



How to enroll new students at Boulton Elementary

- Completely fill out the **Student Information Form**, remembering to sign and date it on the back side at the bottom. All information is important! Any health, behavioral or mental health concerns should be listed on this form in the Physical Status of Student field. Please make sure you write down your email address. Your email address will be used to create a myDSD account which is necessary to check students out. **Photo ID is required when checking out students AND for all visitors/volunteers.**
- Fill out the **Utah School Immunization Record** and bring a record of original immunizations for us to copy. **This information must be transferred by you onto the pink immunization card OR you can provide a USIIS form from your physician.** If we do not receive all or some of the required immunizations for your student by the first day of school, your student will be placed on a conditional enrollment. This means you will have 21 calendar days to provide proof of immunizations, an exemption form or proof of immunity from disease. If we don't receive the above information from you by the date indicated previously, we will be forced to exclude your child from attendance in school/childcare facility under the Utah Statutory Code 53G-9308.
- Fill out the **Guardianship Status form** and provide legal custody guardianship documentation for guardian, adoption, or divorce/custody. Please provide registering guardian's identification, such as: driver's license, passport, or state issued ID. A copy will be made or need to be provided to Boulton Elementary.
- Fill out the **Proof of Residency form** and provide address verification.
 - To be enrolled at Boulton Elementary families must present **TWO** forms of documentation showing that their primary residence (the house in which they live) lies within the school boundaries. (One from column A and one from column B.) Further documentation is required if you are living with someone else within our school boundary. **Please see Proof of Residency form for details.**
- Fill out the **McKinney-Vento Eligibility form** and sign. This form is on the back of the **Proof of Residency form**.
- The office will need to verify a valid and original **Birth Certificate**. A photocopy will need to be made for the student file.
 - Upon registration, a parent/guardian must provide a valid driver's license or state identification that matches the birth certificate.
- Fill out **Request to Release Student Records** form for grades 1 — 6 only. This will allow us to request all records from a previous school.
- **If your student has a 504 or an IEP please provide Boulton Elementary with a copy.**

Completed paperwork needs to be turned in to the office. Please call 801-402-1300 with any questions.

KINDERGARTEN ONLY: We kindly request a \$25 food experience donation.

**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			
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (Choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			Race (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.				
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 #	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		
Other Guardian Information						Physical Status of Student								
Last Name		First Name		Middle Name	Suffix		Glasses/Contacts		Hearing Aid	Physical Problems	Daily Medication			
Address						City		State	Zip	Apt #	Primary Phone			
Mailing Address (if different)						City		State	Zip	Apt #	Secondary Phone			
Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Special assistance required for student to attend school:								
Work Phone: () - Ext.				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Transportation <input type="checkbox"/> Adult Assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Equipment								
				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Physician Physician _____ Phone Nbr _____								
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 - Speech and Language <input type="checkbox"/> Title I						
Absence Notification Email _____ Internet _____ Phone _____ 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 - 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

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: _____

- 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 - 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)
Mil Springs - Weber Basin Ogden
- 23 - Frank E. Moss Courthouse
350 S. Main St., SLC
- 24 - Utah Defense Depot
Ogden

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 _____

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

Student Information

Student Name _____ Gender ☐ Male ☐ Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday.					
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was granted for:

☐ Medical reason (Expires* on: _____)

☐ Religious belief

☐ Personal belief

*If the medical exemption is temporary, enter date.

2. Proof of Immunity (history of disease):

This student has proof of immunity for the following antigen (s):

☐ MMR

☐ Haemophilus influenza type b (Hib)

☐ Polio ☐ Pneumococcal

☐ Tdap ☐ Varicella (Chickenpox)

☐ DTaP ☐ Meningococcal

☐ Hepatitis A ☐ Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.

Immunization record received for this student is from: ☐ a statewide registry
☐ student's former school
☐ legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____

INSTRUCTIONS: This form must be completed for enrollment in a school. A school is defined as any public or private, elementary or secondary school through grade 12, preschool, child care program, nursery school, or kindergarten. A student is defined as an individual who attends a school. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- 5 doses of DTaP/DTP/DT/Tdap – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles-containing vaccine must be given on or after the 1st birthday.
- 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday.
- 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
- 1 dose of Meningococcal – required for students prior to 7th grade entry. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

b. Children enrolled in preschool, child care program, or nursery school must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Immunization Record Received For This Student: Check the appropriate box. In Utah, the statewide immunization registry is called USIIS (Utah Statewide Immunization Information System). Legally responsible individual of the student is defined as the student's parent, the student's legal guardian, an adult brother or sister of a student who has no legal guardian, or the student, if the student is an adult, or is a minor who may consent to treatment under consent of minor to treatment. (Section 26-10-9)

When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist. Written proof is required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

School Use Only:

1. Exemption: If the student has an exemption, check the box for the type of exemption. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, enter expiration date.

Exemption Procedures:

Students claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module at www.immunize-utah.org or in-person consultation at a local health department. A copy must be presented to the school or child care official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. The school or child care program must attach the copy to this record.

Medical Exemption: For a medical exemption from required immunizations, the legally responsible individual of the student must provide to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

2. Proof of Immunity (history of disease): If the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen. *The document must be attached to this record.*

Maintaining a List of Students' Immunization Status: Utah School Immunization Law requires schools and child care facilities to maintain a *current list* of all enrolled students, including: 1) students who have a valid and complete immunization record, 2) students who are exempt from receiving the required vaccines, and 3) students who are allowed to attend school under conditional enrollment status.

School Entry Requirements



Kindergarten Entry Requirements

The following vaccines are required for students entering kindergarten:*

- 5 DTP/DTaP/DT- 4 doses if 4th dose was given on/after the 4th birthday
- 4 Polio- 3 doses if 3rd dose was given on/after the 4th birthday
- 2 Measles, Mumps, and Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 2 Varicella (Chickenpox)

Seventh Grade Entry Requirements

The following vaccines are required for students entering seventh grade:*

- 1 Meningococcal
- 1 Tdap (Tetanus/Diphtheria/acellular Pertussis)
- 2 Varicella (Chickenpox)
- 3 Hepatitis B

*Proof of immunity to disease (s) can be accepted in place of vaccination only if a document is presented to the school from a healthcare provider stating the student previously contracted the disease.

NOTE: Human papillomavirus (HPV) vaccine is recommended for routine vaccination at 11 or 12 years of age, but is not required for school entry in Utah. Influenza vaccine is also recommended, but not required for school entry.

Kindergarten through grade 12: All students
Kindergarten through grade 12 are required to have
two doses of the MMR vaccine.

Where can I complete the online exemption education module?

To receive a Utah vaccination exemption form, a legally responsible individual of a child must complete the online education module, print the Utah vaccination exemption form and provide a signed copy to the school/early childhood program. The online education module is available on the Utah Immunization Program website www.immunize-utah.org. A link may also be available on the websites of local health departments, local education agencies, and other public health programs or organizations.

NOTE: In the event of an outbreak of any vaccine-preventable disease, children claiming any exemption will be excluded from school or early childhood programs as long as the outbreak lasts. This rule helps protect unvaccinated children from getting these diseases.

Bountiful/Woods Cross Clinic

596 West 750 South (Woods Cross)

(801) 525-5020

(801) 296-8160 (Fax)

Hours: Tuesday & Thursday 9:00 am - 5:00 pm

Clearfield Clinic

22 South State Street, 1st Floor

(801) 525-5020

(801) 525-5011 (Fax)

Hours: Monday & Friday 9:00 am - 5:00 pm

Wednesday 1:00 pm - 5:00 pm

For more information,
contact your health care provider,
public health department or the
Immunization Hotline at:

1-800-275-0659 or
www.immunize-utah.org

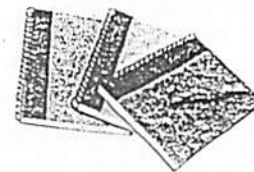


Rev. 06/2018

The Utah School Immunization Rule



Utah Department of Health
Immunization Program



Immunize for Healthy Lives!

Early Childhood Program Requirements



Does my child have to be immunized to attend an early childhood program?

All children who attend school or any of the following early childhood programs are required by the Utah Immunization Rule for Students to provide proof of immunization, an exemption, or proof of immunity against a disease for which vaccination is required:

- Public, charter, and private (Kindergarten – grade 12)
- Licensed child care centers
- Licensed Family Home Care
- Nursery or preschool located within a school
- Head Start Programs

Children attending early childhood programs are required to be appropriately immunized for age for the following vaccines:

- | | |
|---|---------------|
| • Diphtheria | • Measles |
| • Tetanus | • Mumps |
| • Pertussis | • Rubella |
| • Polio | • Varicella |
| • Hib (not required after age 5 years) | • Hepatitis A |
| • Pneumococcal Conjugate (not required after age 5 years) | • Hepatitis B |

NOTE: Rotavirus and influenza vaccines are also recommended, but not required, for children in early childhood programs.

Questions and Answers

How can I be sure that my child has all the required immunizations?

Follow the U.S. recommended immunization schedule and keep a written record for each child. Update your child's record each time vaccines are given. Give a copy to your child's school or early childhood program at registration. Remember – you need written proof of all immunizations.

What information should be on students' immunization records?

Immunization records of students must show:

- information regarding each required vaccination that the student has received, including the date each vaccine was administered, and verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, or a pharmacist;
- proof of immunity for any disease for which a vaccine is required if the student previously contracted the disease; and
- an exemption form identifying each required vaccination from which the student is exempt.

What if I don't have a written record for my child?

Ask your healthcare provider, pharmacist, public clinic, Utah Statewide Immunization Information System (USIIS), or any school or early childhood program your child attended in the past if they have records. If you still can't find the records, your child will need to get the vaccines again.

What if my child had a vaccine too early or too late?

If your child received a vaccine too soon, the vaccine must be repeated. For example, a child who had the first MMR vaccine before the first birthday will need to get that vaccine again. If a vaccine dose is given late or a child is behind, the vaccine does not need to be started over.

What about vaccines given outside the U.S.?

Vaccines given in another country are acceptable if the schedule is similar to the U.S. schedule. You will need a written record of all vaccines, including the dates all vaccines were given.

What is conditional enrollment?

A student who has not provided a school/early childhood program with a complete immunization record at the time of enrollment can attend the school on a conditional enrollment. Conditional enrollment is a period where the student's immunization record is under review by the school/early childhood program or for 21 calendar days after the day a school/early childhood program provides written notice to a student's legally responsible individual, in person or by mail.

Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until proper documentation of immunization records has been provided to the school/early childhood program.

What if my child previously had chickenpox disease or any diseases for which vaccination is required?

If your child has past history of disease for any of the required immunizations, you must provide the school/early childhood program with a written document signed by a healthcare provider as proof of immunity.

Can a child be exempted from the Utah Immunization Rule for Students?

Yes. There are three types of exemptions (*medical, religious, and personal*) allowed in Utah for students kindergarten through grade 12 and for children in early childhood programs. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. A copy of the Utah vaccination exemption form must be provided to the school or early childhood program official to place in the student's permanent file. Additional documentation from a licensed healthcare provider is required for a medical exemption.

For a complete childhood immunization schedule visit:
www.immunize-utah.org

Continued on back panel

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.

Student's Name _____

Student's Birth date _____

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.

☐ * 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 through the courts

☐ ** I am not listed on the birth certificate, but have established paternity

☐ **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 or proctor parent.

Caseworker Name _____ Phone# _____

☐ None of the above statements describe my relationship to this child. (Please explain)

Your Name: _____ Address: _____

Your Signature: _____ Date _____

* A copy of the birth certificate is required

** To assist us in complying with court orders, please provide us with a copy of all legal documents.

*** DCFS, Foster Care or Youth Corrections placement requires a District Case Management Team staffing with the Caseworker, prior to enrollment.

All Foreign Exchange Students must process through Student Services

Proof of Residency

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.

To be enrolled in Boulton Elementary School, families must present at least **TWO** forms of documentation showing 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.

All applicants must submit at least **one document from column A AND one document from Column B.** Further documentation will/may be requested at school's discretion, or if you are living with someone else that resides within our school boundary.

Please fill out the following form, and mark the documentation that you will be providing for proof of residency.

The following documents are used in determining residence:

Student(s) Name: _____ _____ _____ _____	Our family is living at the following residence: _____ _____ Signature: _____
Column A	Column B
<p>PLEASE PROVIDE ONE ITEM FROM COLUMN A Dated within the past 30 days:</p> <p>_____ *Rental Lease Agreement</p> <p>_____ *Purchase/Escrow Agreement</p> <p>If you are moving in with another family you will need to provide:</p> <p>_____ -1 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</p> <p>_____ -2 A document showing that the person you are living with resides within school boundaries (see acceptable documents above); AND</p> <p>_____ -3 One or more items from Column B showing you live at the location.</p> <p><small>Please recognize that a notarized statement holds up in court as a legal document, and under no circumstances should be falsified. Bountiful Police Officers and/or School Administration may perform home checks to verify residency.</small></p> <p><small>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. Your boundary school will be verified at that time.</small></p>	<p>PLEASE PROVIDE ONE ITEM FROM COLUMN B Dated within the past 30 days:</p> <p>_____ *Utility bill (gas, electric, cable, etc.)</p> <p>_____ *Letter from approved government agency (Assisted housing, food stamps, unemployment.)</p> <p>_____ *Payroll stub</p> <p>_____ *Bank or Credit Card statement</p> <p>_____ *Current vehicle registration or insurance</p> <p>_____ *Medical billing or insurance information</p> <p>_____ *Post Office Change of Address Form</p> <p>Dated within the past year:</p> <p>_____ *W-2 form</p> <p>_____ *Property tax bill</p> <p>School Staff Signature: _____</p> <p>Date: _____</p>

The following items do not establish residency: *Letters from friends or relatives *Generalized mail *Power of Attorney
 *Other property or residence owned in school boundaries *P.O. Box in school boundaries *If you are currently in a homeless situation please let the office staff know and we will provide the correct documentation for you to fill out.

If you change residency at any time, you must notify the school and provide new proof of residency in the Boulton boundary within 15 days in order to have compliant registration.



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

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:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

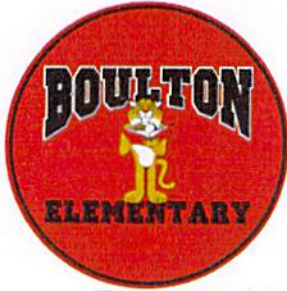
Parent Signature: _____ Date: _____

- **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. Thank you.



Boulton Elementary

DAVIS SCHOOL DISTRICT

Request to Release Student Records from Previous School (1st - 6th grade)

Date: _____

Previous Elementary School Name: _____

Phone: _____ Fax Number: _____

The following student(s) have enrolled at Boulton Elementary:

Please forward all records including the following as soon as possible:

- Student records, transcript of grades, cum files, scholastic data
- Immunization records, medical / health records and birth certificate
- Resource or speech files
- Psychological test data and standardized test data
- Attendance records
- Disciplinary action. Was student suspended or expelled in past 6 months, if so, please provide details.

Thank you for your help.

Sincerely,
Boulton Elementary
Principal Tiffany Tuck

Parent / Guardianship Signature: _____