

**LAKESIDE 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 | Immunization | Variance | 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 | | | |
| 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 | Mailings <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 |

| | |
|---------------|---------------|
| Email Address | Email Address |
|---------------|---------------|

| 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 # | Primary Phone | | | |
| Mailing Address (if different) | | City | State | Zip | Apt # | Secondary 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 | | | | |
| | | | | | Physician | | | | |
| | | | | | Physician | | Phone Nbr | | |
| | | | | | 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 | | | | |

| | |
|---|---|
| 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

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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
- 6 - ARSR Site Francis Peak
- 7 - Dugway Proving Grds Tooele, Dugway
- 10 - Fort Douglas Salt Lake City
- 12 - Tooele Army Depot Tooele
- 13 - VA Hosp 500 Foothill Dr - Ft Douglas Sta., SLC
- 15 - IRS 1160 West 1200 South, Ogden
- 17 - Army Reserve Center Salt Lake City
- 18 - Courthouse & Fed Office Bldg 25th St - Grant Ave - 24th St - Kiesel St., Ogden
- 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
- 31 - Forest Service 857 West South Jordan Parkway, South Jordan, UT

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 _____