

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student is currently enrolled in the Davis School District, please contact your previous school to have your student withdrawn before coming to enroll.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 **IMMUNIZATIONS** – current 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 **filled out completely** 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 2-5 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:

Chris Sedlacek
Registrar
801-402-3907
Email: csedlacek@dsdmail.net

**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	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: Work Phone: () - Ext.				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Workplace: Work Phone: () - Ext.				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No 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 () -								
Workplace: Work Phone: () - Ext.				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Physician		Phone Nbr () -						
Email Address					Last 4 Digits of Ssno for online lunch payment		Special Programs student currently receives							
		<input type="checkbox"/> 504 <input type="checkbox"/> ESL		<input type="checkbox"/> Spec Ed/Resource - Speech and Language			<input type="checkbox"/> Title I							
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 is the first language your son or daughter learned to speak? _____									
What language do you speak most often at home (parents or guardians)? _____					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

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 _____

_____ 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.	
<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: <ul style="list-style-type: none"> (1) provide a notarized statement from the person you are living with stating that you <i>and</i> 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. <p><i>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.</i></p>	<p>Dated within the past 60 days:</p> <ul style="list-style-type: none"> • 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 <p>Dated within the past year:</p> <ul style="list-style-type: none"> • W-2 form • Property tax bill
The following do not establish residency:	
<ul style="list-style-type: none"> • Powers of Attorney • Letters from friends or relatives 	<ul style="list-style-type: none"> • 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

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

Affidavit for Address Verification

I, _____ verify that the following people will be living with me/us at my/our current address:

Name and ages of those living with me/us:

My/Our address:

Anticipated dates of residency _____ to _____,
or indefinitely (please circle).

Signature

ACKNOWLEDGMENT

State of Utah)
)
County of Davis)

On this _____ day of _____, in the year 20____, before me, _____ a

Notary Public, personally appeared _____, proved on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same.

Witness my hand and official seal.

Notary Public

My Commission Expires _____



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.**