



SYRACUSE HIGH SCHOOL

NEW STUDENT REGISTRATION CHECK LIST

The following items are required by the Davis School District to complete student enrollment at Syracuse High School:

- ✓ DSD 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/legal guardian with valid photo ID must be present at time of registrations. 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 (chicken pox) or history of disease
 - 1 Tdap
 - 1 Meningococcal
- ✓ Original Birth Certificate
- ✓ 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 the fax number or email address from the previous school where official records can be requested.
- ✓ Does your student have an IEP or 504? Yes ☐ No ☐
- ✓ School Policies and Acceptable Use Agreement: To be initiated and signed by parent/guardian and student on their respective myDSD accounts.

Natalie Ogan - Registrar
801-402-7923
Email : nogan@dsdmail.net

**SYRACUSE 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
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
Male <input type="checkbox"/> Female <input type="checkbox"/>		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	
Address		City	State	Zip	Apt #	Home 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:		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone:		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ext.		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Ext.		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<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 #	Home Phone	
Mailing Address (if different)		City	State	Zip	Apt #	Cell/Alt. Phone	
Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		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			
Work Phone:		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Physician _____			
Ext.		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Nbr _____			
Email Address			Last 4 Digits of Ssno for online lunch payment		Special Programs student currently receives <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 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)? _____			

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
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 	

Students 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: _____

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

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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.

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's Name _____ Student's Birthdate _____

1. I am the parent (birth or adopted) of this child and this child lives with
☐ Both Parents
2. * 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
3. ** I am not the parent (birth / 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
4. I am a foster parent.
5. None of the above statements describe my relationship to this child
(Please explain your relationship to this child on the back of this form.)

Your Name: _____
(Please print)

Your Signature: _____ Date: _____

* To assist us in complying with court orders, please provide us with a copy of the legal documents within 10 school days.

** Verification of court order or DCFS placement must be provided prior to child being enrolled.



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.

Parents: Submit forms via email dsdhomeless@dsdmail.net. Please call the Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-5119.



Formulario de información de vivienda y elegibilidad McKinney-Vento

Sus respuestas ayudarán a determinar, si el o la estudiante cumple con los requisitos de elegibilidad para recibir servicios bajo el McKinney-Vento Act (Decreto de Asistencia de Mejoramiento Educativo McKinney-Vento)

La Ley del gobierno federal nos requiere actualizar la base de datos de solicitudes McKinney-Vento cada año. Por favor complete este formulario no teniendo en cuenta su situación. Gracias.

¿Es la dirección actual del/la estudiante un arreglo de vivienda temporario debido a la pérdida de la vivienda o a problemas económicos? Sí _____ No _____

Si contestó que SÍ, por favor complete el resto de este formulario.

Por favor escoja, en qué situaciones siguientes **el/la estudiante reside actualmente** (usted puede escoger más de una):

- ☐ Comparte la residencia (vivienda) con una o más familias debido a dificultades económicas.
- ☐ Vive en un motel u hotel.
- ☐ Vive en un refugio (por violencia doméstica, emergencia o en unidad/es de vivienda transitoria).
- ☐ Vive en un automóvil, parque, zona de campamento o lugar público.
- ☐ Vive en un lugar sin instalaciones adecuadas (no diseñado para tener calefacción, electricidad, agua corriente).
- ☐ Busca inscripción escolar sin estar acompañado con un padre/s (no es un hijo/a adoptivo [en foster care]).
- ☐ **¿Es víctima de un desastre? Explique:** _____

Dirección de la residencia actual, nombre del motel/hotel, refugio o "área general" de residencia actual: _____

Si usted vive en una vivienda compartida, por favor marque todo lo siguiente que se aplica:

- ☐ pérdida de vivienda ☐ situación económica ☐ esperando temporariamente una casa o apartamento
- ☐ cuida a un miembro de la familia ☐ vive con novio/novia ☐ pérdida del empleo
- ☐ padre/s o tutor legal en servicio militar ☐ otra razón (explique) _____

Nombre del estudiante: _____ Escuela: _____

Nº del estudiante (ID) _____ Fecha de nacimiento: _____ Grado: _____ Género: _____

Información de hermano/a/s:

Nombre	Grado escolar:	Nº de estudiante (ID):	Escuela:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Nombre del tutor legal: (letra de molde) _____ Nº de teléfono: _____

Email (correo electrónico): _____ Firma: _____

- **Si su situación de vivienda cambia, por favor avise a la escuela.**
- **Si hace un reclamo falso acerca de su situación de vivienda, puede afectar la inscripción en este programa.**

Padre/s: Presente el formulario por medio de email dsdhomeless@dsdmail.net Si usted necesita ayuda o tiene preguntas en cuanto a este formulario, por favor llame al Departamento Homeless/Displaced (Personas Sin Hogar o Desplazado) al (801) 402-5119.

Syracuse High School Transition

Please check if your student qualifies for any of the following areas. If your student doesn't qualify, please leave blank and sign.

_____ 504 Plan	Reason _____
_____ Previous IEP	When did it end _____
_____ Current IEP	What classes _____

_____ ESL (English Second Language)	Primary Language _____
_____ Medical Conditions	Concerns _____

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Special Needs/Concerns (if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Syracuse High School RECORDS REQUEST

Date: \_\_\_\_\_

ADDRESS OF LAST SCHOOL ATTENDED (if junior high, future high school)

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Registrar Email Address: \_\_\_\_\_

This certifies that the student named below has enrolled at Syracuse High School. Please forward the academic records to the date of withdrawal.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please include the following information:

- ☐ OFFICIAL TRANSCRIPT
- ☐ Immunization Records
- ☐ Pertinent Test Scores-Competency /Exit Testing
- ☐ Withdrawal grades and Date of Withdrawal
- ☐ Explanation of Grading System
- ☐ Discipline/ Safe School Information
- ☐ Special Education Records/IEP
- ☐ Birth Certificate

Please forward all records via email to:

Syracuse High School  
Attn: Natalie Ogan (Registrar)  
665 S. 2000 W.  
Syracuse, UT 84075

(801) 402-7923  
[nogan@dsdmail.net](mailto:nogan@dsdmail.net)

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