

SUNSET JUNIOR HIGH SCHOOL

NEW STUDENT ENROLLMENT CHECKLIST

STUDENT NAME: _____

BIRTH DATE: _____ GRADE: _____

ADDRESS: _____

LAST SCHOOL ATTENDED INFORMATION:

NAME: _____

ADDRESS: _____

FAX: _____ PHONE: _____

REGISTRATION CHECKLIST:

_____ **ADDRESS VERIFIED IN SCHOOL MAPS**

_____ Birth Certificate

_____ Immunization Records (all students MUST be in compliance with their shots before entering)

_____ Proof of Residence (see required items on reverse side of this form)

_____ Picture ID of Legal Guardian

_____ Completed and Signed Emergency Card

_____ Completed and Signed Guardianship Form (custody or guardianship papers as necessary)

_____ History of Services Survey (HOSS)

_____ McKinney-Vento Free Lunch and Fee Waiver Form (if applicable)

_____ Withdrawal 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
<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: <ul style="list-style-type: none"> 1) Provide a notarized statement from the person you are living with stating that you <i>and</i> 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 new home, you will need to bring in proof of residence for your new home.</i></p>	<p><u>DATED WITHIN LAST 60 DAYS</u></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 ID card Medical billing or insurance information <p><u>DATED WITHIN THE PAST YEAR:</u></p> <ul style="list-style-type: none"> 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: _____

**DAVIS SCHOOL DISTRICT
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	SSID
Student's Legal Last Name		Legal First Name		Middle Name	Suffix	Preferred Last Name	Preferred First Name	Date of Birth
								Grade in School
Ethnicity (Choose one): ___ Male ___ Female ___ Hispanic/Latino ___ Not Hispanic/Latino		Race (Choose one or more, regardless of Ethnicity): ___ Black or African American ___ American Indian or Alaskan Native ___ Asian ___ Native Hawaiian or Pacific Islander ___ 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	
Address		City		State	Zip	Apt #	Address	
							City	
Mailing Address (if different)		City		State	Zip	Apt #	Mailing Address (if different)	
							City	
Workplace:				Economic Guardian		Yes ___ No ___		Workplace:
Work Phone:		Ext.		Resides With		Yes ___ No ___		Work Phone:
				Mailings		Yes ___ No ___		Ext.
Email Address				Last 4 Digits of Ssn		for online lunch payment		Email Address
Other Guardian Information								
Last Name		First Name		Middle Name		Suffix		
Address		City		State	Zip	Apt #	Primary Phone	
Mailing Address (if different)		City		State	Zip	Apt #	Secondary Phone	
Workplace:				Economic Guardian		Yes ___ No ___		Workplace:
Work Phone:		Ext.		Resides With		Yes ___ No ___		Work Phone:
				Mailings		Yes ___ No ___		Ext.
Email Address				Last 4 Digits of Ssn		for online lunch payment		Email Address
Physical Status of Student								
Glasses/Contacts			Hearing Aid			Physical Problems		
Health Problems:			Daily Medication					
Special assistance required for student to attend school:								
Transportation			Adult Assistance			Wheelchair		
						Special Equipment		
Physician			Physician			Phone Nbr		
Special Programs student currently receives								
504			ESL			Spec Ed/Resource - Speech and Language		
						Title I		
Absence Notification								
Email			Internet			Phone		
						No Notification		

PLEASE FILL OUT BOTH SIDES

[illegible]

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
 - ☐ 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 through the courts
 - ☐ 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)
 - ☐ 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
- ☐ **I am a foster parent
- ☐ None of the above statements describe my relationship to the child. (Please explain)

Parent/Guardian Name (printed) _____

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 _____ **Grado** _____

La última escuela donde asistio _____ **SÍ** **NO**

Recibiendo su hijo, servicios del departamento de Educación Especial? ☐ ☐

Recibía su hijo, en cualquier tiempo, servicios del departamento de Educación Especial? ☐ ☐

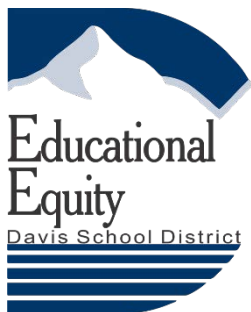
Ha sido evaluado su hijo para recibir servicios del department de Educación Especial? ☐ ☐

Le habían formulado un Plan 504 par acomodar a su hijo para un discapacidad cualquiera? ☐ ☐

Alguna vez su hijo ha tenido un plan de salud. ☐ ☐

Firma del padre o gardiano _____ **Fecha** _____

SUNSET JUNIOR HIGH COUNSELING CENTER



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 **school administration or counseling office** and submitted electronically or via fax to:

Attn: **Homeless/Displaced Department**

Email: dsdhomeless@dsdmail.net

Fax number: **801-402-8728**



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 YES, 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 NO, you do not 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?

- ☐ 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: 00 Gender: _____

Names and ages of siblings:

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, via email or by fax if necessary, Thank you.