

**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.**

<b>FOR SCHOOL USE ONLY:</b>		Proof of Residence	Immunization	Variance	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											
		<b>Ethnicity</b> (Choose one):			<b>Race</b> (Choose one or more, regardless of Ethnicity):																		
<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Not Hispanic/Latino		<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. _____											
<b>Father Guardian Information</b>						<b>Mother Guardian Information</b>																	
Last Name		First Name		Middle Name		Suffix		Last Name		First Name		Middle Name		Suffix									
Address		City		State		Zip		Apt #		Primary Phone		Address		City		State		Zip		Apt #		Primary Phone	
Mailing Address (if different)		City		State		Zip		Apt #		Secondary Phone		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:				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Work Phone:				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No											
Ext. _____				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No				Ext. _____				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No											
Email Address _____						Email Address _____																	
<b>Other Guardian Information</b>						<b>Physical Status of Student</b>																	
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											
<b>Physician</b>						<b>Special Programs student currently receives</b>																	
Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician _____				Phone Nbr _____											
Work Phone:				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> 504				<input type="checkbox"/> ESL											
Ext. _____				Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Spec Ed/Resource - Speech and Language				<input type="checkbox"/> Title I											
Email Address _____																							
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**

**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
- 6 - ARSR Site Francis Peak
- 7 - Dugway Proving Grds Tooele, Dugway
- 10 - Fort Douglas Salt Lake City
- 12 - Tooele Army Depot Tooele
- 13 - VA Hosp 500 Foothill Dr - Ft Douglas Sta., SLC
- 15 - IRS 1160 West 1200 South, Ogden
- 17 - Army Reserve Center Salt Lake City
- 18 - Courthouse & Fed Office Bldg 25th St - Grant Ave - 24th St - Kiesel St., Ogden
- 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
- 31 - Forest Service 857 West South Jordan Parkway, South Jordan, UT

**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: \_\_\_\_\_

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

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please provide the service  Language \_\_\_\_\_