

DAVIS SCHOOL DISTRICT STUDENT INFORMATION FORM

Sand Springs Elementary

**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															
Student's Legal Last Name		Legal First Name		Middle Name		Suffix	Preferred Last Name		Preferred First Name			Date of Birth		Grade in School	Student SSNO												
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No Response																									
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 #	Home Phone	Address		City	State	Zip	Apt #	Home Phone														
Mailing Address (if different)		City	State	Zip	Apt #	Cell/Alt. Phone	Mailing Address (if different)		City	State	Zip	Apt #	Cell/Alt. 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																				
Address		City	State	Zip	Apt #	Home Phone	Health Problems:																				
Mailing Address (if different)		City	State	Zip	Apt #	Cell/Alt. 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																						
					Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No																						
							Special Programs student currently receives																				
Email Address						Last 4 Digits of Ssno for online lunch payment	<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language																				
							Absence Notification																				
							<input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification																				
What is the first language your son or daughter learned to speak? _____														What language does your son or daughter speak most often at home? _____													
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)					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: __ 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 4 - AF Plant #78 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 9 - Federal Admin Bldg 1745 W. 1700 S. Redwood Rd., SLC 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: __ Yes __ 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: __ 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 at Federal Facility on list: __ Yes __ 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: __ 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 at Federal Facility on list: __ Yes __ 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 _____	

Parent/Guardian Name: _____

Student Name: _____

Kindergarten 2021-2022

A. M. / P. M. Preference Form

Requests for A.M. and P.M. will only be considered

AFTER all registration materials are complete.

I would like my child in:

_____ A.M. Mon-Thurs-8:50-11:30

Fri-8:50-10:50

_____ P.M. Mon-Thurs-12:45-3:25

Fri-11:25-1:25

If you absolutely need the class time you chose please explain in detail the reason why here:

Office use only

Date turned in: _____ Time turned in: _____ Initials of person accepting form: _____

—

Kindergarten Registration Information Complete: ☐ Yes ☐ No

Are ALL immunizations Complete: ☐ Yes ☐ No

Does the student ONLY need a 2nd dose of any immunizations: ☐ Yes ☐ No

Davis School District

Sand Springs Elementary

Proof of Residency Procedures

To be enrolled in Sunburst 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 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	
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 or Mortgage Stmt • 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 your child(ren)</i> live there, the address, and for what period of time, AND (2) documentation showing that the person you are living with resides within district and school boundaries (see 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 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
The following do not establish residency: <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: _____

Name(s) 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: _____

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. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

Student Information

Student Name _____ **Gender** ☐ Male ☐ Female **Date of Birth** _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
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>Must be received on or after the 1st birthday.</small>					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was granted for:

☐ Medical reason (Expires* on: _____)

☐ Religious belief

☐ Personal belief

*If the medical exemption is temporary, enter date.

2. Proof of Immunity (history of disease):

This student has proof of immunity for the following antigen (s):

☐ MMR

☐ Haemophilus influenza type b (Hib)

☐ Polio

☐ Pneumococcal

☐ Tdap

☐ Varicella (Chickenpox)

☐ DTaP

☐ Meningococcal

☐ Hepatitis A ☐ Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.

Immunization record received for this student is from: ☐ a statewide registry
☐ student's former school
☐ legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ **Date:** _____

INSTRUCTIONS: This form must be completed for enrollment in a school. A school is defined as any public or private, elementary or secondary school through grade 12, preschool, child care program, nursery school, or kindergarten. A student is defined as an individual who attends a school. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for *school* entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- **5 doses of DTaP/DT/DTdap** – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- **1 dose of Tdap** – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- **2 doses of Measles, Mumps, and Rubella** – required for all students kindergarten through grade 12. The 1st dose of measles-containing vaccine must be given on or after the 1st birthday.
- **3 doses of Hepatitis B** – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- **2 doses of Varicella (chickenpox)** – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday.
- **2 doses of Hepatitis A** – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
- **1 dose of Meningococcal** – required for students prior to 7th grade entry. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

b. Children enrolled in preschool, child care program, or nursery school must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Immunization Record Received For This Student: Check the appropriate box. In Utah, the statewide immunization registry is called USIIS (Utah Statewide Immunization Information System). Legally responsible individual of the student is defined as the student's parent, the student's legal guardian, an adult brother or sister of a student who has no legal guardian, or the student, if the student is an adult, or is a minor who may consent to treatment under consent of minor to treatment. (Section 26-10-9)

When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist. Written proof is required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

School Use Only:

1. Exemption: If the student has an exemption, check the box for the type of exemption. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, enter expiration date.

Exemption Procedures:

Students claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module at www.immunize-utah.org or in-person consultation at a local health department. A copy must be presented to the school or child care official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. The school or child care program must attach the copy to this record.

Medical Exemption: For a medical exemption from required immunizations, the legally responsible individual of the student must provide to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

2. Proof of Immunity (history of disease): If the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. **If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.** *The document must be attached to this record.*

Maintaining a List of Students' Immunization Status: Utah School Immunization Law **requires** schools and child care facilities to maintain a *current list* of all enrolled students, including: 1) students who have a valid and complete immunization record, 2) students who are exempt from receiving the required vaccines, and 3) students who are allowed to attend school under conditional enrollment status.

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 graded 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 Name:

Student Birth date:

- ☐ 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/guardianship through the courts
 - ☐ I am a single parent and the only parent listed on the Birth Certificate
- ☐ **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 parent
- ☐ None of the above statements describe my relationship to the child. (Please explain)

Your Name

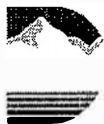
Your Signature

Date

* To assist us in complying with court orders, please provide us with a copy of legal documents.

** Verification of court orders, DCFS placement, or letter of authorization from Davis District must be provided prior to the child being enrolled.

All Foreign Exchange Students must process through Student Services.



Davis School District

LEARNING FIRST

Family last name: _____ Grade: _____

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.



Davis School District

LEARNING FIRST

MEMO TO PARENTS REGARDING STUDENT INTERVIEW/PHOTOGRAPH/VIDEO

Dear Parents,

Part of the communication efforts of the Davis School District and your child's school is to let the general public know about the educational activities occurring within the walls of our schools.

As part of that effort, we also occasionally invite reporters to the schools to cover educational activities and events.

The main focus of education, of course, is students, and during the vast majority of time, we and the media will want to focus on students as the subject of stories.

For that reason, we are seeking your permission ahead of time for your student(s) to be interviewed, photographed or recorded on video in the event such an opportunity surfaces during the school year. This will include the use of that material on the district or school website and district or school social media sites. Please note, Davis School District policy prevents use of a child's full name in association with their photo or video in any district or school use.

There are times when hundreds of students are together on the playground, lunchroom or in an assembly-type situation. We will do everything we can to try and determine which students may be off-limits during those large student gatherings. However, those situations can make it very challenging to accomplish that.

Also, if a student participates in a group that performs in the public limelight — such as choir, sports or any public performance — the opt-out doesn't apply.

If you **DO NOT** want your student to be involved in one or all of these instances, please fill out this form and return it to the school. Please note, your permission will be assumed if the school does not receive this form.

Please indicate which instances you would like to opt out of:

____ My child may NOT be photographed or recorded on video for use by the district or the school.

____ My child may NOT be photographed, recorded on video or interviewed by an outside entity, including the media.

Student Name(s): _____

Parent(s) Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____



Sand Springs Elementary



Kimberly Johnston ~ Principal

242 N 3200 West, Layton Ut 84041

Phone (801)402-3850

Fax (801)402-3851

Record of Special Services and Health Information

In order to better serve your child, and to help us in classroom placement, please indicate any educational or health concerns that your student may have. Please check any services that your child may be receiving or has received in the past.

My child, _____, is receiving, or has received, the following special services:

- ☐ **Resource Specialist Services** (Individual help for academic subjects from a special education teacher)
- ☐ **Speech Therapy or Speech and Language Therapy** Lorem Ipsum
- ☐ **Special Day Class** (Learning handicapped, severely handicapped or communicatively handicapped special class – an all-day special class taught by a special education teacher)
- ☐ **504 plan**
- ☐ **Adapted Physical Education**
- ☐ **Visually Handicapped Services** (Assistance for student with visual impairments)
- ☐ **Hearing Impaired Services** (Special services for students with severe hearing difficulties)
- ☐ **Physical or Occupational Therapy**
- ☐ **English Language Development Services**
- ☐ **School Counseling**
- ☐ **Other** _____

If any of the above lines are checked, please provide the school with a copy of the current IEP, goals and objectives, and qualifying information.

- ☐ **None of the Above**

Was your child suspended or expelled from school during the past three years? ____ Yes ____ No
Reason: _____

List any **allergies or health** concerns we need to be aware of: _____

Parent's Signature

Date