

**WINDRIDGE 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	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		
Address		City	State	Zip	Apt #	Primary Phone	Address		
Mailing Address (if different)		City	State	Zip	Apt #	Secondary Phone	Mailing Address (if different)		
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		Work Phone: (____) _____ Ext.			Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No					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 #	Primary Phone	Health Problems:		
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		
Workplace:			Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Physician			Phone Nbr	
Work Phone: (____) _____ Ext.			Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Programs student currently receives				
Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource - Speech and Language <input type="checkbox"/> Title I				
Email Address				Last 4 Digits of Ssno for online lunch payment		Absence Notification			
Last 4 Digits of Ssno for online lunch payment				<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)

Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone

Father 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: _____

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: _____

Federal Facilities/Codes

- 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

Parent or Legal Guardian Signature _____

Date _____

If translation services are needed please check the box and indicate the language.

Please provide the service Language _____