

**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:				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		
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							
Physician						Special Programs student currently receives									
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				Special Programs student currently receives							
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			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: 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 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 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 _____