

**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	
<b>Ethnicity (Choose one):</b> ___ Male ___ Female ___ Hispanic/Latino ___ Not Hispanic/Latino ___ Black or African American ___ American Indian or Alaskan Native ___ Asian ___ Native Hawaiian or Pacific Islander ___ White		<b>Race (Choose one or more, regardless of Ethnicity):</b> ___ Born Outside U.S. What Country _____ Date Entered U.S. _____						
School Last Attended _____ Address _____								
<b>Father Guardian Information</b>				<b>Mother Guardian Information</b>				
Last Name		First Name		Middle Name		Suffix		
Address		City	State	Zip	Apt #	City	State	Zip
Mailing Address (if different)		City	State	Zip	Apt #	City	State	Zip
Workplace:		Economic Guardian		Resides With		Mailing		
Work Phone: ( ) - - Ext.		___ Yes ___ No		___ Yes ___ No		___ Yes ___ No		
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		
Address		City	State	Zip	Apt #	Glasses/Contacts		Hearing Aid
Mailing Address (if different)		City	State	Zip	Apt #	Physical Problems		Daily Medication
Workplace:		Economic Guardian		Resides With		Mailing		
Work Phone: ( ) - - Ext.		___ Yes ___ No		___ Yes ___ No		___ Yes ___ No		
Email Address		Last 4 Digits of Ssno		for online lunch payment				
Health Problems:		Special assistance required for student to attend school:						
		Transportation		Adult Assistance		Wheelchair		Special Equipment
Physician		<b>Physician</b>						
Phone Nbr		( ) - -						
Special Programs student currently receives		504 ___ ESL ___ Spec Ed/Resource - Speech and Language ___ Title I						
Absence Notification		Email ___ Internet ___ Phone ___ 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	Cell/Alt. Phone
<b>Father Military/Federal Employment Information</b>			
<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	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"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve <input type="checkbox"/> 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			
Contractor Name: _____			
Hours per day at facility: _____			
<b>Mother Military/Federal Employment Information</b>			
<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	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"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve <input type="checkbox"/> 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			
Contractor Name: _____			
Hours per day at facility: _____			
<b>Other Military/Federal Employment Information</b>			
<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	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"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve <input type="checkbox"/> 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			
Contractor Name: _____			
Hours per day at facility: _____			
<b>Federal Facilities/Codes</b>			
3 - Hill Air Force Base Clearfield			
4 - ATK Promontory North Plant Bingham City			
5 - A N G Facility Salt Lake City Intl. Aprt #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. Aprt., 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>Parent or Legal Guardian Signature</b> _____ <b>Date</b> _____			
If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language _____			