

HISTORY OF SERVICES

Student Name:	Grade: _		-
Last School Attended:			
	,	res .	No
Is your child currently taking any online classes, home-school classes, or taking classes elsewhere?	İ		
Is your child currently receiving Special Education or Resource Services?			
Has your child ever received Special Education or Resource Services?			
Has your child ever been tested for Special Education Services?			
Has your child had a 504 Plan to accommodate a disabling condition?			
Parent/Guardian Signature:	Date: _		_

CENTENNIAL JUNIOR HIGH 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 R227-726 (1-5).

This information will be	handled confidentially and wil	be used only	for the p	urpose no	oted in t	he law or	rule. This informati	ion will r	ot subject yo	ou to any u	nfair or discri	minato	y treatme	ent.
FOR SCHOOL USE ONLY:	Proof of Residence	122 729 011 019 Child Cochastic Office 21 mile	riance		Track		Birth Certificate			al Concerr			eacher	
Student's Legal Last Name	Legal First Name M	ddle Name	Suffix	Prefe	rred Las	t Name	Preferred First Na	lame	Date of Birt	h G	rade in School		Student S	SNo
Male Female	Ethnic Origin: African A	merican _	_ Amer	ican Indiar	n _	Asian	_Caucasian _	₋ Hispa	nicPa	cific Island	lerOth	ner _	No Res	sponse
School Last Attended		_ Address				If Born Outside U.S. What Country Date Entered U.S								
	Father Guardian Inform	ation					British Chief ar	M	other Guardi	an Informa				
Last Name	First Name	Middl	е	S	Suffix	Last Na	me	Fir	st Name		Middle			Suffix
Address	City Sta	te Zip	Apt #	Home Ph	hone	Address	S		City	Stat	e Zip	Apt #	Home P	hone
Mailing Address (if different) City Sta	te Zip	Apt#	Cell/Alt I	Phone	Mailing	Address (if different)	:)	City	Stat	e Zip	Apt #	Cell/Alt	Phone
Workplace:		Economic G	iuardian	Yes	No	Workpl	ace:				Economic G		Yes	No
Work Phone:	Ext.	Resides Wit Mailings	th	_Yes _Yes	No No	Work P	hone:		Ext.		Resides With Mailings	1	_Yes _Yes	No No
Email Address			(2.5)	4 Digits of		Email A	ddress					1	4 Digits o	
	Other Guardian Inform	ation							Physical Stat	us of Stude	ent			
Last Name	First Name	Middl	e	9	Suffix	Health	Glasses/Contacts Problems:	Hea	aring Aid	_Physica	l Problems	Dai	ly Medica	tion
Address	City St	ite Zip	Apt #	Home P	hone									
											to attend sch		Lemino	
		. 7:-	A A 44	Cell/Alt	Dhana		Transportation	Adu	Ilt Assistance	_vvn	eelchair	_specia	l Equipme	enc
Mailing Address (if different	t) City St	ate Zip	Apt #	Cell/Ait	riione		Physician		· iiys	ician (Phone	Numbe	•	
		Economic (Guardian	Yes _	No			Special P	rograms stud	lent currer	tly receives			
Workplace: Work Phone:	Ext.	Resides Wi Mailings	th	Yes _ Yes _		504	ESLSpec Ed	d/Resour	ceTitle I	Spec I	Ed. Preschool	Spe	ch and La	anguage
Email Address			Last	4 Digits o	f SSNo				Absence N	lotification				
			for o	nline lunch p	ayment		Email	lr	nternet _	Phone	No No	otificatio	n	
What language does your s	on or daughter speak most ofte	n at home?				What is	s the first language yo	our son o	or daughter le	arned to s	peak?			
	ak most often at home (parents					What is	s the first language yo	ou learne	ed to speak (p	parent or g	uardians)?			
	800	50												

Emergency Contacts and Authorization t	Preschool Children in Home							
	hone Number		II/Alt. Phone	Name	Birthday			
Father Military	Federal Employmer	nt Information			Federal Facilities/Codes			
Military Active duty in Military: Yes No Date Activated: Military: U.S. Military Non U.S. Military	Ailitary Country: _Army National Guard NavyNavy F :	I Army Resen Reserve Other			3 – Hill Air Force Base Clearfield 4 – AF Plant #78 Brigham City 5 – A N G Facility Salt Lake City Intl. Arpt #1, SLC 6 – ARSR Site Francis Peak 7 – Dugway Proving Grds			
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of Employed at Federal Facility on list: Yes No Federal Facility Name/Code:	Contrac	ctor Name: per day at facility:	deral Facility on list		Tooele, Dugway 8 – Fed Depot Clearfield 9 – Federal Admin Bldg 1745 W. 1700 S. Redwood Rd., SLC			
Military Active duty in Military:Yes No Date Activated: Military:U.S. Military Non U.S. Military Non U.S. Branch: _Air Force	Ailitary Country:	d Army Reser		Coast Guard Reserve	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			
Employment at Federal Facility (see valid Federal Facilities/Codes on right side Employed at Federal Facility on list: Yes No Federal Facility Name/Code:	f form) Employed Contrac	ctor Name: per day at facility:	deral Facility on list		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			
Military Active duty in Military: Yes No Date Activated: Military: U.S. Military Non U.S. Military Non U.S. Branch: Air Force Air Force Reserve Army Marine Corps Marine Corps Reserve	Military Country: _Army National Guard NavyNavy t: of form) Employed Contra	d Army Reser Reserve Other	ederal Facility on list	(Hill Air Force Base, IRS)	25 th St – Grant Ave – 24 th St – Kiesel St., Ogden 19 – FAA Bldg 2150 W. Sixth St – N Intl. Arpt., SLC 20 – Fed Office Bldg 125 S. State St – 1 st S., SLC 21 – Forest Serv Bldg 507 25 th – 504 24 th – 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			
Parent or Legal Guardian Signature		Date			neck the box and indicate the language. Language:			

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.

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.

Student's Nar	ne
1	I am the parent (birth or adopted) of this child and this child lives with both parents.
2	I am the parent (birth or adopted) of this child and am not currently married to the other parent, but I have been awarded custody/guardianship through the court.*
3	I am not the parent (birth or adopted) of this child. I am a relative or friend. (circle one)
	a. I have been awarded legal guardianship of this child through the courts**
	b. I have not been awarded legal guardianship of this child through the court.
4	l am a foster parent.
5	None of the above statements describe my relationship to this child. (Please explain your relationship to this child on the back of tis form.)
Your Name:_	
Your Signatu	re:Date:
	desire the school's assistance in enforcing any court order relating to the child,

**Verification of court order of DCFS placement must be provided prior to child being enrolled.

copy of the legal documents must be provided to the school.



Year 2020-2021	
Family Last Name:_	 _

Housing Information/McKinney-Vento Eligibility Form

Your answers will help determine if the student meets eligibility requirements for services under the Mckinney-Vento Act

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 hardship?		nporary living arrangeme No		nousing or economic			
If you answered YES, ple	ase complete th	e remainder of this form					
Please choose which of the	e following situa	ations the student currently	resides in (you ca	n choose more than one):			
sharing a residence with one or more families because of economic hardship.							
 living in a motel or hotel. living in a shelter (domestic violence, emergency, or transitional housing units). living in a car, park, campground, or public place. living in a place without adequate facilities (not designed for heat, electricity, water). seeking enrollment without an accompanying parent (not in foster care). Disaster victim? Explain: 							
Address of current resider	ice, name of mo	itel/hotel, shelter, or "gene	eral area" of curre	nt residence:			
If you are living in shared housing, please check all the following that apply: Loss of housingEconomic situationTemporarily waiting for a house or apartment Provide care for a family memberLiving with boy/girlfriendLoss of employment Parent/Guardian deployedOther)explain)							
Student Name:School:							
Student ID#	Date	of Birth:	Grade:	Gender:			
Sibling(s) Information: Name	Grade:	Student ID:					
			F				
Guardian Name: (Print) Fmail:		Signature:_	Phon	e Number:			

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

MEMO TO PARENTS REGARDING STUDENT INTERVIEW/PHOTOGRAPH/VIDEO

Dear Parents,

Part of the communication efforts of the Davis School District and your child's school is to let the general public know about the educational activities occurring within the walls of our schools.

As part of that effort, we also occasionally invite reporters to the schools to cover educational activities and events.

The main focus of education, of course, is students, and during the vast majority of time, we and the media will want to focus on students as the subject of stories.

For that reason, we are seeking your permission ahead of time for your student(s) to be interviewed, photographed or recorded on video in the event such an opportunity surfaces during the school year. This will include the use of that material on the district or school website and district or school social media sites. Please note, Davis School District policy prevents use of a child's full name in association with their photo or video in any district or school use.

There are times when hundreds of students are together on the playground, lunchroom or in an assembly-type situation. We will do everything we can to try and determine which students may be off-limits during those large student gatherings. However, those situations can make it very challenging to accomplish that.

Also, if a student participates in a group that performs in the public limelight — such as choir, sports or any public performance — the opt-out doesn't apply.

If you **DO NOT** want your student to be involved in one or all of these instances, please fill out this form and return it to the school. Please note, your permission will be assumed if the school does not receive this form.

Please indicate which instances you would like to opt out of:

My child may	NOT be photographed or recorded on video for use by the district or the school.
My child may media.	NOT be photographed, recorded on video or interviewed by an outside entity, including the
Student Name(s):	
Parent(s) Name:	
Address:	
Phone:	
Signature:	
Date:	