



The following items are required by the Davis School District and Bluff Ridge Elementary School to enroll a NEW student.

- Documentation of Residency in the Bluff Ridge Elementary School boundaries. (Utility bill, building contract, rental agreement, etc. . .) Documentation must include a name and street address.
- Immunization Record – All immunizations must be current.
 - 5 DTaP/DT
 - 4 Polio* (3 doses, if the 3rd dose was given on/after the 4th birthday)
 - 2 Measles, Mumps, Rubella
 - 3 Hepatitis B
 - 2 Hepatitis A
 - 2 Varicella ** (chickenpox) – history of disease is acceptable; a parent must sign the verification statement on the school immunization record.
- Birth Certificate – You must have legal guardianship of your student to register him/her. A power of attorney is not sufficient. IF you do not have a court ordered guardianship, please contact Student Services at the Davis School District.

Davis School District – Office of Student Services
Brad Christensen – Director
45 East State Street
Farmington, Utah 84025
801-402-515
- Individualized Education Plan (IEP) – For students who have special education needs/services.
- Health Care Plan – For students who have special health care needs/concerns.

Thank you for your cooperation.
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: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Race: (Choose one or more, regardless of Ethnicity)		<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> African American		<input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander			
School Last Attended _____ Address _____						If Born Outside U.S. What Country _____ Date Entered U.S. _____									
Guardian 1 Information						Guardian 2 Information									
Relationship to Student						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		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone: Ext.				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone: Ext.				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With <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									
Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Special assistance required for student to attend school:									
Work Phone: Ext.				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Transportation <input type="checkbox"/> Adult Assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Equipment									
Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No				Last 4 Digits of Ssno for online lunch payment		Physician									
Email Address				Last 4 Digits of Ssno for online lunch payment		Physician _____ Phone Nbr _____									
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 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 _____		

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 (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday.					
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					
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/DTap** – 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 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: _____

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.

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:	



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



Housing Information/McKinney-Vento Eligibility Form

Answers will help determine if your student meets eligibility requirements for services under the McKinney-Vento Act

We are required by Federal Law to update our McKinney-Vento enrollment every year. Please fill out this form regardless of your status. Form must be complete to be reviewed and processed.

Is the student's current address a temporary living arrangement due to loss of housing or economic hardship? Yes _____ No _____

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.
- ☐ Do you currently have a written or verbal lease/rental agreement? Yes _____ No _____
- ☐ Do you currently have a written or verbal agreement to pay housing costs? Yes _____ No _____
- ☐ 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 reversed or denied.**

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.



NOTICE OF NON-DISCRIMINATION

Davis School District and Bluff Ridge Elementary are committed to creating an environment free from harassment and discrimination, including addressing and correcting incidents of harassment and discrimination when they occur, ensuring that discipline is free from discrimination, and ensuring nondiscriminatory access to student groups. Students and employees may not be discriminated against on the basis of race, color, national origin religion, sex (including sexual orientation and gender identity), age, disability, veteran status, or any other characteristic protected by law, in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups. Policy 11IR-100 prohibits harassment and discrimination against students on the basis of race, color, national origin, religion, sex, or disability ("Protected Class").

Complaints of harassment or discrimination against students on the basis of a Protected Class should be directed to the Office of Equal Opportunity.

Darrin Nash, Director of the Office of Equal Opportunity
Davis School District
45 East State Street, P.O. Box 588
Farmington, Utah 84025
tel: (801) 402-8701
dnash@dsdmail.net

Further information regarding student-on-student or staff-on-student harassment will be provided in a separate Notice of Non-Discrimination.

Employee requests for accommodations or complaints of harassment or discrimination against an employee should be directed to the Office of Human Resources at:

Steven Baker, Associate Director Human Resources
ADA (Employment Issues) Coordinator
Davis School District
45 East State Street, P.O. Box 588
Farmington, Utah 84025
tel: (801) 402-5315
sbaker@dsdmail.net

Information regarding accommodations for disabilities should be directed to:

Midori Clough, District 504 Coordinator
Section 504 (Student Issues) Coordinator
Davis School District
Freeport Center West Building F3
Clearfield, UT 84015
tel: (801) 402-5180
mclough@dsdmail.net

Information or complaints about discrimination on the basis of sex in athletic programs may be directed to:

Tim Best, Healthy Lifestyles Coordinator
Title IX Athletic Compliance Coordinator
Sex Based Discrimination in Athletic Programs

Davis School District
20 North Main Street, P.O. Box 588
Farmington, Utah 84025
tel: (801) 402-7850
tbest@dsdmail.net

Information or complaints about discrimination on the basis of a disability in access to facilities may be directed to:

Rich Swanson, Director of Risk Management
Physical Facilities Compliance Coordinator

Davis School District
20 North Main Street, P.O. Box 588
Farmington, Utah 84025
tel: (801) 402-5307
rswanson@dsdmail.net

ACCOMMODATIONS FOR INDIVIDUALS WITH DISABILITIES

In compliance with Section 504 of the Rehabilitation Act (504) and the Americans with Disabilities Act (ADA), the Davis School District and **[name of your school]** will provide reasonable accommodations to qualified individuals with disabilities. Students, parents, or employees needing accommodation should contact their school ADA/504 Coordinator **[name and school phone number]**, their principal or supervisor, or you may contact the District ADA Coordinator, Steve Baker (402-5315), for parent or employee accommodations; or Section 504 Coordinator, Midori Clough (402-5180) for student accommodations.

SAFE & ORDERLY SCHOOLS

It is the policy of the Davis School District and **[name of your school]** to promote a safe and orderly school environment for all students and employees. Criminal acts or disruptive behavior of any kind will not be tolerated and any individual who engages in such activity will be subject to school disciplinary action as determined by school administrators, or District disciplinary action as determined by the District Case Management Team. Criminal acts that are a class B misdemeanor or above (including but not limited to drug possession or physical assault) may also be referred to law enforcement. In determining appropriate discipline, school officials will consider the totality of the circumstances, including the severity of the offense, as well as the individual's age, disability status, intent, academic status, and prior disciplinary records.

WEAPONS AND EXPLOSIVES – UP TO ONE YEAR EXPULSION (Utah Code 53G-8-205)

Any student who in a school building, in a school vehicle, on District property, or in conjunction with any school activity, possesses, controls, sales, arranges for the sale of, uses or threatens use of a real weapon, explosive, noxious or flammable material, or actually uses or threatens to use a look-alike or pretend weapon with the intent to intimidate another person or to disrupt normal school activities, shall be expelled from all District schools, programs, and activities for a period of not less than one calendar year; unless the District Case Management Team determines, on a case-by-case basis, that a lesser consequence would be more appropriate. The terms "weapon," "explosive," and "noxious or flammable material" includes but are not limited to: guns, starter pistols, cap guns, knives, martial arts accessories, bombs, bullets and ammunition, fireworks, gasoline, or other flammable liquids, matches, and lighters.

DRUGS/CONTROLLED SUBSTANCES

Any student, who possesses, controls, uses, distributes, sells, or arranges the sale of an illegal drug or controlled substance (which includes alcohol, tobacco in any form, and electronic cigarettes, or electronic cigarette substance or product), an imitation controlled substance, or drug paraphernalia in a school building, in a school vehicle, on District property, or in conjunction with any school activity, may be suspended, transferred to an alternative placement, tested for drugs, expelled, referred for police investigation, and/or prosecuted.

SAFE SCHOOL VIOLATIONS

Any student may be suspended, transferred to an alternative placement, expelled, referred for police investigation, and/or prosecuted for committing any of the following school-related serious violations: 1) threatening or causing harm to the school, school property, or person associated with the school, or property associated with that person, regardless of where the conduct occurs; 2) committing any criminal act, including but not limited to: assault, hazing, rape, trespass, arson, theft, vandalism, possession or use of pornographic materials on school property; 3) engaging in any gang activity, including but not limited to

flashing gang signs, displaying or spraying gang graffiti, wearing or displaying gang related clothing or apparel, or soliciting others for membership in a gang.

DISRUPTION OF SCHOOL OPERATIONS

Any student may be suspended, transferred to an alternative placement, or expelled for any conduct that creates an unreasonable and substantial disruption or risk of disruption of a class, activity, program, or other function of the school, including but not limited to frequent, flagrant, or willful disobedience; defiance of school authority; criminal activity; fighting; noncompliance with school dress code; possession of contraband (i.e., drug paraphernalia, pornography, mace, pepper spray, laser pen, chains, needles, razor blades, bats and clubs); or the use of foul, profane, vulgar, harassing or abusive language. Conduct that is a class B misdemeanor may also be referred to law enforcement. Conduct which is a class C misdemeanor, an infraction, a status offense on school property, or an offense that is truancy may not be referred to law enforcement or a prosecuting attorney unless a student refuses to participate in alternative restorative interventions offered at the time of the infraction, or the student has committed the same offense on two prior occasions and has been referred to alternative restorative interventions in each prior case.

NONDISCRIMINATION IN DISCIPLINE

The District will ensure that students are not discriminated against in the administration of discipline, including the duration and type of consequence, and in referrals to law enforcement.

DUE PROCESS

When a student is suspected of violating **[name of your school]** or District policy the school administrator must meet with and inform him/her of the allegations and provide the student the opportunity to give his/her version of the incident. If the school administrator determines sufficient evidence exists to impose discipline the school administrator shall notify the parent that 1) this student has been suspended; 2) grounds for the suspension; 3) the period of time for which the student is suspended; and 4) the time and place for the parent to meet a designated school official to review the suspension.

AUTHORITY TO SUSPEND OR EXPEL

The school administration has the authority to suspend a student for up to ten school days per incident. If the school administrator desires or contemplates suspending for longer than ten school days or expelling a student, the school administrator shall make a referral to the District's Case Management Team. School administration should also seek advice from the District's Case Management Team when suspension mandate completion delays the typical process of returning a student to the school environment in a timely manner.

BULLYING/CYBER-BULLYING/HAZING/RETALIATION/ABUSIVE CONDUCT

A student may be suspended, transferred to an alternative placement, expelled, referred for police investigation, and/or prosecuted for engaging in any written, physical, or verbal aggression, intimidation, discrimination, or abusive conduct of any school employee or student at school or a school-related activities regardless of location or circumstance, including but not limited to bullying, cyber-bullying, hazing, or retaliation.

District policy may be found at [5S-100 Conduct and Discipline](#). **[Your school's name]** policy may be found at **[URL]** or a copy may be obtained in the school office. For incidents of harassment (unwelcome conduct based on a protected class) and discrimination, please refer to [11IR-100](#).

SEARCH AND SEIZURE

School officials have the authority to search a student's person, personal property, or vehicle while located on school property or at a school sponsored activity, when they have reasonable grounds to believe that the search will turn up evidence that the student has violated or is violating a particular law or school rule.

School Lockers, desks, or other storage areas are the sole property of the Davis School District and **[name of your school]**. Periodic general inspections of school lockers may be conducted by school authorities randomly without notice, without student consent, and without a search warrant. Searches will be conducted in such a way as to be short in duration and not disrupt educational activities.

EXTRACURRICULAR ACTIVITIES

The District will ensure that students have an equal opportunity to participate in, create, and maintain student groups without regard to their race, sex, disability, or other protected classification.

However, students who are suspended, transferred to an alternative placement, or expelled, may lose the privilege of participation in all extracurricular activities, such as interscholastic athletics, cheerleading, student government, student clubs, graduation ceremonies, and other extracurricular activities, during the period of discipline and will not be afforded separate due process procedures to challenge the denial of participation in an extracurricular activity.

COMPULSORY EDUCATION REQUIREMENT

A parent having custody over a school-age minor is required under State law to enroll and send a school-age minor to a public or established private school during the school year in the district in which the minor resides. The process of education requires continuity of instruction, class participation and study. Parents are encouraged to work with the school in promoting regular attendance of all students.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law designed to protect the privacy of a student's education records. FERPA gives parents certain rights with respect to their student's education records. These rights are:

1. ***Inspect and review*** all their student's education records maintained by the school within 45 days of a request for access.
2. ***Request*** that a school correct education records believed to be inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents who wish to ask the school to amend a record should write the principal or appropriate school official, clearly identify the part of the record they want changed and specify why it should be changed. If the school decides not to amend the record as requested by the parent, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment.

3. ***Provide consent*** before the school discloses personally identifiable information (PPI) from a student's record, except to the extent that FERPA authorizes disclosure without consent. Such exceptions include, but are not limited to:
 - [a] school officials with legitimate educational interests;
 - [b] other schools to which a student is transferring;
 - [c] individuals who have obtained court orders or subpoenas;
 - [d] individuals who need to know in cases of health and safety emergencies;
 - [e] official in the juvenile justice system to improve education outcomes;

- [f] a State agency or organization that is legally responsible for the care and protection of the student, including the responsibility to investigate a report of educational neglect;
- [g] specified officials for audit or evaluation purposes; or
- [h] organizations conducting studies for or on behalf of the District.

A **school official** is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving as a volunteer; a person serving on the District School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist), or to whom the District has outsourced institutional services or functions.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Student Directory Information

Directory Information, which is information that is generally not considered harmful or an invasion of privacy if released, may be released at the discretion of school officials, without consent, for appropriate reasons such as, school publications, newspaper articles, and to outside education related organizations. In addition, two federal laws require secondary schools to provide military recruiters, upon request, the names, addresses, and telephone numbers of their students.

The Davis School District has designated the following information as directory information:

1) student's name, address, and telephone number; 2) student's date and place of birth; 3) grade level and enrollment status; 4) student's District email address; 5) student's ID number that is displayed on a student ID badge; 6) parent email address; 7) participation in officially recognized activities and sports; 8) weight and height of members of athletic teams; 9) dates of attendance; 10) degrees, honors, and awards received; 11) most recent educational institution attended by the student; 12) student's digital image.

The following shall be considered limited use directory information that may be disclosed only to other students enrolled in the same course (regardless of whether such students are enrolled in the same class section) that has been audio or video recorded by the District, for instructional and educational purposes only: 1) name to the extent it is referenced or captured during the audio or video recordings; 2) any photograph or image of the student captured during the audio or video recording; 3) any audio or video recording of the student participating in the course; and 4) any online chats or other recorded communications among participants in the course captured during the audio or video recording.

To protect the privacy of other students, parents/students are not permitted to make their own recordings of class sessions or to share or distribute District recordings of class sessions.

If you, as a parent do not want **[name of your school]** to disclose limited directory information of your child without your prior written consent, you must notify the school in writing annually.

Parents who believe their rights have been violated may contact the school's administration or file a complaint with:

Student Privacy Policy Office (SPPO)
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920
(202) 260-3887

Informal inquiries may be sent to FPCO via the following email address: FERPA@ED.Gov

For additional information please visit the SPPO website at the following address:
<https://studentprivacy.ed.gov/>

Complaints should be reported as soon as possible, but not later than 180 days from the date you learned of the circumstances of the alleged violation.

RIGHTS UNDER THE PROTECTION OF PUPIL RIGHTS AMENDMENT

The Protection of Pupil Rights Amendment (PPRA) affords parents certain rights regarding the use of surveys or other school activities which may involve the collection or use of protected information. These include the right to:

Consent before students are required to participate in any survey, analysis, or evaluation that reveals information, whether personally identifiable or not, concerning the student's or any family member's:

- [a] political affiliations or beliefs;
- [b] mental or psychological problems;
- [c] sexual behavior, orientation, or attitudes
- [d] illegal, anti-social, self-incriminating, or demeaning behavior;
- [e] critical appraisals of others with whom the student or family have close family relationships;
- [f] legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
- [g] religious practices, affiliations, or beliefs; or
- [h] income, other than as required by law to determine program eligibility.

Receive notice and an opportunity to opt a student out of activities involving collection, disclosure, or use of personal information obtained from students regarding any of the protected information areas.

Inspect, upon request and before administration or use of:

- [a] protected information surveys designed to be administered to students; and
- [b] instructional material used as part of the educational curriculum.

Davis School District has policies in place to protect student privacy as required by both State and Federal law. **[name of your school]** will directly notify you of the specific or approximate dates of activities which involve the collection or use of protected information and provide an opportunity to opt your student out of participating in such activities.

Parents who believe their rights have been violated may contact the school's administration or file a complaint with:

Student Privacy Policy Office (SPPO)
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920
(202) 260-3887

Informal inquiries may be sent to FPCO via the following email address: PPRA@ED.Gov

For additional information please visit the SPPO website at the following address:
<https://studentprivacy.ed.gov/>

PLEDGE OF ALLEGIANCE

The Pledge of Allegiance to the Flag shall be recited by students at the beginning of each school day in each public school classroom in the State, led by a student in the classroom, as assigned by the classroom teacher on a rotating basis. Participation in the Pledge is voluntary and not compulsory.

RELIGIOUS EXPRESSION IN PUBLIC SCHOOLS

In compliance with existing federal and State law regarding religion and religious expression in public schools, the District or school may neither advance nor inhibit religion. It is the District's policy to: 1) allow students and employees to engage in expression of personal religious views or beliefs within the parameters of current law; and 2) maintain the schools' official neutrality regarding sectarian religious issues according to the constitutional principle of separation between church and state.

PARENTAL RIGHTS IN PUBLIC EDUCATION

The Davis School District and **[name of your school]** shall reasonably accommodate ** a parent's:

- Written request to retain a student in kindergarten through grade 8 on grade level based on the student's academic ability or the student's social, emotional, or physical maturity.
- Written request, prior to scheduled event, to excuse the student from attendance for a family event or a scheduled proactive visit to a health care provider. *(Student agrees to make up course work for school days missed for the scheduled absence).*
- Written request to place a student in a specialized class, a specialized program, or an advance course. *(In determining whether placement is reasonable, the District shall consider multiple academic data points).*
- Request to excuse the student from taking an assessment that is federally mandated, is mandated by the state, or requires the use of a state assessment system or software that is provided or paid for by the state.
- Initial selection of a teacher or request for a change of teacher.
- Request to visit and observe any class the student attends.
- Request to meet with a teacher at a mutually agreeable time if unable to attend a regularly scheduled parent teacher conference.

Each accommodation shall be considered on an individual basis and no student shall be considered to a greater or a greater or lesser degree than any other student.

**Reasonably accommodate for purposes of this section means the District or school shall make its best effort to enable a parent to exercise a parental right specified here without substantial impact to staff and resources, including employee working conditions, safety and supervision on school premises and for school activities, and the efficient allocation of expenditures; while balancing: the parental rights of parents; the educational needs of other students; the academic and behaviorally impact to a classroom; a teacher's workload; and the assurance of the safe and efficient operation of a school.

The parental rights specified here do not include all the rights or accommodations available to parents from the public education system.

MEAL CHARGES IN SCHOOLS

The purpose of these procedures is to establish consistent meal charging and collection procedures districtwide. The District's goals are:

- To maintain a positive experience for students during meal service.
- To treat all students with dignity and respect.
- To establish practices which are age appropriate.
- To minimize meal charges and encourage parents to pre-pay for all meals.
- To promote parents' responsibility for meal payment and self-responsibility of the student.

Meal Accounts: Payment in advance for meals enables the District to achieve these goals. Personal checks and cash deposits are accepted daily at the schools. For convenience, deposits may also be made by credit/debit card through a parent's myDSD account.

Emergency Meal Service: The Board of Education acknowledges that on occasion, students may forget or lose meal money. In such cases, the student's statement of need shall be accepted, and a meal will be made available. School lunch employees shall not, withhold a meal, provide an alternate meal, pull a student from the line, ask the student to call his parent or friend, stamp the student's hand, or otherwise call attention to the student who has forgotten or lost meal money. A school lunch employee may remind a student *attending a secondary school* that his account is in the negative. **The cost of the unpaid meal will be charged to the student's account.**

Evaluate Individual Circumstances: When a student repeatedly comes to school without a meal from home or money to participate in the school meal program, school administrators should consider if circumstances in the home warrant contacting social workers or Child Protective Services. Frequent requests may indicate the family's need for free- or reduced-price meals. School administrators may work with the family to apply for school meal benefits. **All meals eaten before a free- or reduced-price meal application is processed and approved are the responsibility of the parent and must be paid for.**

Repayment for Meal Charges and Bad Checks: Federal guidelines prohibit the Food and Nutrition operation from writing off bad debts as a result of charged meals. Every effort will be made to collect for unpaid meals. Unpaid meal charges may result in the following:

- An automated telephone call to the parent.
- An email sent to the parent.
- A verbal reminder to student attending a secondary school.
- School lunch manager contact parents by phone or notes in teacher mailboxes.
- In case of significant delinquent payments, a letter will be sent home from the Food and Nutrition Department.

Parents are responsible to pay all their student's meal charges. All unpaid charges will be added to the list of any outstanding fees or unpaid fines at the end of the school year. Uncollected meal charges shall be handled the same as other school debt.



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