



Northridge High School New Student Registration Checklist

The following items are required by the Davis School District to complete student enrollment.

- **Student Information Card** – Filled out and signed by Parent/Guardian.
- **Proof of Residency of Parent/Guardian**
 - 2 forms are required. (See Utah Public Schools Proof of Residency Procedures)
- **Guardianship Status Form** – A Parent/Guardian with valid photo ID must be present at time of registration. Students who do not live with a parent must bring court documentation stating to whom legal guardianship has been awarded. If you do not have court ordered guardianship documentation, please contact Student Services at the District Office: 801-402-5155.
- **Complete Immunization Record** – The following are state required.
 - 5 doses of DPT/DTaP/DT
 - 4 doses of Polio
 - 2 doses of MMR
 - 3 doses of Hep B
 - 2 doses of Hep A
 - 2 Varicella (chickenpox) or history of disease
 - 1 Meningococcal

Enrollment will be conditional for 21 days until these dates are provided, otherwise, your student will be excluded from school.

- **Original Birth Certificate** (a copy will be taken)
- **Transcripts (unofficial) from previous school** – This is required by the counselors to help build a student schedule. If enrolling once the term is already in progress, please provide withdrawal grades in addition to the transcripts.
- **Record Request Form** – Please provide with full name and address of previous school attended.
- **Does your student have an IEP or 504?** Yes ___ No ___

Student registration fees and/or fee waiver form must be taken care of at the time of enrollment before a schedule will be given. This is done in the Main Office. A locker will be assigned through the Attendance Office.

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

Andrea Bingham - Registrar
801-402-8517
abingham@dmail.net

**NORTHRIDGE HIGH SCHOOL
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 #	
Address		City		State Zip		Apt #	
Mailing Address (if different)		City		State Zip		Apt #	
Mailing Address (if different)		City		State Zip		Apt #	
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				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address				Last 4 Digits of Ssno for online lunch payment		Email Address	
Email Address				Last 4 Digits of Ssno for online lunch payment		Email Address	
Other Guardian Information				Physical Status of Student			
Last Name		First Name		Middle Name		Suffix	
Last Name		First Name		Middle Name		Suffix	
Address		City		State Zip		Apt #	
Address		City		State Zip		Apt #	
Mailing Address (if different)		City		State Zip		Apt #	
Mailing Address (if different)		City		State Zip		Apt #	
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 assistance required for student to attend school:			
		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Physical Problems <input type="checkbox"/> Daily Medication			
				Health Problems:			
				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		Phone Nbr	
				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 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

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: _____

Federal Facilities/Codes

- 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
<p>The following do not establish residency:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• Powers of Attorney <li style="width: 50%;">• Property owned in school district boundaries <li style="width: 50%;">• Letters from friends or relatives <li style="width: 50%;">• 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



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.**



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

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
 (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).

Northridge High School
2430 N. Hillfield Rd.
Layton, UT 84041
801-402-8500

Date: _____

Request for Records:

Name of School

Address of School

City, State and Zip Code

This certifies that the student(s) named below have enrolled at Northridge High School.
Please forward the academic records to the date of withdrawal.

Name Birth Date Current Grade

Name Birth Date Current Grade

Please include the following information:

- Official Transcript
- Unofficial Transcript for Enrollment Purposes *Please Email
- Medical and Immunization Records
- 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 - IEP (if applicable)
- ELL
- 504

Please forward all records to:

Andrea Bingham, Registrar
801-402-8517
Northridge High School
2430 N. Hillfield Rd.
Layton, UT 84041
abingham@dsdmail.net or Fax: 801-402-8501

The Federal Law 9931 allows for educational records to be sent to other educational agencies without the parents' signature requirement.

BACK TO SCHOOL RESOURCE SURVEY

**PARENTS/GUARDIANS
PLEASE SCAN QR &
FILL OUT SURVEY**



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