



New Student Registration 2022-23

www.davis.k12.ut.us/schools/snowhorse

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

Welcome to Snow Horse Elementary
The following information is required for registration:

Your child's name _____ DOB _____ Grade _____

- 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.)
- Completed and signed Student Information 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.
- Two current forms of Proof of Residency (See form for date requirements.)
- Has your child received resource programs or special education service?
Yes _____ No _____
 - ☐ Has any guardian previously had a child attend school in the Davis School District?

Name, address and phone number of previous school so we can send for records:

Parent Signature _____ Date _____



New Student Transferring from Within the District 2022-23

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

Welcome to Snow Horse Elementary
The following information is required for registration:

Your child's name _____ DOB _____ Grade _____

- ☐ 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.)
- ☐ Completed and signed Student Information Form
- ☐ Guardianship Status Form
- ☐ Two current forms of Proof of Residency (See form for date requirements.)
- ☐ Has your child received resource programs or special education service?
Yes _____ No _____

Name of the previous school in the district so we can send for records:

Parent Signature _____ Date _____

**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			
<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:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work Phone: Ext.				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone: Ext.				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						
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:												
		<input type="checkbox"/> Transportation <input type="checkbox"/> Adult Assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Equipment												
Physician														
Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Physician				Phone Nbr				
Work Phone: Ext.				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Programs student currently receives								
Email Address				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource - Speech and Language				<input type="checkbox"/> Title I				
					Last 4 Digits of Ssno for online lunch payment		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 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: <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 - 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 at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____					Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____	
Mother Military/Federal Employment Information						
Military 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: _____						
Employment at Federal Facility (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: _____					Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____	
Other Military/Federal Employment Information						
Military 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: _____						
Employment at Federal Facility (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: _____					Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) 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 _____						

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.

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

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

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.

Sarah Hoskins RN BSN
801-989-9732
shoskins@dsdmail.net

School Fees Poster for Families of Students in Grades K-6



School fees are NOT permitted during the regular school day in grades K-6.*

An elementary student may not be charged for classroom snacks, newspapers, textbooks, field trips, art supplies, assemblies, musical instruments, or anything else that is part of the regular school day. A student may be asked to bring common household articles to school voluntarily, but cannot be penalized for failure to bring the articles.

**Fees may be charged to students in sixth grade only if a student attends a school that includes any grades 7-12 and the school follows a secondary model of delivering instruction to the school's grade six students.*

School fees may ONLY be charged for activities which take place before or after school or during school vacations.

ALL SCHOOL FEES ARE SUBJECT TO WAIVER.

Who Is Eligible To Have Fees Waived?

A student may be eligible to have fees waived if ONE of the following applies:*

- the student's family receives TANF (*food stamps or State Family Employment Program*)
- the student receives SSI (*Supplemental Security Income*)
- the student is designated McKinney-Vento
- the student is in foster care
- the student is in state custody
- the student is eligible based on family/household income (*the levels match those of free lunch eligibility*)

**A student may also be eligible for fee waivers if they do not meet any of these standards but are still unable to pay a fee. Please see the local school or district policy for more information.*

How Can We Apply For Fee Waivers?

A student or parent may apply for waiver of fees by:

- completing a fee waiver application
- submitting the completed application to the school
- providing documentation of fee waiver eligibility.
(*See the Fee Waiver Application for required documentation*)

State law requires schools to verify eligibility for fee waivers. The school will record the eligibility documentation received and whether it met the eligibility requirements and a Decision and Appeal form will be sent to the student. Once recorded, copies of the eligibility documentation will not be kept on file by the school.

How Will A Waiver Impact Student Participation In School Activities?

If a student is eligible for fee waivers, **ALL fees must be waived.**

If a student qualifies for fee waiver, the school may not require that student to work instead of receiving a waiver, or ask them to pay the fee in installments.

No school may raise, lower, or withhold grades, or withhold report cards, school records, class schedules or participation during the regular school day to enforce payment of school fees.

To find out more, contact your student's school, visit your school's website, or visit the state school fees website (<https://schools.utah.gov/schoolfees>).



Questions, Comments, or Concerns? Contact the state School Fees team at schoolfees@schools.utah.gov.

Utah State Board of Education School Fees Team

Revised April 2021

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