



HISTORY OF SERVICES

Student Name: _____ Grade: _____

Last School Attended: _____

	Yes	No
Is your child currently taking any online classes, home-school classes, or taking classes elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently receiving Special Education or Resource Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever received Special Education or Resource Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been tested for Special Education Services?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a 504 Plan to accommodate a disabling condition?	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature: _____ Date: _____

**CENTENNIAL JUNIOR HIGH
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 R227-726 (1-5).

This information will be handled confidentially and will be used only for the purpose 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		Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No Response											
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	Suffix	Last Name		First Name		Middle	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				
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					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	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:							
						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							
Mailing Address (if different)		City	State	Zip	Apt #	Cell/Alt Phone	Physician						
						Physician			Phone Number				
						Special Programs student currently receives							
Workplace:			Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Spec Ed. Preschool <input type="checkbox"/> Speech and Language							
Work Phone: Ext.			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		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 (parent or guardians)? _____							

Emergency Contacts and Authorization to Pick Up (enter at least two)					Preschool Children in Home	
Contact (other than guardian)	Relationship	Phone Number	Ext.	Cell/Alt. Phone	Name	Birthday
Father Military/Federal Employment Information					Federal Facilities/Codes	
Military Active duty in Military: ___ Yes ___ No Date Activated: _____ Military: ___ U.S. Military ___ Non U.S. Military Non U.S. Military Country: _____ Branch: ___ Air Force ___ Air Force Reserve ___ 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 25 th St – Grant Ave – 24 th St – Kiesel St., Ogden 19 – FAA Bldg 2150 W. Sixth St – N Intl. Arpt., SLC 20 – Fed Office Bldg 125 S. State St – 1 st S., SLC 21 – Forest Serv Bldg 507 25 th – 504 24 th – 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: _____						
Mother Military/Federal Employment Information						
Military Active duty in Military: ___ Yes ___ No Date Activated: _____ Military: ___ U.S. Military ___ Non U.S. Military Non U.S. Military Country: _____ Branch: ___ Air Force ___ Air Force Reserve ___ 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: ___ U.S. Military ___ Non U.S. Military Non U.S. Military Country: _____ Branch: ___ Air Force ___ Air Force Reserve ___ 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: _____	
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: _____	

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



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

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: _____

**DIRECTORY INFORMATION
WITHHOLD RELEASE REQUEST**

To: All Parents with Students in the Davis School District.

School Year: _____

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. The items listed below are designated as “directory information” by the Davis School District and may be released for appropriate reasons at the discretion of your child’s school. [UCA §§ 53A-13-3-1, et seq.] Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the release of any or all of the information listed below:

- Student’s name
- Student’s address
- Student’s telephone number
- Student’s date of birth
- Parent’s email address
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees and awards received
- Most recent educational institution attended by the student
- Photography

Please consider very carefully your decision to withhold any item of “directory information.” Should you decide to inform your child’s school not to release any or all of the items listed above, any future requests for such information from individuals or entities not affiliated with the Davis School District will be refused. Please indicate here your request to withhold any or all of the above items:

A new form for non-release must be completed each school year.

Parent’s Name _____ Student’s Name _____

Please Print

Please Print

Parent’s Signature: _____ Date: _____