

Snow Horse Elementary

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



Kindergarten Registration 2021-22

Print Kindergarten Student's Name _____ Date of Birth _____

We are excited that your child will be attending kindergarten at Snow Horse Elementary!!

The registration process will not begin until all required documents are received.

- Age Requirement: A child must be 5 years of age on or before September 1, 2020.
- 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.)
- Student Information Form: Fill out front and back. **Please sign the back of the 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.
- Proof of Residency: Bring the **TWO** required documents as shown on the Proof of Residency Form dated within the correct time frame showing that your primary residence lies within the school boundaries.
- Snack Donation: \$15 for food/art experiences. Please make the check out to Snow Horse Elementary.
- Has any guardian previously had a child attend school in the Davis School District?
Yes _____ No _____
- Morning or Afternoon Preference: Every effort will be made to accommodate your request.
 - AM morning 8:50 - 11:30 M - Th
 - PM afternoon 12:45 - 3:25 M - T
 - 8:50 - 10:50 Friday
 - 11:25 - 1:25 Friday

Calendar

School begins Tuesday, August 25. Please come with your child on that day. Stay to meet the teacher and sign up for a Personal Assessment time for your child. You and your child should plan to spend about 1 hour at the school on the 25th. The assessments will be done August 26-28. Kindergarten students will begin a regular schedule on Monday, August 31. Class lists will be posted approximately one week before school begins. Please call if you have any questions. **This calendar is subject to change.** Thanks!!

**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											
		Ethnicity (Choose one): __ Male __ Female __ Hispanic/Latino __ Not Hispanic/Latino			Race (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. _____															
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 __ Yes __ No			Workplace:			Economic Guardian __ Yes __ No			Resides With __ Yes __ No											
Work Phone:			Ext.	Resides With __ Yes __ No			Work Phone:			Ext.	Resides With __ Yes __ No												
Workplace:			Mailings __ Yes __ No			Workplace:			Mailings __ Yes __ No			Resides With __ Yes __ 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		__ 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						Physician			Phone Nbr								
Work Phone:			Ext.	Resides With __ Yes __ No			Special Programs student currently receives						__ 504 __ ESL			__ Spec Ed/Resource - Speech and Language			__ Title I				
Workplace:			Mailings __ Yes __ No			Absence Notification						__ Email			__ Internet			__ Phone			__ No Notification		
Email Address					Last 4 Digits of Ssno for online lunch payment																		
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:

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
- 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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801-989-9732
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