

# Welcome to Orchard Elementary!

## New Student Registration Guidelines

### Registration Procedure:

The student must reside within Orchard Elementary School Boundaries. At the present time we are a closed boundary school. If you do not live within our school boundaries, you will need to attend the school where you reside, or complete a Boundary Variance form to be considered for approval by the principal.

- A. COMPLETE THE REGISTRATION CARD. Be sure to sign the back of the card. Also complete Guardianship Status.
- B. COMPLETE THE PROOF OF RESIDENCY FORM. **TWO** forms of documentation showing Proof of Residency are required. See Attached Proof of Residency Procedures listing the documents that are acceptable (PER DAVIS SCHOOL DISTRICT REQUIREMENTS).
- C. COMPLETE THE PINK IMMUNIZATION RECORD and **provide a copy of the permanent immunization card.** State Law dictates that NO child can attend school without completed immunizations or proof that immunizations are in progress. Also complete the health information on the registration card for our School Nurse.
- D. BIRTH CERTIFICATE: An OFFICIAL COPY is required at time of registration. Hospital certificates and wallet sized cards are NOT acceptable.
- E. COMPLETE THE RECORDS REQUEST FORM FOR PREVIOUS SCHOOL RECORDS.

Please return the completed registration packet to the office between the hours of 8:00 AM and 4:00 PM.

**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			
Student's Legal Last Name		Legal First Name		Middle Name		Suffix		Preferred Last Name		Preferred First Name		Date of Birth			
												Grade in School			
												Student SSNO			
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No Response													
School Last Attended _____						Address _____						If Born Outside U.S. What Country _____		Date Entered U.S. _____	
<b>Father Guardian Information</b>						<b>Mother Guardian Information</b>									
Last Name		First Name		Middle Name		Suffix		Last Name		First Name		Middle Name			
Address		City		State		Zip		Apt #		Home Phone					
Mailing Address (if different)		City		State		Zip		Apt #		Cell/Alt. 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	
<b>Other Guardian Information</b>						<b>Physical Status of Student</b>									
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 #	
Mailing Address (if different)		City		State		Zip		Apt #		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					
<b>Physician</b>						<b>Physician</b>									
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											
Ext.				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No											
Email Address						Last 4 Digits of Ssno for online lunch payment		<b>Special Programs student currently receives</b>							
								<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language							
								<b>Absence Notification</b>							
								<input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification							
What is the first language your son or daughter learned to speak? _____						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 you learned to speak (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	
<b>Military</b> Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Activated: _____  Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military    Non US Military Country: _____  Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve    Other _____  Rank: _____    Unit: _____					3 - Hill Air Force Base, Clearfield 4 - AF Plant #78, Brigham City 5 - A N G Facility, Salt Lake City Intl. Arprt #1, SLC 6 - ARSR Site, Francis Peak 7 - Dugway Proving Grds, Tooele, Dugway 8 - Fed Depot, Clearfield 9 - Federal Admin Bldg 1745 W. 1700 S. Redwood Rd., SLC 10 - Fort Douglas, Salt Lake City 11 - NG Facility, Camp Williams, Lehi 12 - Tooele Army Depot, Tooele 13 - VA Hospital 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. Arprt., 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	
<b>Employment at Federal Facility</b> (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No  Federal Facility Name/Code: _____						
<b>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</b> Contractor Name: _____  Hours per day at facility: _____						
Mother Military/Federal Employment Information						
<b>Military</b> Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Activated: _____  Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military    Non US Military Country: _____  Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve    Other _____  Rank: _____    Unit: _____						
<b>Employment at Federal Facility</b> (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No  Federal Facility Name/Code: _____						
<b>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</b> Contractor Name: _____  Hours per day at facility: _____						
Other Military/Federal Employment Information						
<b>Military</b> Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Activated: _____  Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military    Non US Military Country: _____  Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve    Other _____  Rank: _____    Unit: _____						
<b>Employment at Federal Facility</b> (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No  Federal Facility Name/Code: _____						
<b>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</b> 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 <input type="checkbox"/> Language _____	

ORCHARD ELEMENTARY  
PARENT RELEASE FORM

Name of child \_\_\_\_\_ Teacher \_\_\_\_\_

Home address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's name \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Mother's name \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Out-of-area phone numbers cannot be reached by students! Parents, please have local cell phone numbers available.

Please list the names of all other local people authorized to pick up and transport your child in case of a personal emergency or community disaster. **NO STUDENT WILL BE RELEASED TO ANYONE UNDER AGE 18.**

Name	Relationship	Home phone	Cell phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Davis County Schools**

**Dear Parent/Guardian**

**Under the Utah Code 53a-11-501 to 503 schools are required to have proof of the identity of a student who is registering in the school for the first time. The requirement of the law is for the parent or the legal guardian to produce a valid state issued birth certificate as proof that the child is who the parent or guardian says he or she is.**

**We realize this may place a considerable burden on the parent or guardian as well as on the school, but in order to protect the interests of all children and to comply with the law, we must verify that all students have a valid state issued birth certificate that confirms who they are.**

**This can be obtained by contacting Department of Vital Statistics, 288 North 1460 West, Salt Lake City, UT 84116-0700. Telephone: 538-6105.**

**Sincerely,**

**Davis County Schools**

# Orchard Elementary School

205 East Center Street - North Salt Lake, Utah 84054

801-402-1700—Office ~ 801-402-1701—Fax

Dear Parents,

To avoid any confusion, we would like to explain the purpose of the questions on the registration form regarding languages other than English spoken in the home.

In an effort to help students succeed in their education, the law requires that all students who are exposed a language other than English may be provided with alternative language services, if necessary. These students would include those who spoke another language before English, or whose parents speak a language other than English, etc. (This does not apply to a learned, second language).

The purpose of these services is, in no way to diminish or single out any student, but to help him/her get the most out of their education. Once they are identified as eligible for this service, they are assessed with a simple test to know the areas in which they need reinforcement. If parents, principals, or teachers of these students feel they need the services, they may be referred to the ESL department in the School District.

The school will also provide translation services, if needed, as indicated on the registration form. Please check the corresponding box if you feel you would need this service. A list of translators will be available through the school. The provision of translation services will be documented in the students' cumulative file.

We hope this information will be helpful. If you have any questions, please contact the ESL Department at 402-5161.

Sincerely,

Principal



## 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.**

Parents: Submit forms via email [dsdhomeless@dsdmail.net](mailto:dsdhomeless@dsdmail.net) . Please call the Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-5119.

# 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)

YourName: \_\_\_\_\_ Address: \_\_\_\_\_

YourSignature: \_\_\_\_\_ 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



**Orchard Elementary School**  
**205 East Center Street, North Salt Lake, UT 84054**

**Proof of Residency Procedures**

To be enrolled in ORCHARD 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 in order to keep our records current. The following documents may be used in determining residency:

All applicants must submit at least <u>ONE</u> document from Column A and <u>ONE</u> document from Column B OR <u>TWO</u> documents from Column B, plus Picture ID	
<b>Column A</b>	<b>Column B</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"><li>• Rental/Lease Agreement</li><li>• Purchase/Escrow Agreement</li><li>• If you are living with another family, or you cannot provide either of the above:<ul style="list-style-type: none"><li>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, <b>AND</b></li><li>2) <u>A document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); AND</u></li><li>3) One or more items from Column B showing you live at the location.</li></ul></li></ul> <p><i><u>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.</u></i></p>	<p><b>Dated within the past 60 days:</b></p> <ul style="list-style-type: none"><li>• Utility bill (gas, electric, home telephone, cable, etc.)</li><li>• Letter from approved government agency (assisted housing, food stamps, unemployment payment)</li><li>• Payroll stub</li><li>• Bank or credit card statement</li><li>• Valid driver's license</li><li>• Current vehicle registration or insurance</li><li>• Valid Utah photo identification card</li><li>• Medical billing or insurance information</li></ul> <p><b>Dated within the past year:</b></p> <ul style="list-style-type: none"><li>• W-2 form</li><li>• Property tax bill</li></ul>
The following <b>do not</b> establish residency: <ul style="list-style-type: none"><li>• Powers of Attorney</li><li>• Property owned in school district boundaries</li><li>• Letters from friends or relatives</li><li>• P.O. Box in school district boundaries</li></ul>	

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 and grade of sibling(s) currently attending this school:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*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.	

School Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **DAVIS SCHOOL DISTRICT HEALTH AND NURSING SERVICES IMPORTANT INFORMATION YOU SHOULD KNOW**

**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. Write “none” if there are no concerns. 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 other than nurses.

**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. If you do not want your student to participate in screenings please notify the school in writing every year. Forms are available on the DSD Website.\*

**Medication policies at school-** Responsible students may keep one day’s dosage of most medications with them. Completion of paper work is required for medications administered by school staff. Certain medications such as injectables, controlled substances and some others have special policies for school use. 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 **www.davis.k12.ut.us** and choose **Programs** then **Nurses** for further information, protocol and contact information for the school nurse. There is a link to Parent Resources. (<http://www.davis.k12.ut.us/Page/1851>)

**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.
- Please ensure your student’s health needs are taken care of until the guardian, teacher and nurse sign an IHCP.
- You may view your student’s current plan by using your my.DSD login.

-All appropriate school staff may view information in the “Physical Status of Student” portion of the registration card.

**Davis County Health Department  
P.O. Box 618  
Farmington, UT 84025**

**IMMUNIZATION REQUIREMENTS IN THE SCHOOL**

*Kindergarten students:* every student must have an immunization record and must be complete at the time of registration.

DTP, DTAP, DT	FOUR or FIVE DOSES (Effective 9/92. Students need a 5th dose if they received four before age 4
POLIO	THREE OR FOUR DOSES (3 doses if all IPV or OPV and 3rd dose is given after the 4th birthday)
MMR	TWO DOSES (first dose must be at or after 12 months)
HEPATITIS B	THREE DOSES, effective 7/99
HEPATITIS A	TWO DOSES, effective 7/02, (first dose on or after first birthday, second dose 6 months after first)
VARICELLA	ONE DOSE, effective 7/02, (given on or after first birthday), or history of chickenpox disease

*(If the student does not comply with the above requirements, please refer them to their health care provider or the local Health Department clinics listed below. Requirements must be met before entrance to school.)*

**Davis County Health Department Immunization Clinics:**

Bountiful/Woods Cross Clinic  
596 West 750 South (Woods Cross)  
(801) 298-3919  
(801) 296-8160 (Fax)  
Hours: Wed. & Thurs., 8–11:45 a.m. & 1–4:30 p.m.

Clearfield Clinic  
22 South State St., 1st Floor  
(801) 525-5020  
Hours: Mon., Tues., & Fri., 8–11:45 a.m. & 1–4:30 p.m.

**Medical, Religious, or Personal Exemptions:**

**MEDICAL EXEMPT:** signature must be obtained from the health care provider.

**RELIGIOUS EXEMPT:** an exemption form must be obtained from the Davis County Health Department.

**PERSONAL EXEMPT:** an exemption form must be obtained from the Davis County Health Department (50 E. State St., Farmington Courthouse Annex.)

**Davis County Health Department accepts some insurance, please call to verify.**

# UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

## Student Information

**Student Name** \_\_\_\_\_ **Gender** ☐ Male ☐ Female **Date of Birth** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**USIIS ID** \_\_\_\_\_ **PIN** \_\_\_\_\_ **Student ID Number** \_\_\_\_\_

## Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.					Status	Due Date	Exemption
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup> /Last			
<b>DTaP, DTP, DT, Td, Tdap</b> <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
<b>Tdap</b> <small>Tdap or an inadvertent DTaP given on or after 10 years of age</small>								
<b>Polio (IPV or OPV)</b>								
<b>Haemophilus influenzae type b (Hib)</b>								
<b>Pneumococcal</b>								
<b>Measles, Mumps, and Rubella (MMR)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday</small>								
<b>Hepatitis B (HBV)</b>								
<b>Varicella (Chickenpox)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>								
<b>Hepatitis A (HAV)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>								
<b>Meningococcal Conjugate (ACWY)</b>								

**Immunization record received for this student is from:** ☐ A statewide registry  
☐ Student's former school  
☐ Legally responsible individual of the student

Utah Department of Health  
Division of Disease Control & Prevention  
Immunization Program  
[Immunize.utah.gov](http://immunize.utah.gov)  
(801)-538-9450

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Rev. 06/2021

## Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at [immunize.utah.gov](http://immunize.utah.gov).

### Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), USIIS ID, and PIN (a number that is given to an individual or a dependent's legal guardian, to obtain access to their immunization records in USIIS). The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1<sup>st</sup> 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>/Last), Status and Due Date.

**Completing the Form:** Verify information is correct, print form, and fill in any of the necessary missing information below by hand or type.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

### Instructions for Non-Participating USIIS Users or users who do not print USIR from USIIS

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.  
\*NOTE - The USIIS ID, PIN, and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>/Last) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.  
\*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS or do not print USIR from USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at [immunize.utah.gov](http://immunize.utah.gov) or call 801-538-9450



## Orchard Elementary

205 East Center Street  
North Salt Lake, Utah 84054  
Phone: 801-402-1700  
Fax: 801-402-1701

### NOTICE OF ENROLLMENT REQUEST FOR OFFICIAL RECORDS

#### ADDRESS OF FORWARDING SCHOOL

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address of School

\_\_\_\_\_  
City, State & Zipcode

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following student/s have been enrolled in our school. Please forward all pertinent records, (i.e. Special Education, academic, health, psychological, etc..)

Thank you for your prompt attention to this request.

Pupil \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Pupil \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Pupil \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Pupil \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Sincerely,  
Orchard Elementary Records

#### Parent's Authorization for Release of Information/Records

I hereby give consent for the above named person to receive the information requested concerning my son/daughter.

Parent's Signature \_\_\_\_\_