

# Welcome to Crestview Elementary!

## New Student Registration Guidelines

The student must reside within Crestview 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.

You can complete this registration packet in the following ways:

- 1) Fill out the registration packet online & email it to secretary Ana Sanchez at [ansanchez@dsdmail.net](mailto:ansanchez@dsdmail.net).
- 2) Fill out the registration pack online, print the completed documents, and bring it to the main office between the hours of 8:00 AM and 4:00 PM.
- 3) Fill out the registration packet in person in the main office between the hours of 8:00 AM and 4:00 PM.

### Registration Procedure:

A. COMPLETE THE PRE-REGISTRATION FORM ONLINE.

This can be done on Crestview Elementarys website:

<https://crestview.davis.k12.ut.us/parents-students/registration>  
or by scanning this QR Code.



B. COMPLETE THE REGISTRATION CARD. Be sure to sign the back of the card.

C. COMPLETE THE GUARDIANSHIP STATUS FORM.

D. 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).

E. 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.

F. BIRTH CERTIFICATE: An ORIGINAL COPY is required at time of registration. Hospital certificates and wallet sized cards are NOT acceptable.

G. COMPLETE THE RECORDS REQUEST FORM FOR PREVIOUS SCHOOL RECORDS.

**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.**

<b>FOR SCHOOL USE ONLY:</b>	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. _____			
<b>Father Guardian Information</b>						<b>Mother Guardian Information</b>									
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 _____	
<b>Other Guardian Information</b>						<b>Physical Status of Student</b>									
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 _____									
Mailing Address (if different) _____						City _____ State _____ Zip _____ Apt # _____ Cell/Alt. Phone _____									
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				<b>Special Programs student currently receives</b>							
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 _____		<b>Absence Notification</b>							
						<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:  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 - 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, 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. 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 \_\_\_\_\_

# 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

**Crestview Elementary School**  
**185 West Golden Ave., Layton, UT 84041**

**Proof of Residency Procedures**

To be enrolled in ORCHARD 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 <u>ONE</u> document from Column A and <u>ONE</u> document from Column B OR <u>TWO</u> documents from Column B, plus Picture ID	
<b>Column A</b>	<b>Column B</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.	
<ul style="list-style-type: none"> <li>• Rental/Lease Agreement</li> <li>• Purchase/Escrow Agreement</li> <li>• If you are living with another family, or you cannot provide either of the above:               <ol style="list-style-type: none"> <li>1) Provide a notarized statement from the person you are living with stating that you <i>and</i> your child(ren) live there, the address, and for what period of time, <b>AND</b></li> <li>2) <u>A document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); AND</u></li> <li>3) One or more items from Column B showing you live at the location.</li> </ol> <p><i>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.</i></p> </li> </ul>	<p><b>Dated within the past 60 days:</b></p> <ul style="list-style-type: none"> <li>• Utility bill (gas, electric, home telephone, cable, etc.)</li> <li>• Letter from approved government agency (assisted housing, food stamps, unemployment payment)</li> <li>• Payroll stub</li> <li>• Bank or credit card statement</li> <li>• Valid driver's license</li> <li>• Current vehicle registration or insurance</li> <li>• Valid Utah photo identification card</li> <li>• Medical billing or insurance information</li> </ul> <p><b>Dated within the past year:</b></p> <ul style="list-style-type: none"> <li>• W-2 form</li> <li>• Property tax bill</li> </ul>
The following <b>do not</b> establish residency: <ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Property owned in school district boundaries</li> <li>• Letters from friends or relatives</li> <li>• P.O. Box in school district boundaries</li> </ul>	

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: \_\_\_\_\_



## 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 address a temporary living arrangement due to loss of housing or economic hardship?**      Yes \_\_\_\_\_      No \_\_\_\_\_

If you answered **YES**, please complete the remainder of this form.

Please choose which of the following situations the student currently resides in (you can 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 residence, name of motel/hotel, shelter, or "general area" of current residence: \_\_\_\_\_

If you are living in shared housing, please check all the following that apply:

- Loss of housing     Economic situation     Temporarily waiting for a house or apartment
- Provide care for a family member     Living with boy/girlfriend     Loss of employment
- Parent/Guardian deployed     Other)explain)\_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

### Sibling(s) Information:

Name	Grade:	Student ID:	School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Guardian Name: (Print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parents: Submit forms via email [dsdhomeless@dsdmail.net](mailto:dsdhomeless@dsdmail.net)

Please call the Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-5119.

**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:

<p><b>Bountiful/Woods Cross Clinic</b> 596 West 750 South (Woods Cross) (801) 298-3919 (801) 296-8160 (Fax) <u>Hours: Wed. &amp; Thurs., 8–11:45 a.m. &amp; 1–4:30 p.m.</u></p>
<p><b>Clearfield Clinic</b> 22 South State St., 1st Floor (801) 525-5020 <u>Hours: Mon., Tues., &amp; Fri., 8–11:45 a.m. &amp; 1–4:30 p.m.</u></p>

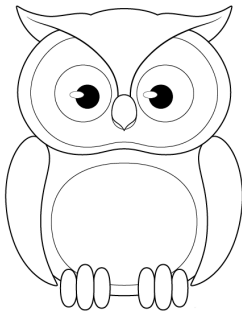
Medical, Religious, or Personal Exemptions:

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

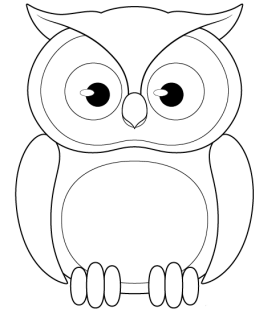
**RELIGIOUS EXEMPT:** an exemption form must be obtained from the Davis County Health Department.

**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.



# Request for Records



## Crestview Elementary

185 West Golden Ave.

Layton, Utah 84041

Phone: 801-402-3200 Fax: 801-402-3201

### NOTICE OF ENROLLMENT REQUEST FOR OFFICIAL RECORDS

#### ADDRESS OF FORWARDING SCHOOL

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address of School

\_\_\_\_\_  
City, State & Zipcode

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

We would like to request the education record from your school for the following student(s). Please send the cumulative records, including health, psychological, IEP's, 504 or any other record pertaining to this student.

Parental permission is no longer required when records are request by authorized personnel (Family Education Rights and Privacy Act, final Rule on Education Records, Federal Register, June 17,1976. Vol 4, No. 188, Page 24673).

Thank you for your prompt attention to this request.

Student \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Ana Sanchez  
Secretary  
ansanchez@dsdmail.net

Tina Larsen  
Registrar  
tinlarsen@dsdmail.net