

Registration Checklist

Creekside Elementary

- ☐ Fill Out and Sign All Paperwork
- ☐ If you are a new Resident, Provide Proof-of-Residency (see attachment). Provide ONE Document from column "A" and ONE Document from column "B".
- ☐ Provide a Copy of immunizations.
 - If you have a kindergartner, or are new to the State of Utah, fill out the pink immunization card. We cannot enroll your student until all immunization requirements are complete.
- ☐ Bring in the Original Birth Certificate. We will make a copy.
- ☐ *For Kindergarten ONLY* Pay a \$20 Donation Fee.

*All of these items must be present in order to register your child and make a class assignment.

***We like to give our teachers One day notice to prepare for a new student. Once the paperwork is turned in, your student may start the following day.**

Please feel free to call if you have any questions

Office: 801-402-3650

Fax: 801-402-3651



**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.**

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 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:				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 #		Home Phone		Health Problems:															
Mailing Address (if different)		City		State		Zip		Apt #		Cell/Alt. 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																	
Work Phone:						Ext.				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician				Phone Nbr									
Mailings						<input type="checkbox"/> Yes <input type="checkbox"/> No				Special Programs student currently receives																	
Email Address						Last 4 Digits of Ssno for online lunch payment		<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																			
Absence Notification						<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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <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 Other _____ Rank: _____ Unit: _____					3 - Hill Air Force Base, Clearfield 4 - AF Plant #78, Brigham City 5 - A N G Facility, Salt Lake City Intl. Arprt #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. Arprt., 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 at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ 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"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <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 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 Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ 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"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <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 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 Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____						
Parent or Legal Guardian Signature _____				Date _____	If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language _____	



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.

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

Creskide Elementary School
275 W Mutton Hollow Rd, Kaysville, UT 84037

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	
Column A	Column 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">• Rental/Lease Agreement• Purchase/Escrow Agreement• If you are living with another family, or you cannot provide either of the above:<ol style="list-style-type: none">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, AND2) <u>A document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); AND</u>3) One or more items from Column B showing you live at the location. <p><i><u>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.</u></i></p>	<p>Dated within the past 60 days:</p> <ul style="list-style-type: none">• Utility bill (gas, electric, home telephone, cable, etc.)• Letter from approved government agency (assisted housing, food stamps, unemployment payment)• Payroll stub• Bank or credit card statement• Valid driver's license• Current vehicle registration or insurance• Valid Utah photo identification card• Medical billing or insurance information <p>Dated within the past year:</p> <ul style="list-style-type: none">• W-2 form• Property tax bill
The following do not establish residency: <ul style="list-style-type: none">• Powers of Attorney •Property owned in school district boundaries• Letters from friends or relatives • P.O. Box in school district boundaries	

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: _____

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ **Gender** ☐ Male ☐ Female **Date of Birth** _____

Name of Parent/Guardian _____

USIIS ID _____ **PIN** _____ **Student ID Number** _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th			
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)								
Tdap								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday								
Hepatitis B (HBV)								
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday.								
Hepatitis A (HAV) 1 st dose must be received on or after the 1 st birthday.								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: ☐ A statewide registry
☐ Student's former school
☐ Legally responsible individual of the student

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program
immunize.utah.gov
(801)-538-9450

Authorized Signature: _____ **Date:** _____

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), USIIS ID, and PIN (a number that is given to an individual or a dependent's legal guardian, to obtain access to their immunization records in USIIS). The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
*NOTE - The USIIS ID, PIN, and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or 801-538-9450.

**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:

Bountiful/Woods Cross Clinic
596 West 750 South (Woods Cross)
(801) 298-3919
(801) 296-8160 (Fax)
Hours: Wed. & Thurs., 8–11:45 a.m. & 1–4:30 p.m.

Clearfield Clinic
22 South State St., 1st Floor
(801) 525-5020
Hours: Mon., Tues., & Fri., 8–11:45 a.m. & 1–4:30 p.m.

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.