

**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		SSID	
Student's Legal Last Name		Legal First Name		Middle Name		Suffix		Preferred Last Name		Preferred First Name	
								Date of Birth	Grade in School		
___ Male ___ Female ___ Hispanic/Latino ___ Not Hispanic/Latino		Ethnicity (Choose one):		Race (Choose one or more, regardless of Ethnicity): ___ Black or African American ___ American Indian or Alaskan Native ___ Asian ___ Native Hawaiian or Pacific Islander ___ 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	
Address		City		State Zip Apt #		Primary Phone (____)____-____		Address		City	
Mailing Address (if different)		City		State Zip Apt #		Secondary Phone (____)____-____		Mailing Address (if different)		City	
Workplace:				Economic Guardian ___ Yes ___ No				Workplace:			
Work Phone: (____)____-____ Ext.				Resides With ___ Yes ___ No				Work Phone: (____)____-____ Ext.			
				Mailings ___ Yes ___ No				Resides With ___ Yes ___ No			
								Mailings ___ Yes ___ 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		___ Glasses/Contacts ___ Hearing Aid ___ Physical Problems ___ Daily Medication			
								Health Problems:			
Address		City		State Zip Apt #		Primary Phone (____)____-____					
Mailing Address (if different)		City		State Zip Apt #		Secondary Phone (____)____-____		Special assistance required for student to attend school: ___ Transportation ___ Adult Assistance ___ Wheelchair ___ Special Equipment			
Workplace:				Economic Guardian ___ Yes ___ No				Physician			
Work Phone: (____)____-____ Ext.				Resides With ___ Yes ___ No				Phone Nbr (____)____-____			
				Mailings ___ Yes ___ No							
Email Address				Last 4 Digits of Ssno for online lunch payment		Special Programs student currently receives					
						___ 504 ___ ESL ___ Spec Ed/Resource - Speech and Language ___ Title I					
Absence Notification											
						___ Email ___ Internet ___ Phone ___ 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)					Pre-Elementary Age Children		D.O.B		
Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone					
Father Military/Federal Employment Information					Federal Facilities/Codes				
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ 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 _____ Rank: _____ Unit: _____					3 - Hill Air Force Base Clearfield 4 - ATK Promontory North Plant 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				
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____				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 - Alliant Tech Bacchus Works Magna - Plant 81 17 - Army Reserve Center Salt Lake City
Mother Military/Federal Employment Information									
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ 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 _____ Rank: _____ Unit: _____					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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ 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 _____ Rank: _____ Unit: _____									
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____					If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language _____				
Date _____									