

Welcome to Woods Cross Elementary!

New Student Registration Guidelines

Registration Procedure:

The student must reside within Woods Cross Elementary School Boundaries. At the present time we are a closed boundary school. If you do not live within our school boundaries, you will need to attend the school where you reside, or complete a Boundary Variance form to be considered for approval by the principal.

- A. COMPLETE THE REGISTRATION CARD. Be sure to sign the back of the card. Also complete Guardianship Status.
- B. COMPLETE THE PROOF OF RESIDENCY FORM. **TWO** forms of documentation showing Proof of Residency are required. See Attached Proof of Residency Procedures listing the documents that are acceptable (PER DAVIS SCHOOL DISTRICT REQUIREMENTS).
- C. COMPLETE THE PINK IMMUNIZATION RECORD and **provide a copy of the permanent immunization card.** State Law dictates that NO child can attend school without completed immunizations or proof that immunizations are in progress. Also complete the health information on the registration card for our School Nurse.
- D. BIRTH CERTIFICATE: An OFFICIAL COPY is required at time of registration. Hospital certificates and wallet sized cards are NOT acceptable.
- E. COMPLETE THE RECORDS REQUEST FORM FOR PREVIOUS SCHOOL RECORDS.

Please return the completed registration packet to the office between the hours of 8:00 AM and 4:00 PM.

**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													
Student's Legal Last Name		Legal First Name		Middle Name		Suffix	Preferred Last Name		Preferred First Name		Date of Birth	Grade in School	Student SSNO										
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No Response																					
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															
Address		City		State		Zip		Apt #		Home Phone		Health Problems:											
Mailing Address (if different)		City		State		Zip		Apt #		Cell/Alt. 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											
Workplace:						Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician													
Work Phone:						Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician							Phone Nbr						
Ext.						Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No				Special Programs student currently receives													
Email Address						Last 4 Digits of Ssno for online lunch payment		<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															
Absence Notification																							
<input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification																							
What is the first language your son or daughter learned to speak? _____ What language does your son or daughter speak most often at home? _____																							
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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____					3 - Hill Air Force Base, Clearfield 4 - AF Plant #78, Brigham City 5 - A N G Facility, Salt Lake City Intl. Arprt #1, SLC 6 - ARSR Site, Francis Peak 7 - Dugway Proving Grds, Tooele, Dugway 8 - Fed Depot, Clearfield 9 - Federal Admin Bldg 1745 W. 1700 S. Redwood Rd., SLC 10 - Fort Douglas, Salt Lake City 11 - NG Facility, Camp Williams, Lehi 12 - Tooele Army Depot, Tooele 13 - VA Hospital 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. Arprt., 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 at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____						
Mother Military/Federal Employment Information						
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____						
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____						
Other Military/Federal Employment Information						
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____						
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____						
Parent or Legal Guardian Signature _____				Date _____	If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language _____	

WOOD CROSS ELEMENTARY

PARENT RELEASE FORM

Name of child _____ Teacher _____

Home address _____ Home Phone _____

Father's name _____ cell phone _____ work phone _____

Mother's name _____ cell phone _____ work phone _____

Out-of-area phone numbers cannot be reached by students! Parents, please have local cell phone numbers available.

Please list the names of all other local people authorized to pick up and transport your child in case of a personal emergency or community disaster. **NO STUDENT WILL BE RELEASED TO ANYONE UNDER AGE 18.**

Name	Relationship	Home phone	Cell phone

Davis County Schools

Dear Parent/Guardian

Under the Utah Code 53a-11-501 to 503 schools are required to have proof of the identity of a student who is registering in the school for the first time. The requirement of the law is for the parent or the legal guardian to produce a valid state issued birth certificate as proof that the child is who the parent or guardian says he or she is.

We realize this may place a considerable burden on the parent or guardian as well as on the school, but in order to protect the interests of all children and to comply with the law, we must verify that all students have a valid state issued birth certificate that confirms who they are.

This can be obtained by contacting Department of Vital Statistics, 288 North 1460 West, Salt Lake City, UT 84116-0700. Telephone: 538-6105.

Sincerely,

Davis County Schools

Woods Cross Elementary School

745 West 1100 South- Woods Cross, Utah 84087

801-402-1800–Office ~ 801-402-1801–Fax

Dear Parents:

To avoid any confusion, we would like to explain the purpose of the questions on the registration form regarding languages other than English spoken in the home.

In an effort to help students succeed in their education, the law requires that all students who are exposed a language other than English may be provided with alternative language services, if necessary. These students would include those who spoke another language before English, or whose parents speak a language other than English, etc. (This does not apply to a learned, second language).

The purpose of these services is, in no way to diminish or single out any student, but to help him/her get the most out of their education. Once they are identified as eligible for this service, they are assessed with a simple test to know the areas in which they need reinforcement. If parents, principals, or teachers of these students feel they need the services, they may be referred to the ESL department in the School District.

The school will also provide translation services, if needed, as indicated on the registration form. Please check the corresponding box if you feel you would need this service. A list of translators will be available through the school. The provision of translation services will be documented in the students' cumulative file.

We hope this information will be helpful. If you have any questions, please contact the ESL Department at 402-5161.

Sincerely,

Principal



**Student Information Questionnaire
McKinney-Vento Eligibility
Davis School District**

This voluntary questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11431 et seq. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

**If you answered YES to either of the above questions, please complete the remainder of this form.
If you answered NO to both questions, you may stop here.**

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).

- **Please notify the school if your living status changes.**
- **If a false claim is made about your living situation, enrollment may be affected.**

Student Name: _____ School: _____

Date: _____ Grade: _____ Gender: _____

Names and ages of school age and preschool age children: _____

Parent Signature: _____

Parents: If you have any questions concerning this form or a homeless situation, please contact the

Davis School District Homeless Liaison at 402-5609.

**School: Please return those forms indicating a temporary residence to “District Homeless Liaison”
at the District Office. Thank you.**

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)

YourName: _____ Address: _____

YourSignature: _____ 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

Woods Cross Elementary School
745 West 1100 South, Woods Cross, UT 84087

Proof of Residency Procedures

To be enrolled in WOODS CROSS ELEMENTARY SCHOOL, families must present TWO forms of 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, plus Picture ID

Column A

Column B

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

- Rental/Lease Agreement
- Purchase/Escrow Agreement
- 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 own home, you will need to bring in proof of residency for your new home.

Dated within the past 60 days:

- 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 identification card
- Medical billing or insurance information

Dated within the past year:

- W-2 form
- Property tax bill

The following **do not** establish residency:

- Powers of Attorney
- Property owned in school district boundaries
- Letters from friends or relatives
- P.O. Box in school district boundaries

Student's 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 and grade of sibling(s) currently attending this school:

School staff must verify and make notation below

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 document showing residency	Date on Document
1.	
2.	

School Staff Signature: _____

Date: _____

DAVIS SCHOOL DISTRICT HEALTH AND NURSING SERVICES IMPORTANT INFORMATION YOU SHOULD KNOW

Sharing Student Health Information- It is important to list any health information pertinent to the school setting in the “Health Problem” space on the Registration/Demographic Card. Write “none” if there are no concerns. If the health status changes during the school year, ask the office to update the registration card and inform the school nurse. Some health conditions may require an Individualized Health Care Plan (see below).

Behavioral and mental health needs should also be listed on the card and discussed with an administrator or teacher. These concerns will be addressed as needed by professionals other than nurses.

Vision screenings may be conducted any time during the school year throughout the district for **any student**. Various methods such as eye charts and refraction cameras may be used. If you do not want your student to participate in screenings please notify the school in writing every year. Forms are available on the DSD Website.*

Medication policies at school- Responsible students may keep one day’s dosage of most medications with them. Completion of paper work is required for medications administered by school staff. Certain medications such as injectables, controlled substances and some others have special policies for school use. Check with the school nurse for individual circumstances. Guardians are responsible to know and follow guidelines for medications as outlined on the DSD Website.*

*Visit **www.davis.k12.ut.us** and choose **Programs** then **Nurses** for further information, protocol and contact information for the school nurse. There is a link to Parent Resources. (<http://www.davis.k12.ut.us/Page/1851>)

Students with health issues requiring assistance may need an **Individualized Health Care Plan**

- A school nurse and guardian will work together to form a plan of care that will be in place for a 12-month period or until modified.
- Please ensure your student’s health needs are taken care of until the guardian, teacher and nurse sign an IHCP.
- You may view your student’s current plan by using your my.DSD login.

-All appropriate school staff may view information in the “Physical Status of Student” portion of the registration card.

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. 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). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student Information

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

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, 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 AND EARLY CHILDHOOD PROGRAM USE ONLY:

- ALL REQUIREMENTS MET date: _____
☐ Adequately Immunized
Or Exemption was granted for:
☐ Medical (Expires* on: _____)
☐ Religious
☐ Personal
- Conditional Admission date: _____
- Not-in-Compliance date: _____
 *If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian _____

Age of child at time of disease: _____

* If a student has history of the chickenpox disease, parent must sign to the right.

Record Source: ☐ Physician ☐ Registered Nurse ☐ Health Dept. ☐ USIIS

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

Authorized Signature: _____ **Date:** _____ **Title:** _____

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs. 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. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- **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.

b. Children enrolled in *Early Childhood Programs* 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.

Record Source: Indicate source of original records. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, public health official or USIIS will be acceptable as written proof required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the USIR against the source records.

School and Early Childhood Program Use Only:

1. ALL REQUIREMENTS MET: Requirements are met by either up-to-date immunizations on the first day of school **or** by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

Exemption Procedures: The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions, Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

2. CONDITIONAL ADMISSION: If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.
3. NOT-IN-COMPLIANCE: On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

Disease Verification: Parent/guardian must sign on reverse side verifying history of chickenpox disease.

**Davis County Health Department
P.O. Box 618
Farmington, UT 84025**

IMMUNIZATION REQUIREMENTS IN THE SCHOOL

Kindergarten students: every student must have an immunization record and must be complete at the time of registration.

DTP, DTAP, DT	FOUR or FIVE DOSES (Effective 9/92. Students need a 5th dose if they received four before age 4
POLIO	THREE OR FOUR DOSES (3 doses if all IPV or OPV and 3rd dose is given after the 4th birthday)
MMR	TWO DOSES (first dose must be at or after 12 months)
HEPATITIS B	THREE DOSES, effective 7/99
HEPATITIS A	TWO DOSES, effective 7/02, (first dose on or after first birthday, second dose 6 months after first)
VARICELLA	ONE DOSE, effective 7/02, (given on or after first birthday), or history of chickenpox disease

(If the student does not comply with the above requirements, please refer them to their health care provider or the local Health Department clinics listed below. Requirements must be met before entrance to school.)

Davis County Health Department Immunization Clinics:

Bountiful/Woods Cross Clinic
596 West 750 South (Woods Cross)
(801) 298-3919
(801) 296-8160 (Fax)

Hours: Wed. & Thurs., 8–11:45 a.m. & 1–4:30 p.m.

Clearfield Clinic
22 South State St., 1st Floor
(801) 525-5020

Hours: Mon., Tues., & Fri., 8–11:45 a.m. & 1–4:30 p.m.

Medical, Religious, or Personal Exemptions:

MEDICAL EXEMPT: signature must be obtained from the health care provider.

RELIGIOUS EXEMPT: an exemption form must be obtained from the Davis County Health Department.

PERSONAL EXEMPT: an exemption form must be obtained from the Davis County Health Department (50 E. State St., Farmington Courthouse Annex.)

Davis County Health Department accepts some insurance, please call to verify.

Woods Cross Elementary

745 West 1100 South
Woods Cross Utah 84087
Phone: 801-402-1800
Fax: 801-402-1801



NOTICE OF ENROLLMENT REQUEST FOR OFFICIAL RECORDS

ADDRESS OF FORWARDING SCHOOL

Name of Previous School

Street Address of School

City, State & Zipcode

The following student/s have been enrolled in our school. Please forward all pertinent records, (i.e. Special Education, academic, health, psychological, etc.).

Thank you for your prompt attention to this request.

Pupil _____ Grade _____ Birthdate _____

Pupil _____ Grade _____ Birthdate _____

Pupil _____ Grade _____ Birthdate _____

Pupil _____ Grade _____ Birthdate _____

Sincerely,

Woods Cross Elementary Records

Parent's Authorization for Release of Information/Records

I hereby give consent for the above named person to receive the information requested concerning my son/daughter.

Parent's Signature