



HISTORY OF SERVICES

Student Name: _____ Grade: _____

Last School Attended: _____

	Yes	No
Is your child currently taking any online classes, home-school classes, or taking classes elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently receiving Special Education or Resource Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever received Special Education or Resource Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been tested for Special Education Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a 504 Plan to accommodate a disabling condition?	<input type="checkbox"/>	<input type="checkbox"/>

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 will be used only for the purpose 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		Suffix		Last Name		First Name		Middle			
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				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			
				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		Suffix		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				Special assistance required for student to attend school:							
Work Phone:		Ext.		Resides With		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Transportation <input type="checkbox"/> Adult Assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Equipment							
		Mailings		<input type="checkbox"/> Yes <input type="checkbox"/> No				Physician Physician _____ Phone Number _____							
								Special Programs student currently receives <input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Spec Ed. Preschool <input type="checkbox"/> Speech and Language							
Email Address						Last 4 Digits of SSNo for online lunch payment		Absence Notification							
								<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 (parent or guardians)? _____							

Emergency Contacts and Authorization to Pick Up (enter at least two)					Preschool Children in Home	
Contact (other than guardian)	Relationship	Phone Number	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"/> U.S. Military <input type="checkbox"/> Non U.S. Military Non U.S. Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <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 <input type="checkbox"/> 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 Hosp 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 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) Mill 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 Contractor Name: _____ Federal Facility Name/Code: _____ 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"/> U.S. Military <input type="checkbox"/> Non U.S. Military Non U.S. Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <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 <input type="checkbox"/> 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 Contractor Name: _____ Federal Facility Name/Code: _____ 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"/> U.S. Military <input type="checkbox"/> Non U.S. Military Non U.S. Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <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 <input type="checkbox"/> 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 Contractor Name: _____ Federal Facility Name/Code: _____ Hours per day at facility: _____		

_____ Parent or Legal Guardian Signature	_____ Date	_____ Please provide the service	If translation services are needed, please check the box and indicate the language. Language: _____
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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 Name _____

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. _____ I 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 this form.)

Your Name: _____

Your Signature: _____ Date: _____

* Should you desire the school's assistance in enforcing any court order relating to the child, copy of the legal documents must be provided to the school.

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



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



MEMO TO PARENTS REGARDING STUDENT INTERVIEW/PHOTOGRAPH/VIDEOTAPE

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 videotaped 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 social media. Please note, Davis School District policy prevents use of a child's full name in association with their photo or video in any district use.

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 videotaped, for use by Davis School District or the school.

____ My child may NOT be photographed, videotaped and interviewed by an outside entity.

Student Name(s): _____

Parent(s) Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____