

**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.

OR SCHOOL USE ONLY:	Proof of Residence	Variance	Track	Birth Certificate	Special Concerns	Teacher	SSID
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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): _____ Race (Choose one or more, regardless of Ethnicity): _____

Male _____ Female _____ Hispanic/Latino _____ Not Hispanic/Latino _____ 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
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Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone	Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone
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Workplace:	Economic Guardian	Yes	No	Workplace:	Economic Guardian	Yes	No
Work Phone: () - () - () Ext. ()	Resides With	Yes	No	Work Phone: () - () - () Ext. ()	Resides With	Yes	No
	Mailing	Yes	No		Mailing	Yes	No

Email Address	Last 4 Digits of Ssn for online lunch payment	Email Address	Last 4 Digits of Ssn for online lunch payment
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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:
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Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone	Special assistance required for student to attend school:
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Workplace:	Economic Guardian	Yes	No	Physician	Phone Nbr
Work Phone: () - () - () Ext. ()	Resides With	Yes	No	Special Programs student currently receives	
	Mailing	Yes	No	504 ESL	Spec Ed/Resource - Speech and Language

Email Address	Last 4 Digits of Ssn for online lunch payment	Absence Notification	No Notification
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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