

DAVIS HIGH SCHOOL STUDENT DEMOGRAPHIC 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		SS ID
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.: Country: _____ Date Entered U.S.: _____				
Father Guardian Information					Mother Guardian Information				
Last Name		First Name		Middle Name	Suffix	Last Name		First Name	Middle Name
Address		City	State	Zip	Apt #	Address		City	State
Mailing Address (if different)		City	State	Zip	Apt #	Mailing Address (if different)		City	State
Workplace:		Economic Guardian		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workplace:		Economic Guardian	
Work Phone:		Resides With		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work Phone:		Resides With	
		Mailings		<input type="checkbox"/> Yes	<input type="checkbox"/> No			Mailings	
Email Address:				Last 4 Digits of SSN		Email Address:			
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 #	Health Problems:			
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			
Workplace:		Economic Guardian		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physician:			
Work Phone:		Resides With		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Phone #			
		Mailings		<input type="checkbox"/> Yes	<input type="checkbox"/> No	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			
Email Address				Last 4 Digits of SSN 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 student learned to speak? _____				
What language do you speak most often at home (parents or guardians)? _____					What is the first language you learned to speak (Guardians)? _____				

PLEASE FILL OUT BOTH SIDES

Emergency Contacts and Authorization to Pick Up (Enter at least two)						
Contact (Other than guardian)	Relationship	Phone #	Ext.	Cell/Alt. Phone		
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 - Orbital 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 - Orbital ATK, Inc. 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. <input type="checkbox"/> Please provide the service Language: _____	