

**VISTA EDUCATION CAMPUS
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			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 __ Yes __ No		Workplace:					Economic Guardian __ Yes __ No					
Work Phone: () - Ext.					Resides With __ Yes __ No		Work Phone: () - Ext.					Resides With __ Yes __ No					
					Mailings __ Yes __ No							Mailings __ Yes __ 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 () -		Health Problems:									
Mailing Address (if different)		City	State	Zip	Apt #	Secondary Phone () -		Special assistance required for student to attend school: __ Transportation __ Adult Assistance __ Wheelchair __ Special Equipment									
Workplace:					Economic Guardian __ Yes __ No		Physician					Phone Nbr () -					
Work Phone: () - Ext.					Resides With __ Yes __ No		Special Programs student currently receives										
					Mailings __ Yes __ No		__ 504 __ ESL __ Spec Ed/Resource - Speech and Language					__ Title I					
Email Address						Last 4 Digits of Ssno for online lunch payment		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 - Orbital 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
- 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 - Orbital ATK, Inc. 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

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: _____

If translation services are needed please check the box and indicate the language.

Parent or Legal Guardian Signature _____ Date _____

Please provide the service Language _____