

Welcome to Bountiful High School

The following are required to enroll a new student:

1. A **PARENT/ LEGAL GUARDIAN** with **Photo ID** must be present at time of registration.
2. An **ORIGINAL BIRTH CERTIFICATE**
3. If your student is currently enrolled in the Davis School District please contact your previous school to have your student withdrawn before coming to enroll.
4. Complete **TRANSCRIPT** (unofficial) and **WITHDRAWAL FORM** from previous school.
5. Copy of **COMPLETE IMMUNIZATIONS** – as required by the State Health Department.
 - DTap – 5 doses plus booster
 - Polio – 4 doses
 - MMR – 2 doses
 - Varicella (Chickenpox)- had disease or 2 doses
 - Hepatitis B – 3 doses if born after July 1, 1993
 - Hepatitis A – 2 doses if born after July 1, 1996
- Or an exemption form filled out with Davis County Health Department
6. **PROOF OF RESIDENCE** – Two forms of documentation are required. See attached Utah Public Schools Proof of Residency Procedures.
7. **STUDENT INFORMATION FORM** - Must be **completely** filled out and signed by a parent.
8. **RECORD REQUEST FORM** - Filled out with full name and address of last school attended to request permanent records.
9. **GUARDIANSHIP STATUS FORM** - if items 2 through 5 on status form are checked, legal documentation is required.

10. **STUDENT INFORMATION-MCKINNEY-VENTO ELIGIBILITY** – This document needs to be filled out and turned in at time of registration.
11. **COURSE REQUEST FORM** – Please fill out a Course Request based on your student's incoming year (Sophomore, Junior, or Senior)

****REGISTRATION CANNOT BE COMPLETED UNTIL ALL REQUESTED FORMS ARE PROVIDED****

Free/Reduced Lunch Forms are in the business office or online at:
www.schools.utah.gov

Registration Fees are paid in the Business Office

To schedule an enrollment appointment or if you have questions, please contact:

Registrar
801-402-3907

RECORDS REQUEST

BOUNTIFUL HIGH SCHOOL

695 SOUTH ORCHARD DRIVE

BOUNTIFUL, UT 84010

TELEPHONE: (801) 402-3907

FAX: (801) 402-3948



Please forward: (email format is welcome)

- Official transcript (please fax/email copy and mail official)
- Medical and immunizations records from medical provider
- Birth certificate
- Pertinent test scores—Competency/exit testing (UBSCT-Utah)
- Withdrawal grades and date of withdrawal (if applicable)
- Explanation of grading system
- Discipline/Safe School information
- Special Education records (if applicable)**

****If Special Ed IEP or 504 applies to student, please include documents.**

For the following student: _____

Student Name: _____ Date of Birth _____

Thank you for your help,

BHS Registrar

TO:

Previous School _____ Phone _____

FAX _____ Requested Date _____

School
Proof of Residency Procedures

To be enrolled in _____ 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 one document from Column A and one document from Column B OR two documents from Column B.

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.

- Rental/Lease Agreement
 - Purchase/Escrow Agreement
 - If you are living with another family, or you cannot provide either of the above:
 - (1) provide 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 you live at the location.
- 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.*

Dated within the past 60 days:

- 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
- Dated within the past year:**
- W-2 form
 - Property tax bill

The following do not establish residency:
 Powers of Attorney
 Letters from friends or relatives
 Property owned in school district boundaries
 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 of sibling currently attending this school: _____

Grade of sibling: _____

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.	
3.	

School Staff Signature: _____
 Date: _____

**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: Verified Date: _____ SSID: _____

Student's Legal Last Name _____ Legal First Name _____ Middle Name _____ Suffix _____ Preferred Last Name _____ Preferred First Name _____ Date of Birth _____ Grade in School _____

Male Female Ethnicity (Choose one):
 Hispanic/Latino Not Hispanic/Latino Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander White
 Race (Choose one or more, regardless of ethnicity):

School Last Attended _____ Address _____ If Born Outside U.S. What Country _____ Date Entered U.S. _____

Father Guardian Information
 Last Name _____ First Name _____ Middle Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____ Apt # _____
 Mailing Address (if different) _____ City _____ State _____ Zip _____ Apt # _____

Mother Guardian Information
 Last Name _____ First Name _____ Middle Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____ Apt # _____
 Mailing Address (if different) _____ City _____ State _____ Zip _____ Apt # _____

Workplace: _____
 Work Phone: () _____ Ext. _____
 Email Address _____
 Economic Guardian Resides With: Yes No
 Mailings: Yes No
 Last 4 Digits of Ssn for online lunch payment: _____

Other Guardian Information
 Last Name _____ First Name _____ Middle Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____ Apt # _____
 Mailing Address (if different) _____ City _____ State _____ Zip _____ Apt # _____

Health Problems: _____
 Glasses/Contacts _____ Hearing Aid _____ Physical Problems _____ Daily Medication _____
 Special assistance required for student to attend school: _____
 Transportation _____ Adult Assistance _____ Wheelchair _____ Special Equipment _____
 Physician _____
 Special Programs student currently receives: _____
 504 _____ ESL _____ Spec Ed/Resource - Speech and Language _____
 Absence Notification _____
 Email _____ Internet _____ Phone _____ No Notification _____

Workplace: _____
 Work Phone: () _____ Ext. _____
 Economic Guardian Resides With: Yes No
 Mailing: Yes No
 Last 4 Digits of Ssn 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)? _____
 What is the first language your son or daughter learned to speak? _____
 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)

Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Father 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

Federal Facility Name/Code: _____

Contractor Name: _____

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

Federal Facility Name/Code: _____

Contractor Name: _____

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

Federal Facility Name/Code: _____

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 Language _____

Federal Facilities/Codes

- 3 - Hill Air Force Base Clearfield
- 4 - ATK Promontory North Plant Brigham City
- 5 - A N G Facility Salt Lake City Int. Apt. #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. Apt., SLC
- 20 - Fed Office Bldg 126 S. State St - 1st S., SLC
- 21 - Forest Serv Bldg 507 25th - 504 24th - Adams St., Ogden
- 22 - Job Corps Cons Str (#323) Mill Springs - Weber Basin Ogden
- 23 - Frank E. Moss Courthouse 350 S. Main St., SLC
- 24 - Utah Defense Depot Ogden

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)

Your Name: _____ Address: _____

Your Signature: _____ 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



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.**

FEE WAIVER APPLICATION (Grades 7-12)



- Please read the School Fees Notice (Grades 7-12) before completing this Application!
- If a school receives verification that a student is eligible for fee waiver, all fees must be waived for that student.
- All information on this application will be kept confidential.

STUDENT INFORMATION:

Name of student: _____ Student #: _____
 Address: _____
 School: _____ Grade level: _____
 Name of parent or guardian: _____ Phone number: _____

BASIS FOR FEE WAIVER:

Please check the eligibility that applies: (<i>only 1 is needed</i>)*	Verification to submit:
<input type="checkbox"/> 1. Family receives TANF/FEP (Temporary Assistance for Needy Families or Family Employment Program) (financial assistance or food stamps)	• benefit verification from the Utah Department of Workforce Services for the period for which the fee waiver is sought which may be in the form of an electronic screenshot of eligibility determination or status.
<input type="checkbox"/> 2. Student receives Supplemental Security Income (SSI), QUALIFIED CHILD WITH DISABILITIES)	• benefit verification documents from the Social Security Administration.
<input type="checkbox"/> 3. Student is in Foster Care (under Utah or local governmental supervision)	• the youth in care required intake form and school enrollment letter, provided by a case worker from the Utah Division of Child and Family Services or the Utah Juvenile Justice Department.
<input type="checkbox"/> 4. Student is in State Custody	
<input type="checkbox"/> 5. Student is eligible based on family/household income verification. Total Household Members: _____ Total Household Income: \$ _____	• family income verification in the form of income statements, pay stubs, or tax returns. (Please complete page 2.)

**Please note: The school will require you to provide verification of eligibility. Please attach your verification documentation to this form when you give this application to your school.*

If none of the above apply but you wish to apply for fee waivers because of other extenuating circumstances, please state the reason(s) for the request: _____

(Please attach an additional page if needed.)

Please give this application to the Principal/School Director or School Fee Administrator when it is complete. All fee payments will be suspended until the school has decided if your student is eligible for fee waivers. You will then be given notice of the decision. If your student is eligible for a waiver, the school cannot require you to complete service, agree to an installment payment plan, or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND ATTACHED DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ PARENT'S OR GUARDIAN'S SIGNATURE: _____

Complete this page ONLY if option #5 was selected under the Basis for Fee Waiver section.

INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS: (Required for students who do not qualify based on a special category.) Household income is determined by adding all household income from all sources and then comparing it to the number of people in the household. A household is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit. This means they generally reside in the same house and share expenses such as rent, utilities and food.

List all income before deductions in the appropriate column(s).

Name: Last	First	Middle Initial	Earnings from Work (before deductions)		Pension/Retirement Social Security		Welfare, Alimony, Child Support, Other Income		Total Per Person		
			Monthly Income	Yearly	Monthly Income	Yearly	Monthly Income	Yearly	Monthly Income	Yearly	Total Monthly Income
1			\$		\$		\$		\$		\$
2			\$		\$		\$		\$		\$
3			\$		\$		\$		\$		\$
4			\$		\$		\$		\$		\$

EXAMPLES OF INCOME:

Earnings from Work	Pension/Retirement, Social Security	Welfare, Alimony, Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	*TANF payments*, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts; and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

Receipt of TANF assistance automatically qualifies one for fee waiver eligibility. No further proof of income is needed. Please review Basis for Fee Waiver section and submit application under TANF eligibility.

INCOME ELIGIBILITY GUIDELINES
For School Year:
July 1, 2020 - June 30, 2021

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,588	1,383	692	638	319
2	22,412	1,868	934	862	431
3	28,236	2,353	1,177	1,086	543
4	34,060	2,839	1,420	1,310	655
5	39,884	3,324	1,662	1,534	767
6	45,708	3,809	1,905	1,758	879
7	51,532	4,295	2,148	1,982	991
8	57,356	4,780	2,390	2,206	1,103
For each additional family member, add:	5,824	486	243	224	112