order relating to the child, copy of the legal documents must be provided to the school.

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



# Davis School District

LEARNING FIRST

Family last name: \_\_\_\_\_ Grade: \_\_\_\_\_

## Student Information Questionnaire McKinney-Vento Eligibility Davis School District

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11435. This form helps determine the services the student is eligible to receive.

**We are required by Federal Law to update the McKinney-Vento data base every year. Please fill out this form regardless of your status. Thanks.**

Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you answered **YES**, please complete the remainder of this form and select what applies to you and/or your family. If you answer **NO**, you **do not** need to complete the remainder of this form. Submit form online, or via email to [dsdhomeless@dsdmail.net](mailto:dsdhomeless@dsdmail.net)

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).
- Disaster victim? Explain: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Sibling(s) Information:

Name:	Grade:	Student ID:	School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Please notify the school if your living status changes.**
- **If a false claim is made about your living situation, enrollment may be affected.**

Parents: Can submit forms on line through the link provided on our website <https://www.davis.k12.ut.us/departments/federal-programs/mckinney-ventohomeless>. Please call the Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-8724.

**School: Please return only those forms indicating a temporary residence to the "District Homeless Liaison" and any other forms needed. This form can be submitted on line, and via email to [dsdhomeless@dsdmail.net](mailto:dsdhomeless@dsdmail.net). Thank you.**



# Davis School District

LEARNING FIRST

## MEMO TO PARENTS REGARDING STUDENT INTERVIEW/PHOTOGRAPH/VIDEO

Dear Parents,

Part of the communication efforts of the Davis School District and your child's school is to let the general public know about the educational activities occurring within the walls of our schools.

As part of that effort, we also occasionally invite reporters to the schools to cover educational activities and events.

The main focus of education, of course, is students, and during the vast majority of time, we and the media will want to focus on students as the subject of stories.

For that reason, we are seeking your permission ahead of time for your student(s) to be interviewed, photographed or recorded on video in the event such an opportunity surfaces during the school year. This will include the use of that material on the district or school website and district or school social media sites. Please note, Davis School District policy prevents use of a child's full name in association with their photo or video in any district or school use.

There are times when hundreds of students are together on the playground, lunchroom or in an assembly-type situation. We will do everything we can to try and determine which students may be off-limits during those large student gatherings. However, those situations can make it very challenging to accomplish that.

Also, if a student participates in a group that performs in the public limelight — such as choir, sports or any public performance — the opt-out doesn't apply.

If you **DO NOT** want your student to be involved in one or all of these instances, please fill out this form and return it to the school. Please note, your permission will be assumed if the school does not receive this form.

Please indicate which instances you would like to opt out of:

My child may NOT be photographed or recorded on video for use by the district or the school.

My child may NOT be photographed, recorded on video or interviewed by an outside entity, including the media.

Student Name(s): \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_