



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

Registration 2021-22

New Student Transferring from Within the District

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
- Two current forms of Proof of Residency (See form for date requirements.)
- Has your child received resource programs or special education service?
Yes _____ No _____

Name of the previous school in the district 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.**

| | | | | | | | | | | | | | | | | |
|---|--------------------|--|----------|--|---|--|------------------------------------|---|---|----------------------------------|------------------|--|---------------|-----------------|-----------------|--------|
| 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 | | 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 <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 | | Health Problems: | | | | | |
| Address | | City | State | Zip | Apt # | Primary 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 | | | | | | | | |
| Mailing Address (if different) | | City | State | Zip | Apt # | Secondary Phone | | Physician | | | | | | | | |
| 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 - Speech and Language | | <input type="checkbox"/> Title I | | | | | | |
| 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 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 3rd dose was given on/ after the 4th 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. | |
| COLUMN A | COLUMN 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"> * Rental/Lease Agreement * Purchase/Escrow Agreement * If you are living with another family, or you cannot provide either of the above, please provide: <ul style="list-style-type: none"> (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 (2) a document showing that the Person you are living with resides within district and school boundaries (see acceptable documents above); AND (3) one or more items from Column B showing that you live at the location. <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"> *Property tax bill (dated within the last 12 months) | <p>Dated within the past 60 days:</p> <ul style="list-style-type: none"> *Utility bill (gas, electric, cable, home telephone, etc.) *Letter from approved government agency (assisted housing, food stamps, unemployment payment) *Payroll stub *Bank or credit card statement *Current vehicle registration or insurance *Valid Utah photo identification card (not driver's license) <p>OR – dated within the past year:</p> <ul style="list-style-type: none"> *W-2 form |

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:

Table with 4 columns: Name, Grade, Student ID, School. Includes multiple blank rows for data entry.

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
- 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.

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shoskins@dsdmail.net