

Bluff Ridge Elementary
2023-2024

Welcome to Kindergarten!

Dear Upcoming 2023-2024 Kindergarten Parents,

We are thrilled to welcome you to Bluff Ridge Elementary, home of the Bison! Kindergarten is an exciting and critical time in your child's development.

Enclosed you will find information to successfully register your child into kindergarten. Please complete the information in this packet and bring it to our school office anytime during office hours.

All immunizations need to be current for registration to be complete. We invite you to share a preference of AM (morning) or PM (afternoon) Kindergarten when you bring your registration information to our office. Although we cannot guarantee this choice, we do our very best to honor your request.

2023-2024 Kindergarten Schedule:

Monday – Thursday:

AM/Morning Kindergarten: 8:50 a.m. to 11:30 a.m.

PM/ Afternoon Kindergarten: 12:45 p.m. to 3:25 p.m.

Friday:

AM/Morning Kindergarten: 8:50 a.m. to 10:50 a.m.

PM/Afternoon Kindergarten: 11:25 a.m. to 1:25 p.m.

We are thrilled to have your child begin their educational career at Bluff Ridge Elementary and look forward to helping with the registration process.

Sincerely,
Dr. Scott Rogers
Principal
Bluff Ridge Elementary



**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													
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		Ethnicity: Hispanic/Latino Not Hispanic/Latino		Race: (Choose one or more, regardless of Ethnicity) Asian American Indian or Alaskan Native African American Caucasian Pacific Islander																			
School Last Attended _____ Address _____						If Born Outside U.S. What Country _____ Date Entered U.S. _____																	
Guardian 1 Information						Relationship to Student																	
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											
Workplace:						Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician													
Work Phone:						Ext.				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician				Phone Nbr					
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
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 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: _____	
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 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: _____	
If translation services are needed please check the box and indicate the language.						
Parent or Legal Guardian Signature		Date		Please provide the service <input type="checkbox"/> Language _____		

Kindergarten

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

Kindergarten Registration Information

Qualifications:

A child must be five (5) years of age on or before September 1, 2023.

Please complete and submit the following information **ASAP**.

- ☐ DSD Student Information Card (One per Child)
-Please complete health problem space on card if applicable
- ☐ Utah School Immunization Record card, PLEASE FILL IN (One per Child) along with a copy of child's immunization record from doctor or health department. (See Below)
-**All immunizations need to be current in order to be assigned to a class.**
- ☐ Copy of Your Child's Original Birth Certificate (Required by Law - See Below)
- ☐ Proof of Residency (Only if new to Bluff Ridge)
- ☐ Guardianship Status Form – please bring Guardian Picture ID to verify

Birth Certificate:

Under Utah Code 53A-11-501 to 503 schools are required to have proof of the identity of a student who is registering in the school for the first time. The requirement of the law is for the parent or the legal guardian to produce a valid birth certificate as proof that the child is who the parent or guardian says he or she is. We will also need to see photo ID of the guardian registering the student at the time of registration.

Please Note: The driver license size birth certificates are no longer considered legal documents. If you do not have a copy of your child's birth certificate, you may obtain one* from the following address:

Davis County Health Department - Vital Records
22 South State, Clearfield, UT 84015 (2nd Floor)
801-525-5150

Website <http://www.daviscountyutah.gov/health>
Click on Birth Certificates

*There is a \$20.00 fee for the first copy and \$10.00 for each additional copy.

Health Examinations and Immunizations:

Please refer to the immunization requirements for 2018-2019. Attach a copy of your child's original immunization information (i.e., yellow health department card, doctor's office documentation, etc.). Your child will not be allowed to begin Kindergarten until this information is completed and received by the school – **NO EXCEPTIONS!**

Davis County Health Department
Clearfield Clinic
22 South State Street (1st Floor)
Clearfield, UT 84015
(801) 525-5020

Mon. Tues. & Fri. 8-11:30 am & 1-4:30 pm

(Health exams are encouraged but not required for children entering Kindergarten.)

Davis School District

Bluff Ridge 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: _____



Registration Health Information

Health information

List any health information relevant to a school setting on your students' registration/demographic card in the "Health Problems" box. If your student has medical needs, please contact your school nurse to ensure an appropriate plan is in place to meet your student's medical needs at school.

Immunizations

State law requires that each student's immunization record be up to date and turned into the school in order for the student to start school. There are specific requirements for kindergarten and seventh grade entry. These requirements can be found on the Utah Department of Health Immunization Program website.

[School & Childcare Immunization Requirements & Flyers -Immunize Utah](#)

Medication policies at school

Responsible students may keep a one-day's dose of most medications with them. Certain medications have special policies for school use. As per State and District policies, students that carry inhalers, EpiPens, and diabetes medications must have a signed form indicating the student is responsible to carry and administer those medications independently.

Completion of paperwork is also required for medications administered by school staff. Parents/guardians are responsible to know and follow guidelines for medications (over the counter and prescription) as outlined on the DSD Website. Medication forms can be found on the DSD website. Check with the school nurse for questions or concerns.

<https://www.davis.k12.ut.us/departments/nursing-services/parent-links>

[Parent Links - Davis School District](#)

Vision Screenings

The Utah Department of Health requires that students in pre-K, K, grades 1, 3, 5, 7 or 8, and 9 or 10 have their vision screened. These screenings may be conducted any time during the school year throughout the district for any student. Various methods such as eye charts and instrument-based screening devices may be used. If you do not want your student to participate in vision screening, vision opt-out forms are available on the DSD website.

School Nurse

Irene Scott, RN

Bluff Ridge, Clinton, Sunset, West Clinton,

Whitesides Elementary

DSD School Nurse

801-882-3420 call/text

iscott@dsdmail.net

VISION SCREENING OPT-OUT FORM

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.		
Student name:	DOB:	School Year:
School:	Grade:	Teacher:
Parent to Complete		
<p>As parent of the above named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing.</p> <p>I understand that this request is for the current school year only. This form may be re-submitted each school year.</p>		
Parent/Guardian Name:		
Parent/Guardian 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/DTTP/DT/Tdap** – 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.

Bluff Ridge Elementary

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 boundary. 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: _____

- ☐ 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.
- Caseworker Name: _____ Phone# _____
- ☐ 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: _____

Your Signature: _____ Date: _____

School Staff Signature: _____ ☐ Guardian ID check Date: _____

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

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



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: _____



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:

- ☐ **Speech Therapy or Speech and Language Therapy**
☐ **Hearing Impaired Services** (Special services for students with severe hearing difficulties)
☐ **Visually Handicapped Services** (Assistance for student with visual impairments)
☐ **Physical or Occupational Therapy**
☐ **IEP**
☐ **School Counseling**
☐ **Special Education**
☐ **504 plan**
☐ **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.

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:

Please let us know of any other concerns you may have about your child:

Parent's Signature

Date



Davis School District

Should I Send My Student to School?

The following guidelines should also be used in determining if your child should stay home from school:

1. The illness prevents your student from participating comfortably in activities
2. The illness results in a greater need for care than the staff can provide
3. The student has any of the following conditions, unless a health professional determines the student's condition does not require staying home from school
 - **Appears to be severely ill**
 - **Fever** - temperature of 100.4 F or above until temperature is normal for 24 hours without fever reducing medication
 - **Marked drowsiness or malaise** (a vague feeling of physical discomfort or uneasiness) as seen early in an illness. Student just does not "feel well"
 - **Muscle Pain**
 - **Difficulty Breathing**
 - **Headache**
 - **Loss of sense of taste or smell**
 - **Diarrhea** - defined as an unusual number of stools or unusually liquid stools compared to the student's normal pattern
 - **Blood in stools** - not explained by dietary change, medication, or constipation
 - **Vomiting / nausea** - more than 2X in 24 hours,
 - **Severe abdominal pain**
 - **Less severe abdominal pain** - that continues for more than 2 hours
 - **Mouth sores** with drooling
 - **Rash with fever**
 - **Sore Throat** - If white spots can be seen in the back of the throat or if fever is present, keep the student home
 - **New and persistent cough** (not related to asthma or allergies)– a student with a "heavy" cold and hacking cough should be at home even if there is no fever
 - **Any break in the skin in the weeping /oozing stage** – unless protected (covered) and/or diagnosed as noninfectious
 - **Impetigo** - until 24 hours after treatment has started
 - **Streptococcal infection** - (strep throat or other streptococcal infection), until 12 hours after treatment has been started
 - **Head lice** - until after the first treatment (Refer to DSD Head Lice Protocol)
 - **Scabies** - until after treatment has been given
 - **Any Communicable Disease** – may return to school as per direction from the health department
 - **Any condition determined by the local health department** to be contributing to the transmission of illness during an outbreak

Please be mindful of these symptoms and keep sick students' home to make the school and classroom a healthy and safe place. Thank you!

Communicable Disease Bureau, Davis County Health Department and the American Academy of Pediatrics
Reviewed and approved by Davis School District Health and Nursing Services and Special Education Nursing Services

10/27/20

REGISTRATION INFORMATION PARENTS SHOULD KNOW FROM HEALTH AND NURSING SERVICES

Sharing Student Health Information- It is important to list any health information pertinent to the school setting in the "Health Problem" space on the Registration /Demographic Card. If there are no health concerns, put a line through the "Health Problem" box. If the health status changes during the school year, ask the office to update the registration card and inform the school nurse. Some health conditions may require an Individualized Health Care Plan (see below).

Behavioral and mental health needs should also be listed on the card and discussed with an administrator or teacher. These concerns will be addressed as needed by professionals.

Vision screenings may be conducted any time during the school year throughout the district for **any student**. Various methods such as eye charts and refraction cameras may be used. A school vision screening does not replace a complete eye exam by an eye care professional. If you do not want your student to participate in screenings, please notify the school in writing every year. Forms are available on the DSD Website. *

Medication policies at school- Responsible students may keep a one day's dosage (this includes an inhaler) of most medications with them. Completion of paper work is required for medications administered by school staff. Certain medications such as injectables, controlled substances and some others have special policies for school use. Check with the school nurse for individual circumstances. Guardians are responsible to know and follow guidelines for medications as outlined on the DSD Website. *

*Visit www.davis.k12.ut.us and choose **Departments** then **Nursing Services** for further information, protocol and contact information for the school nurse.

Students with health issues requiring assistance may need an **Individualized Health Care Plan**

- A school nurse and guardian will work together to form a plan of care that will be in place for a 12-month period or until modified.
- Please ensure your student's health needs are taken care of until the guardian, teacher and nurse sign an Individualized Health Care Plan.
- You may view your student's current plan by using your myDSD login.

-All appropriate school staff may view information in the "Physical Status of Student" portion of the registration card.