

**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	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. _____							
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 #	Address		City	State	Zip	Apt #	Primary Phone			
Mailing Address (if different)		City	State	Zip	Apt #	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								
Mailing Address (if different)		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No			Mailing Address (if different)		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 #	Primary Phone		Health Problems:							
Mailing Address (if different)		City	State	Zip	Apt #	Secondary 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		Physician					Phone Nbr			
Work Phone: _____ Ext. _____		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Programs student currently receives		Special Programs student currently receives								
Mailing Address (if different)		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Programs student currently receives		Special Programs student currently receives								
Email Address				Last 4 Digits of Ssno for online lunch payment		Special Programs student currently receives		Special Programs student currently receives							
Absence Notification				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

Father 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: _____

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 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: _____

Federal Facilities/Codes

- 3 - Hill Air Force Base Clearfield
- 4 - 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 - 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) Mill Springs - Weber Basin Ogden
- 23 - Frank E. Moss Courthouse 350 S. Main St., SLC
- 24 - Utah Defense Depot Ogden

If translation services are needed please check the box and indicate the language.

Parent or Legal Guardian Signature _____

Date _____

Please provide the service Language _____