

_____	REC REQ
_____	IMM
_____	COURSE
_____	DEMO

SUNSET JUNIOR HIGH SCHOOL

NEW STUDENT ENROLLMENT CHECKLIST

STUDENT INFO:

STUDENT NAME: _____

BIRTH DATE: _____ GRADE: _____ PHONE #: _____

ADDRESS: _____

LAST SCHOOL ATTENDED INFORMATION:

NAME: _____

ADDRESS: _____

FAX: _____ PHONE: _____

REGISTRATION CHECKLIST:

_____ ADDRESS VERIFIED IN SCHOOL MAP

_____ BIRTH CERTIFICATE

_____ IMMUNIZATION RECORDS

(STUDENT'S IMMUNIZATIONS MUST BE IN COMPLIANCE WITH STATE LAW BEFORE REGISTERING)

_____ PROOF OF RESIDENCE (SEE REQUIRED ITEMS ON REVERSE SIDE OF THIS FORM)

_____ PICTURE ID OF LEGAL GUARDIAN

_____ COMPLETED AND SIGNED EMERGENCY CARD

_____ COMPLETED & SIGNED GUARDIANSHIP FORM (CUSTODY OR GUARDIANSHIP PAPERS AS NECESSARY)

_____ HISTORY OF SERVICES SURVEY (H.O.S.S.) Y/N IEP/504 ATTACHED _____

_____ MCKINNEY-VENTO FREE LUNCH AND FEE WAIVER FORM (IF APPLICABLE) Y/N

_____ WITHDRAWAL FORMS AND GRADES FROM PREVIOUS SCHOOL

_____ PAY FEES IN THE MAIN OFFICE

_____ ATTACH NEW STUDENT CHECKLIST

_____ COURSE REQUEST FILLED OUT AND SIGNED

_____ COMPLETE ONLINE REGISTRATION ONCE ENTERED IN SYSTEM

REGISTERED BY: _____ DATE: _____

UTAH STATE OFFICE OF EDUCATION

UTAH PUBLIC SCHOOLS

PROOF OF RESIDENCY MODEL PROCEDURES

To be enrolled at Sunset Junior High School, families must present 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.

Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in case of divorce), and physical address.

Column A	Column B
<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 new home, you will need to bring in proof of residence for your new home.</i></p>	<p><u>DATED WITHIN LAST 60 DAYS</u></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 ID card Medical billing or insurance information <p><u>DATED WITHIN THE PAST YEAR:</u></p> <ul style="list-style-type: none"> W-2 Property Tax Bill

Student Name _____

Date _____

Parent/Guardian Names: _____

Address of Parent/Guardian: _____

Name of sibling(s) currently attending this school: _____

Grade of Sibling(s): _____

TO BE COMPLETED BY SCHOOL PERSONNEL

Type of documents showing residency:

1. _____

Date on document: _____

2. _____

Date on document: _____

School Staff Signature: _____

Date: _____

The following **DO NOT** establish residency:

- Powers of Attorney
- Property owned in school district
- Letters from friends or relative
- PO Box in school boundaries

**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 <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		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	
		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No					Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address _____					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 #	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		
						Physician _____ Phone Nbr _____		
Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Programs student currently receives			
Work Phone: _____ Ext. _____		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource - Speech and Language <input type="checkbox"/> Title I			
		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No						
Email Address _____					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 language do you speak most often at home (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: <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 <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor Name: _____ Federal Facility Name/Code: _____ 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 <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor Name: _____ Federal Facility Name/Code: _____ 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 <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor Name: _____ Federal Facility Name/Code: _____ Hours per day at facility: _____	

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)
Mil Springs - Weber Basin Ogden
23 - Frank E. Moss Courthouse
350 S. Main St., SLC
24 - Utah Defense Depot
Ogden

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 _____
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Davis School District Guardianship Status

Under Utah State Laws and Davis School District Policy, a child is eligible to attend a school if a parent or legal guardian resides within the school's boundaries. *Exceptions to this are granted through the Boundary Variance process or the Student Services Department at the Davis School District.*

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)

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____

*Please provide us with a copy of legal documents.

** Verification of court orders, DCFS placement, or letter of authorization from Davis School District is required prior to enrollment.

All Foreign Exchange Students must contact Student Services at the Davis School District for enrollment.

HISTORY OF SERVICES SURVEY (HOSS)

Student's Name _____ Grade _____

Last School Attended _____ YES NO

Is your child currently receiving Special Education or Resource Services? ☐ ☐

Has your child ever received Special Education or Resource Services? ☐ ☐

Has your child ever been tested for Special Education Services? ☐ ☐

Has your child ever had a 504 Plan to accommodate a disabling condition? ☐ ☐

Has your child ever had a Health Plan? ☐ ☐

Parent/Guardian Signature _____ Date _____

SUNSET JUNIOR HIGH COUNSELING CENTER

ENCUESTA DE LA HISTORIA DE SERVICIOS

Nombre del Estudiante _____ Grado _____

La última escuela donde asistió _____ SÍ NO

Recibiendo su hijo, servicios del departamento de Educación Especial? ☐ ☐

Recibía su hijo, en cualquier tiempo, servicios del departamento de Educación Especial? ☐ ☐

Ha sido evaluado su hijo para recibir servicios del department de Educación Especial? ☐ ☐

Le habían formulado un Plan 504 par acomodar a su hijo para un discapacidad cualquiera? ☐ ☐

Alguna vez su hijo ha tenido un plan de salud. ☐ ☐

Firma del padre o gardiano _____ Fecha _____

SUNSET JUNIOR HIGH COUNSELING CENTER



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: _____

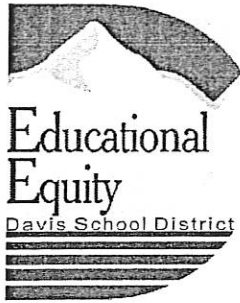
Sibling(s) Information:

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.



File Name: _____
Status: HOMELESS
Category: Free

Homeless – McKinney – Vento Education Act
Free Breakfast and Lunch Documentation Fee Waiver

Student Name:

Date of Birth:

School:

Student ID Number:

Grade: 00

Effective Date:

Category: Free Breakfa

School Authorizing Signature:

Print Name

School Authorizing Signature

This form should be signed by the school
administration or counseling office and submitted
electronically or via fax to:

Attn: **Homeless/Displaced Department**

Email: dsdhomeless@dsdmail.net

Fax number: 801-402-8728