

**SOUTH DAVIS JR HIGH
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. _____				
Guardian 1 Information							Guardian 2 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							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:					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									
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									
Email Address						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 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

Guardian 1 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
- 6 - ARSR Site Francis Peak
- 7 - Dugway Proving Grds Tooele, Dugway
- 10 - Fort Douglas Salt Lake City
- 12 - Tooele Army Depot Tooele
- 13 - VA Hosp 500 Foothill Dr - Ft Douglas Sta., SLC
- 15 - IRS 1160 West 1200 South, Ogden
- 17 - Army Reserve Center Salt Lake City
- 18 - Courthouse & Fed Office Bldg 25th St - Grant Ave - 24th St - Kiesel St., Ogden
- 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
- 29 - U.S. Courthouse for the Utah District 351 S. West Temple, SLC
- 31 - Forest Service 857 West South Jordan Parkway, South Jordan, UT
- 32 - National Guard HQ 12953 S. Minuteman Dr., Draper, UT
- 33 - NOAA Corps
- 34 - Public Health Service Commissioned Corps

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: _____

Guardian 2 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 _____