



Davis School District

FARMINGTON HIGH SCHOOL

New Student Checklist Information

Please provide the school with the following information when you come to enroll at Farmington High School.

1. A **PARENT/LEGAL GUARDIAN** with Photo ID must be present at the time of registration.
2. An **Original Birth Certificate**.
3. An **Unofficial Transcript** or **Current Report Card** is Required for Registration.
4. Copy of **Complete Immunizations**

The following are state required

5 DTP/DtaP/DT – 4 doses if 4th dose was given on/after 4th birthday

4 Polio — 3 doses if 3rd dose was given on/after 4th birthday

2 Measles, Mumps, Rubella (MMR)

3 Hepatitis B

2 Hepatitis A

2 Varicella (Chickenpox) - history of the disease is acceptable, requires a signed document from healthcare provider

1 Tdap

1 Meningococcal

Or an exemption form available at www.immunize.utah.gov. Must complete the online education module and return exemption form to school.

5. **PROOF OF RESIDENCY** - A list of required document options is available on the residency form.
6. **Does your student have an IEP or 504?** Yes No
If yes, you **Must Provide a Copy** of those Documents before your student can be registered.
7. **Student Information Card** - Must be completely filled out (both sides) and signed by a parent.
8. **Guardianship Status Form** - If items 2-5 on status form are checked, legal documentation is required.
9. **Registration Fees Must be Paid Upon Enrollment** - Please see main office secretary for assistance.

Registration cannot be completed until these dates and forms are provided.

**FARMINGTON HIGH SCHOOL
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 | |

| | | | | | | | |
|--|--|---|--|---|--|-------------------------|--|
| Ethnicity (Choose one): <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 | 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: _____ Work Phone: _____ Ext. _____ | | | Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No | | Workplace: _____ Work Phone: _____ Ext. _____ | | | Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Resides With <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 # _____ 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: _____ Work Phone: _____ Ext. _____ | | | | | Physician _____ Phone Nbr _____ | | | | |
| Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Special Programs student currently receives <input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource - Speech and Language <input type="checkbox"/> Title I | | | | |
| Email Address _____ | | | | Last 4 Digits of Ssno for online lunch payment _____ | 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

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 - Orbital ATK Promontory North Plant Brigham City
- 5 - A N G Facility Salt Lake City Intl. Arprt #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 - Orbital ATK, Inc. 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. Arprt., 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 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 _____



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.**

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.

Davis School District

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 boundaries. Exceptions to this may only be granted through the Boundary Variance process or the Student Services Department.

Student's Name _____

Student's Birth date _____

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.

* 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 through the courts

** I am not listed on the birth certificate, but have established paternity

**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 or proctor parent.

Caseworker Name _____ Phone# _____

None of the above statements describe my relationship to this child. (Please explain)

Your Name: _____ Address: _____

Your Signature: _____ Date _____

* A copy of the birth certificate is required

** To assist us in complying with court orders, please provide us with a copy of all legal documents.

*** DCFS, Foster Care or Youth Corrections placement requires a District Case Management Team staffing with the Caseworker, prior to enrollment.

All Foreign Exchange Students must process through Student Services

_____ School
Proof of Residency Procedures

To be enrolled in _____ 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 OR two documents 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 • 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 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 registration or 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 |
| <p>The following do not establish residency:</p> <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: _____

*If the student has a sibling currently attending this school for which Proof of Residency has already been presented, school staff **may** consider the prior documentation to be sufficient for this student.*

Name 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: _____



Farmington High School

New/Transfer Student Record Release

This certifies that the student named below has enrolled at Farmington High School.
Please forward the academic records to the date of withdrawal.

| | | |
|--------------|-----------|---------------|
| Student Name | Birthdate | Current Grade |
|--------------|-----------|---------------|

| | |
|------------------------------|------|
| Name of School Last Attended | Date |
|------------------------------|------|

Address of School

Phone Number

Please include the following information:

- **Official Transcript**
- Cumulative Record or similar record
- Birth Certificate
- Medical and Immunization Records
- Pertinent Test Scores-Competency/End of Level Testing
- Withdrawal grades and date of withdrawal (if applicable)
- Explanation of Grading System
- Discipline/Safe School Information
- Special Education Records (if applicable)

The Federal Law 9931 allows for educational records to be sent to other educational agencies without the parent's signature requirement.

Please forward all records to:

Farmington High School
Attn: Registrar
548 West Glovers Lane
Farmington, Utah 84025

Records can be emailed to:

scloward@dmail.net

Thank you,
Farmington High Registrar
801-402-9079