

  

# Snow Horse Elementary

1095 West Smith Lane, Kaysville, Utah 84037, 801 402-7350

[www.davis.k12.ut.us/schools/snowhorse](http://www.davis.k12.ut.us/schools/snowhorse)

## New Student Registration 2021-22

Welcome to Snow Horse Elementary

The following information is required for registration:

Your child's name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

- Photo ID for the Guardian
- Original Birth Certificate (A copy can be made in the office which we will keep in the student's file.)
- Completed and signed Student Information Form
- Guardianship Status Form
- Immunizations: A list of the required immunizations is included. For Utah residents, we have access to the state immunization registry. If you have recently moved from out of state, please provide a copy of your child's immunizations.
- Two current forms of Proof of Residency (See form for date requirements.)
- Has your child received resource programs or special education service?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Has any guardian previously had a child attend school in the Davis School District?

Name, address and phone number of previous school so we can send for records:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**SNOW HORSE 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.**

<b>FOR SCHOOL USE ONLY:</b>		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			
		<b>Ethnicity</b> (Choose one): __ Male __ Female __ Hispanic/Latino __ Not Hispanic/Latino			<b>Race</b> (Choose one or more, regardless of Ethnicity): __ Black or African American __ American Indian or Alaskan Native __ Asian __ Native Hawaiian or Pacific Islander __ White										
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 #	Primary Phone		Address		City	State	Zip	Apt #	Primary Phone	
Mailing Address (if different)		City	State	Zip	Apt #	Secondary Phone		Mailing Address (if different)		City	State	Zip	Apt #	Secondary Phone	
Workplace:				Economic Guardian __ Yes __ No				Workplace:				Economic Guardian __ Yes __ No			
Work Phone:				Resides With __ Yes __ No				Work Phone:				Resides With __ Yes __ No			
				Mailings __ Yes __ No								Mailings __ Yes __ 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		__ Glasses/Contacts		__ Hearing Aid		__ Physical Problems		__ 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: __ Transportation __ Adult Assistance __ Wheelchair __ Special Equipment							
Workplace:				Economic Guardian __ Yes __ No				Physician				Phone Nbr			
Work Phone:				Resides With __ Yes __ No				<b>Special Programs student currently receives</b>							
				Mailings __ Yes __ No				__ 504 __ ESL		__ Spec Ed/Resource - Speech and Language				__ Title I	
Email Address					Last 4 Digits of Ssno for online lunch payment			<b>Absence Notification</b>							
								__ Email		__ Internet		__ Phone		__ No Notification	
What language does your son or daughter speak most often at home? _____															
What language do you speak most often at home (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 - ATK Promontory North Plant  
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
- 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 \_\_\_\_\_

# 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: [Click here to enter text.](#) Student's Birth date: [Click here to enter text.](#)

1. I am the parent (birth or adopted) of this child and this child lives with
  - Both Parents
  - Mother
  - Father
  
2. \*I am the parent ( birth / adopted) of this child and am not currently married to the other parent: \*
  - I have been awarded physical custody / guardianship through the courts.
  - I am a single parent and the only parent listed on the Birth Certificate
  
3. \*\*I am not the parent (birth / 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
  
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: [Click here to enter text.](#)

Your Signature: [Click here to enter text.](#) Date: [Click here to enter text.](#)

\* To assist us in complying with court orders, please provide us with a copy of the legal documents within 10 school days.

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

Required Immunizations:

5 DTaP/DT

4 Polio (3 doses if 3<sup>rd</sup> dose was given on/ after the 4<sup>th</sup> birthday)

3 Hepatitis B

2 Hepatitis A

2 Varicella (Chickenpox)- a history of the disease is acceptable; a parent must sign the verification statement on the official Utah School Immunization Record

**Snow Horse Elementary School  
Proof of Residency Procedures**

To be enrolled in Snow Horse 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 status in order to keep our records current. The following documents may be used in determining residency.

The following do not establish residency:  
 \*Powers of attorney  
 \*Letters from friends or relatives  
 \*Property owned in school boundaries  
 \*P.O. Box in school boundaries

All applicants must submit at least two documents: 1 from column A and 1 from column B, or 2 from column B. Only 1 utility bill will be accepted.	
<b>COLUMN A</b>	<b>COLUMN B</b>
Documents must include parent or legal guardian's name (custodial parent or parent student lives with), 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, please provide:                             <ul style="list-style-type: none"> <li>(1) a notarized statement from the person you are living with stating that you and your child/ren live there, the address, and for what period of time, AND</li> <li>(2) a document showing that the Person you are living with resides within district and school boundaries (see acceptable documents above); AND</li> <li>(3) one or more items from Column B showing that you live at the location.</li> </ul> </li> </ul> <p>If the situation is temporary, once you have moved into your own home, you will need to provide proof of residency for your new home.</p> <ul style="list-style-type: none"> <li>*Property tax bill (dated within the last 12 months)</li> </ul>	<p>Dated within the past 60 days:</p> <ul style="list-style-type: none"> <li>*Utility bill (gas, electric, cable, home telephone, 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>*Current vehicle registration or insurance</li> <li>*Valid Utah photo identification card (not driver's license)</li> </ul> <p><b>OR</b> – dated within the past year:</p> <ul style="list-style-type: none"> <li>*W-2 form</li> </ul>

Student's Name: Name \_\_\_\_\_ Date: Date \_\_\_\_\_

Parent/Guardian Names: Name \_\_\_\_\_

Address of Parent/Guardian: Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

This proof of residency does not apply to homeless students. If you believe your family fits this exception, please notify the school office personnel.

To be completed by school personnel

Type of document showing residency	Date on Document
1.	
2.	

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_



Student Information Questionnaire McKinney-Vento Eligibility Davis School District

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11435. This form helps determine the services the student is eligible to receive.

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 and select what applies to you and/or your family. If you answer NO, you do not need to complete the remainder of this form. Submit form online, or via email to dsdhomeless@dsdmail.net

Which of the situations below apply to the student?

- H1 Student is sharing a residence with one or more families because of economic hardship.
H2 Student is living in a motel or hotel.
H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
H4 Student is living in a car, park, campground, or public place.
H5 Student is living in a place without adequate facilities (not designed for heat, electricity, water).
H6 Student is seeking enrollment without an accompanying parent (not in foster care).
Disaster victim? Explain:

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

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

Sibling(s) Information:

Name: Grade: Student ID: School:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parents: Can submit forms on line through the link provided on our website https://www.davis.k12.ut.us/departments/federal-programs/mckinney-ventohomeless. Please call the Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-8724.

School: Please return only those forms indicating a temporary residence to the "District Homeless Liaison" and any other forms needed. This form can be submitted on line, and via email to dsdhomeless@dsdmail.net. Thank you.



## Step by step enrollment instructions for Smith's Community Rewards Program

- You must have a registered Smith's *rewards* card account to link to an organization.
- Do you use your phone number at the register? Call 800-576-4377, select option 4 to get your Smith's *rewards* card number.
- If you do not yet have a Smith's *rewards* card, they are available at the customer service desk at any Smith's.

### Step by step instructions, for new online customers:

- Register online at [www.smithscommunityrewards.com](http://www.smithscommunityrewards.com)
- Click on the **Register** box in the upper right corner.  
Or if you are on the Community Rewards page, click on **Create an account** box.
- Sign up for a Smith's Rewards Account by entering your email address, creating a password. Enter your zip code in the "Your location", then by selecting your favorite store, and agreeing to the terms and conditions.
- A message to check your email inbox will appear, Check your email account, you must click on the link within the body of the email.

### For existing and new customers to link your *rewards* card to an organization:

- Click on the **Sign in** box in the upper right corner and use your email address and password to proceed to the next step.
- Click on **My Account** - box will appear when you are signed into your account replacing the sign in box.
- In Account Summary click on **Edit** *rewards* Card and input your Smith's *rewards* card number. Confirm your information.
- Click on **Edit** Community Rewards (last selection on Account Summary)  
Enter a NPO (Non-Profit Organization) number or a few letters of the organizations name, select organization from list and click on **Enroll**.
- To verify you are enrolled correctly, you will see your organization's name on the Account Summary page.
- REMEMBER, purchases will not count until after you register your *rewards* card and link to an organization. Members must swipe their registered Smith's *rewards* card or use the phone number that is related to their registered Smith's *rewards* card when shopping for each purchase to count.



# ♡ LETS GET SOCIAL ♡

We invite you to show us some LOVE

FOLLOW, LIKE, & CONNECT ♡



Snow Horse Elementary School @school\_snow



Snow Horse Elementary School @SnowHorseSchool



SnowHorseElementary

RANDOM STUDENTS WILL BE SELECTED  
FOR A PRIZE DURING OUR SOCIAL MEDIA  
LOVE EVENT ALL MONTH!

SO COMMENT, LIKE, & FOLLOW TODAY!

## **REGISTRATION INFORMATION PARENTS SHOULD KNOW FROM HEALTH AND NURSING SERVICES**

**Sharing student health information**- It is important to list any health information pertinent to the school setting in the “Health Problem” space on the Registration/Demographic Card. All appropriate school staff may view information in the “Physical Status of Student” portion of the registration card. If there are no health concerns, put a line through the “Health Problem” box. If the health status changes during the school year, ask the office to update the registration card and inform the school nurse. Some health conditions may require an Individualized Health Care Plan (see below).

**Behavioral and mental health needs** should also be listed on the card and discussed with an administrator or teacher. These concerns will be addressed as needed by professionals.

**Vision screenings** may be conducted any time during the school year throughout the district for **any student**. Various methods such as eye charts and refraction cameras may be used. A school vision screening does not replace a complete eye exam by an eye care professional. If you **do not** want your student to participate in screenings, please notify the school in writing every year. Opt-Out Forms are available on the DSD Website.

### **Medication policies at school-**

Most medications (OTC and prescription) can be **stored and/or administered by school staff**. These medications must also accompany proper authorization forms signed by a medical provider and guardian. Training on administration of these medications is provided to school staff by the school nurse. State law and district policy allow responsible students to carry their own inhalers, epinephrine and insulin **IF** they have an authorization form signed by their medical provider and parent. Contact your school nurse for questions or concerns.

Medication forms are found on the DSD website.

Check with the school nurse for individual circumstances. Guardians are responsible to know and follow guidelines for medications as outlined on the DSD Website. \*

Visit\* <https://www.davis.k12.ut.us/departments/nursing-services> for further information.

### **Students with health issues requiring assistance** may need an **Individualized Health Care Plan**

- A school nurse and guardian will work together to form a plan of care that will be in place for a 12-month period or until modified.
- Guardian is responsible in the school setting for the student’s health needs until the guardian, teacher and nurse sign an Individualized Health Care Plan and proper training for school staff has occurred by the School Nurse.
- You may view your student’s current plan by using your myDSD login.

**Sarah Hoskins RN BSN**  
**801-989-9732**  
**shoskins@dsdmail.net**