

DAVIS HIGH SCHOOL STUDENT DEMOGRAPHIC FORM

Davis School 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	Birth Certificate	Guardian ID	MV Form	Transcripts Requested	Transcripts Received	Immunizations	IEP	504	SSID				
Student's Legal Last Name		Legal First Name		Middle Name		Suffix	Preferred Name:		Parent App'd	Date of Birth		Grade in School			
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (Choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Race (Choose one or more, regardless of Ethnicity): <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White											
Last School:				Address:		If Born Outside U.S.: Country: _____ Date Entered U.S.: _____									
Father/Guardian 1 Information						Mother/Guardian 2 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:				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
				Mailings		<input type="checkbox"/> Yes	<input type="checkbox"/> No					Mailings		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Address:					Last 4 Digits of SSN			Email Address:					Last 4 Digits of SSN		
Other Legal 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 Concerns/Diagnosis:							
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									
						Physician Info									
Workplace:				Economic Guardian		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physician:				Phone #			
Work Phone:				Resides With		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special Programs student currently receives							
				Mailings		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 504		<input type="checkbox"/> ESL	<input type="checkbox"/> Spec Ed/IEP-Speech and Language		<input type="checkbox"/> Title I		
Email Address:					Last 4 Digits of SSN			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 student learned to speak? _____									
What language do you speak most often at home (parents or guardians)? _____						What is the first language you learned to speak (Guardians)? _____									

PLEASE FILL OUT BOTH SIDES

EMERGENCY CONTACTS and Pick-up Authorization (Enter at least two)				
Contact (Other than guardian)	Relationship	Cell Phone#	Alt. Phone#	
Father Military/Federal Employment Information			Federal Facilities/Codes	
<div>Military<div>Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____</div><div>Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non-US Military Non-US Military Country: _____</div><div>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 Other: _____</div><div>Rank:_____ Unit: _____</div></div>			<div>3 - Hill Air Force Base Clearfield</div> <div>4 - Orbital ATK Promontory North Plant Brigham City</div> <div>5 - A N G Facility Salt Lake City Intl. Arpt #1, SLC</div> <div>6 - ARSR Site Francis Peak</div> <div>7 - Dugway Proving Grds Tooele, Dugway</div> <div>8 - Fed Depot Clearfield</div> <div>10 - Fort Douglas Salt Lake City</div> <div>11 - NG Facility Camp Williams, Lehi</div> <div>12 - Tooele Army Depot Tooele</div> <div>13 - VA Hosp 500 Foothill Dr - Ft Douglas Sta., SLC</div> <div>15 - IRS 1160 West 1200 South, Ogden</div> <div>16 - Orbital ATK, Inc. Bacchus Works Magna - Plant 81</div> <div>17 - Army Reserve Center Salt Lake City</div> <div>18 - Courthouse & Fed Office Bldg 25th St - Grant Ave - 24th St - Kiesel St., Ogden</div> <div>19 - FAA Bldg 2150 W. Sixth St - N Intl. Arpt., SLC</div> <div>20 - Fed Office Bldg 125 S. State St - 1st S., SLC</div> <div>21 - Forest Serv Bldg 507 25th - 504 24th - Adams St., Ogden</div> <div>22 - Job Corps Cons Str (#323) Mil Springs - Weber Basin Ogden</div> <div>23 - Frank E. Moss Courthouse 350 S. Main St., SLC</div> <div>24 - Utah Defense Depot Ogden</div>	
<div>Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form)</div> <div>Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Federal Facility Name/Code: _____</div>			<div>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</div> <div>Contractor Name: _____</div> <div>Hours per day at facility: _____</div>	
Mother Military/Federal Employment Information				
<div>Military<div>Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____</div><div>Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non-US Military Non-US Military Country: _____</div><div>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 Other: _____</div><div>Rank:_____ Unit: _____</div></div>				
<div>Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form)</div> <div>Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Federal Facility Name/Code:_____</div>				<div>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</div> <div>Contractor Name: _____</div> <div>Hours per day at facility: _____</div>
Other Military/Federal Employment Information				
<div>Military<div>Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____</div><div>Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non-US Military Non-US Military Country: _____</div><div>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 Other: _____</div><div>Rank:_____ Unit: _____</div></div>				
<div>Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form)</div> <div>Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Federal Facility Name/Code: _____</div>				<div>Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS)</div> <div>Contractor Name: _____</div> <div>Hours per day at facility: _____</div>
Parent/Legal Guardian Signature		Date	<input type="checkbox"/> Translation Services Needed Language: _____	