

**HOLT ELEMENTARY
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												
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 #		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				Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No											
Work Phone:				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Work Phone:				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No											
Ext.				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No				Ext.				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		<input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Physical Problems <input type="checkbox"/> Daily Medication Health Problems:															
Address		City		State		Zip		Apt #		Home 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											
Mailing Address (if different)		City		State		Zip		Apt #		Cell/Alt. Phone		Physician											
Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician				Phone Nbr											
Work Phone:				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Special Programs student currently receives															
Ext.				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language															
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 (parents or guardians)? _____																	

PLEASE FILL OUT BOTH SIDES

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: _____

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
- 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

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 _____