SUNSET JUNIOR HIGH SCHOOL

NEW STUDENT ENROLLMENT CHECKLIST

STUDENT NAME:	
BIRTH DATE:	GRADE:
ADDRESS:	
LAST SCHOOL A	ITENDED INFORMATION:
NAME:	
ADDRESS: _	
FAX:	PHONE:
REGISTRATION C	HECKLIST:
ADI	DRESS VERIFIFED IN SCHOOL MAPS
Birtl	n Certificate
Imm	unization Records (all students MUST be in compliance with their shots before entering)
Proc	of of Residence (see required items on reverse side of this form)
Pictu	are ID of Legal Guardian
Com	pleted and Signed Emergency Card
Com	pleted and Signed Guardianship Form (custody or guardianship papers as necessary)
Hist	ory of Services Survey (HOSS)
McF	Kinney-Vento Free Lunch and Fee Waiver Form (if applicable)
With	drawal Forms and Grades from Previous School
Pay	Fees and Receive Locker Information in the Main Office
REGISTERED BY: _	DATE:

(Counselor)

UTAH STATE OFFICE OF EDUCATION UTAH PUBLIC SCHOOLS PROOF OF RESIDENCY MODEL PROCEDURES

To be enrolled at Sunset Junior High School, families must present 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:

All applicants must submit at least one document from Column A AND one document from Column B OR two documents from column B.

Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in case of divorce), and physical address.

Column A	Column B		
Rental/Lease AgreementPurchase/Escrow Agreement	DATED WITHIN LAST 60 DAYS		
 If you are living with another family, or you cannot provide either of the above: 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. If the situation is temporary, once you have moved into your new home, you will need to bring in proof of residence for your new home. 	 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 ID card Medical billing or insurance information DATED WITHIN THE PAST YEAR: W-2 Property Tax Bill 		
The following DO NOT establish residency:Powers of Attorney			

- Property owned in school district
- Letters from friends or relative
- PO Box in school boundaries

Student 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: _____

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 documents showing residency:

1._____

Date on document: _____

2._____

Date on document: _____

School Staff Signature:

Date: _____

PLEASE FILL OUT BOTH SIDES

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What language do you speak most often at home (parents or guardians)?	
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	and statements					>	st offen at home	on or daughter sneak mo	What language does your son or daughter speak most often at home?
ication	No Notification	Phone	Internet	Email					
		Absence Notification	Abse		for online lunch payment				
Title I	Ð	Spec Ed/Resource - Speech and Language	pec Ed/Resource -	504ESLS	Last 4 Digits of Ssno	Nullings			Email Address
	receives	Special Programs student currently receives	Special Program			Resides With		Ext.	Work Phone:
					Yes	Economic Guardian			Workplace:
Vbr	Phone Nhr	Pnysician		Physician					
ment	Special Equipment	opedar assistance required for student to attend soriool. on Adult Assistance Wheelchair Spec	Adult Assistance	Transportation	Secondary Phone	Apt #	State Zip	t) City	Mailing Address (if different)
	-				2				
					Primary Phone	Apt #	State Zip	City	Address
		semendos.		Health Problems:					
Daily Medication		Physical Problems	Hearing Aid	Glasses/Contacts	Suffix	Middle Name		First Name	Last Name
		s of Student	Physical Status of Student				Information	Other Guardian Information	
Last 4 Digits of Ssno for online lunch payment	for			Email Address	Last 4 Digits of Ssno for online lunch payment				Email Address
Yes No	Mailings		• Ext.	Work Phone:	Yes No	Mailings		Ext.	Work Phone:
ardian Yes	Economic Guardian			Workplace:	ardian Yes	Economic Guardian			Workplace:
Service in succession of the service			đ		2 2				
Secondary Phone	Apt #	State Zip	City	Mailing Address (if different)	Secondary Phone	Apt #	State Zip	City	Mailing Address (if different)
Primary Phone	Apt #	State Zip	City	Address	Primary Phone	Apt #	State Zip	City	Address
Suffix	Middle Name		First Name	Last Name	Suffix	Middle Name		First Name	Last Name
	3	Mother Guardian Information	Mother (Information	Father Guardian Information	
	red U.S.	Date Entered U.S		If Born Outside U.S. What Country	If Born		Address		School Last Attended
Islander White	ot Ethnicity): Native Hawaiian or Pacific Islander	Race (Choose one or more, regardless of Ethnicity): an or Alaskan Native Asian Native Hawa	skan Native As	American Indian or Alaskan Native	Black or African American		e one): Not Hispanic/Latino	Hispanic/Latino Not Hi	Male Female
	Grade in School	Date of Birth Gr	Preferred First Name	Preferred Last Name Prefer	Suffix	Middle Name	t Name		Student's Legal Last Name
SSID		Teacher		Special Concerns	Birth Certificate	Track	Variance	Proof of Residence	FOR SCHOOL USE ONLY:
minatory	۲ 16 (1 to 5). ınfair or discri	il Rights Law and State Administrative Rule R227-716 (1 to 5). rule. This information will not subject you to any unfair or discriminatory	w and State Admini nformation will not	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). Ation 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 district 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 district 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 district 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 district 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 district 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 di	s I UDEN I INFORMATION FORM uthority of PL 94-142, Title IV of the Civ ly for the purposes noted in the law or treatment.	n under the a rill be used or	this informatio identially and w	The District is requesting this information under the authority of PL 94-142, Title IV of the Civ This information will be handled confidentially and will be used only for the purposes noted in the law or treatment.	This informat
				L DISTRICT	DAVIS SCHOOL DISTRICT				

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:	3 - Hill Air Force Base Clearfield
Military Non US I	4 - ATK Promontory North Plant Brigham City
ce ReserveAir National GuardArmyArmy National GuardArmy ReserveCoast Guard	5 - A N G Facility Coast_Guard_Reserve Salt Lake City Intl. Arpt #1, SLC
Rank: Unit:	6 - ARSR Site Francis Peak 7 - Duowav Proving Grds
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	
Federal Facility Name/Code: Hours per day at facility:	10 - Fort Douglas Salt Lake City
Mother Military/Federal Employment Information	11 - NG Facility Camp Williams, Lehi
Military Active duty in Military: Yes No Date Activated:	12 - Tooele Army Depot Tooele 13 - VA Hosp
Military: US Military Non US Military Non US Military Country:	500 Foothill Dr - Ft Douglas Sta., SLC 15 - IRS
dArmy ReserveCoast Guard	Coast_Guard_Reserve 16 - Alliant Tech
Unit:	Bacchus Works Magna - Plant 81 17 - Army Reserve Center
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)	18.
Employed at Federal Facility on list: Yes No	25th St - Grant Ave - 24th St - Kiesel St., Ogden
Federal Facility Name/Code: Hours per day at facility:	19 - FAA Bldg 2150 W Sixth St - N Intl Amt SI C
Other Military/Federal Employment Information	20 - Fed Office Bldg 125 States St 1st. S. S.I.C.
Military Active duty in Military: Yes No Date Activated:	21 - Forest Serv Bldg 507 25th - 504 24th - Adams St., Ogden
Military: US Military Non US Military Non US Military Country:	zz - Job Corps Cons Str (#323) Mil Springs - Weber Basin Ogden
dArmy ReserveCoast Guard	23 - Frank E. Moss Courthouse 350 S. Main St., SLC 24 - I Hah Defense Denot
Unit:	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)	orce Base, IRS)
Employed at Federal Facility on list: Yes No	
Federal Facility Name/Code:	
	If translation services are needed please check the box and indicate the language.
Parent or Legal Guardian Signature Date Date Please provide the service	Language

Davis School District Guardianship Status

Under Utah State Laws and Davis School District Policy, a child is eligible to attend a school if a parent or legal guardian resides within the school's boundaries. *Exceptions to this are granted through the Boundary Variance process or the Student Services Department at the Davis School District.*

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 Name:

Student Birth Date: _____

- □ I am the parent (birth/adopted) of this child and this child lives with:
 - □ Both Parents
 - \Box 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/guardianship though the courts
 - $\hfill\square$ I am a single parent and the only parent listed on the Birth Certificate
- **I am not the parent (birth or adopted) of this child. I am a relative or friend. (Check only one)
 - $\hfill\square$ I have been awarded legal guardianship of this child through the court.
 - $\hfill\square$ I have not been awarded legal guardianship of this child through the court
- □ **I am a foster parent
- □ None of the above statements describe my relationship to the child. (Please explain)

Parent/Guardian Name (printed)	
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Parent/Guardian Signature _____ Date _____

*Please provide us with a copy of legal documents.

** Verification of court orders, DCFS placement, or letter of authorization from Davis School District is required prior to enrollment.

All Foreign Exchange Students must contact Student Services at the Davis School District for enrollment.

HISTORY OF SERVICES SURVEY (HOSS)

Student's Name (Grade _		
Last School Attended		YES	NO
Is your child currently receiving Special Education or Resource Services?			
Has your child ever received Special Education or Resource Services?			
Has your child ever been tested for Special Education Services?			
Has your child ever had a 504 Plan to accommodate a disabling condition?			
Has your child ever had a Health Plan?			
Parent/Guardian Signature	_ Date _		

SUNSET JUNIOR HIGH COUNSELING CENTER

ENCUESTA DE LA HISTORIA DE SERVICIOS

Nombre del Estudiante (Frado	
La última escuela donde assistio	_ SÍ	NO
Recibiendo su hijo, servicios del departmento de Educación Espe	ecial?	
Recibía su hijo, en cualquier tiempo, servicios del departmento d Educación Especial?	le 🗆	
Ha sido evaluado su hijo para recibir servicios del department de Educación Especial?		
Le habían formulado un Plan 504 par acomodar a su hijo para un disabilidad cualquiera?	1 🗆	
Alguna vez su hijo ha tenido un plan de salud.		
Firma del padre o gardiano F	'echa	
SUNSET JUNIOR HIGH COUNSELING CENT	ΓER	



File Name:	
Status:	HOMELESS
Category:	Free

Homeless -- McKinney – Vento Education Act Free Breakfast and Lunch Documentation Fee Waiver

Student Name:

Date of Birth:

School:

Student ID Number:

Grade:

Effective Date:

Category:

School Authorizing Signature:

Print Name

School Authorizing Signature

This form should be signed by the <u>school</u> <u>administration or counseling office</u> and submitted electronically or via fax to:

> Attn: Homeless/Displaced Department Email: <u>dsdhomeless@dsdmail.net</u> Fax number: <u>801-402-8728</u>



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 date 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 <u>*YES*</u>, please complete the remainder of this form and select what applies to you and/or your family and return it to the school office. If you answer <u>*NO*</u>, you <u>do not</u> need to complete the remainder of this form. Submit form to the school office or online.

Which of the situations below apply to the student?

H2 Student is living H3 Student is living H4 Student is living H5 Student is living H6 Student is seeki	ng a residence with one or more fan g in a motel or hotel. g in a shelter (domestic violence, en g in a car, park, campground, or pub g in a place without adequate facilit ng enrollment without an accompar xplain :	nergency, or transitional hou lic place. es (not designed for heat, el- ying parent (not in foster ca	sing units). ectricity, water). re).
Student Name:	s	chool:	
Student ID#	Date of Birth:	Grade: 00	Gender:
Names and ages of siblings	3 :		
Parent Signature:		Date:	
	chool if your living status chang nade about your living situation		ted.

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

School: Please <u>return only</u> those forms indicating a <u>temporary residence</u> to the "District Homeless Liaison" and any other forms needed. This form can be submitted on line, via email or by fax if necessary, Thank you.