



Welcome to South Weber Elementary!

Registration Packet

What to Bring in Addition to this Packet

- Original Birth Certificate (issued by State. Unfortunately, we cannot accept hospital certificates)
- Photo ID of one of the parents listed on the child's birth certificate
- Proof of Residency (two forms of documentation showing primary residence lies within school boundaries) Acceptable documents listed on page 7.
- Original Immunization Record
- Legal Documents related to child custody if applicable
- Contact information for at least two local emergency contacts

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**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
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 Ethnicity (Choose one): <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	Race (Choose one or more, regardless of Ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
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School Last Attended Address City State Zip Apt # Home Phone Cell/Alt. Phone	If Born Outside U.S. What Country Date Entered U.S.
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Father Guardian Information				Mother Guardian Information			
Last Name	First Name	Middle Name	Suffix	Last Name	First Name	Middle Name	Suffix
Address	City	State	Zip	Address	City	State	Zip
Mailing Address (if different)	City	State	Zip	Mailing Address (if different)	City	State	Zip
Workplace:	Economic Guardian	Yes	No	Workplace:	Economic Guardian	Yes	No
Work Phone:	Resides With	Yes	No	Work Phone:	Resides With	Yes	No
Email Address	Mailing	Yes	No	Email Address	Mailing	Yes	No

Other Guardian Information				Physical Status of Student			
Last Name	First Name	Middle Name	Suffix	Glasses/Contacts	Hearing Aid	Physical Problems	Daily Medication
Address	City	State	Zip	Health Problems:			
Mailing Address (if different)	City	State	Zip	Special assistance required for student to attend school:			
Workplace:	Economic Guardian	Yes	No	Transportation	Adult Assistance	Wheelchair	Special Equipment
Work Phone:	Resides With	Yes	No	Physician			
Email Address	Mailing	Yes	No	Physician			
				Phone Nbr			

Special Programs student currently receives 504 ESL Spec Ed/Resource Title I Special Ed. Preschool Speech and Language			
Absence Notification Email Internet Phone No Notification			

What language does your son or daughter speak most often at home? What language do you speak most often at home (parents or guardians)?	What is the first language your son or daughter learned to speak? What is the first language you learned to speak (parents or guardians)?
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PLEASE FILL OUT BOTH SIDES

Warehouse #01040530

Emergency Contacts and Authorization to Pick Up (enter at least two)				Preschool Children in Home		
Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone	Name	Birthday

Father Military/Federal Employment Information				Federal Facilities/Codes	
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: <input type="text"/> Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: <input type="text"/> Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Other <input type="text"/> Rank: <input type="text"/> Unit: <input type="text"/>				3 - Hill Air Force Base Clearfield 4 - ATK Promontory North Plant Brigham City 5 - A N G Facility Salt Lake City Intl. Apt #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 - Alliant Tech 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. Apt., 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) Mill 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 Contractor Name: <input type="text"/> Hours per day at facility: <input type="text"/>					
Mother Military/Federal Employment Information					
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: <input type="text"/> Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: <input type="text"/> Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Other <input type="text"/> Rank: <input type="text"/> Unit: <input type="text"/>					
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Other Military/Federal Employment Information					
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: <input type="text"/> Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: <input type="text"/> Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Other <input type="text"/> Rank: <input type="text"/> Unit: <input type="text"/>					
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 Contractor Name: <input type="text"/> Hours per day at facility: <input type="text"/>					
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 Contractor Name: <input type="text"/> Hours per day at facility: <input type="text"/>					

Parent or Legal Guardian Signature <input style="width: 100%;" type="text"/>		Date <input style="width: 100%;" type="text"/>	
If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language <input style="width: 100%;" type="text"/>			



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

Student Information

Student Name _____ **Gender** ☐ Male ☐ Female **Date of Birth** _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Id, Tdap (D-Diphtheria, T-Tetanus, P- <i>Pertussis</i> , aP- <i>acellular Pertussis</i>)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday.					
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					
Meningococcal					

SCHOOL USE ONLY:

1. Exemption was granted for:

☐ Medical reason (Expires* on: _____)

☐ Religious belief

☐ Personal belief

*If the medical exemption is temporary, enter date.

2. Proof of Immunity (history of disease):

This student has proof of immunity for the following antigen (s):

☐ MMR

☐ Haemophilus influenza type b (Hib)

☐ Polio ☐ Pneumococcal

☐ Tdap ☐ Varicella (Chickenpox)

☐ DTaP ☐ Meningococcal

☐ Hepatitis A ☐ Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.

Immunization record received for this student is from: ☐ a statewide registry

☐ student's former school

☐ legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____

Date: _____

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2018
www.immunize.utah.org
(801)-538-9450

INSTRUCTIONS: This form must be completed for enrollment in a school. A school is defined as any public or private, elementary or secondary school through grade 12, preschool, child care program, nursery school, or kindergarten. A student is defined as an individual who attends a school. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- 5 doses of DTaP/DTaP/DT/DTaP – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles-containing vaccine must be given on or after the 1st birthday.
- 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday.
- 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
- 1 dose of Meningococcal – required for students prior to 7th grade entry. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

b. Children enrolled in preschool, child care program, or nursery school must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Immunization Record Received For This Student: Check the appropriate box. In Utah, the statewide immunization registry is called USIS (Utah Statewide Immunization Information System). Legally responsible individual of the student is defined as the student's parent, the student's legal guardian, an adult brother or sister of a student who has no legal guardian, or the student, if the student is an adult, or is a minor who may consent to treatment under consent of minor to treatment. (Section 26-10-9)

When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist. Written proof is required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

School Use Only:

1. Exemption: If the student has an exemption, check the box for the type of exemption. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, enter expiration date.

Exemption Procedures:

Students claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module at www.immunize-utah.org or in-person consultation at a local health department. A copy must be presented to the school or child care official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. The school or child care program must attach the copy to this record.

Medical Exemption: For a medical exemption from required immunizations, the legally responsible individual of the student must provide to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

2. Proof of immunity (history of disease): If the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. **If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen. The document must be attached to this record.**

Maintaining a List of Students' Immunization Status: Utah School Immunization Law requires schools and child care facilities to maintain a current list of all enrolled students, including:

- 1) students who have a valid and complete immunization record, 2) students who are exempt from receiving the required vaccines, and 3) students who are allowed to attend school under conditional enrollment status.

South Weber Elementary

Proof of Residency Procedures

To be enrolled in South Weber Elementary 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: (1) provide a notarized statement from the person you are living with stating that you and your child(ren) live there, the address, and for what period of time, AND (2) documentation showing that the person you are living with resides within district and school boundaries (see 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"> • Powers of Attorney • Letters from friends or relatives • Property owned in school district boundaries • 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: _____

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.*

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.

Student Name: _____

Student Birth date: _____

- ☐ 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/guardianship through the courts
 - ☐ I am a single parent and the only parent listed on the Birth Certificate
- ☐ **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 parent
- ☐ None of the above statements describe my relationship to the child. (Please explain)

Your Name _____

Your Signature _____

Date _____

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

** Verification of court orders, DCFS placement, or letter of authorization from Davis District must be provided prior to the child being enrolled.

All Foreign Exchange Students must process through Student Services.



**Student Information Questionnaire
McKinney-Vento Eligibility
Davis School District**

This voluntary questionnaire is intended to address the McKinney-Vento Homeless Assistance Act

42 U.S.C.11431 et seq. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

**If you answered YES to either of the above questions, please complete the remainder of this form.
If you answered NO to both questions, you may stop here.**

Which of the situations below apply to the student?

- ☐ H1 Student is sharing a residence with one or more families because of economic hardship.
- ☐ H2 Student is living in a motel or hotel.
- ☐ H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
- ☐ H4 Student is living in a car, park, campground, or public place
- ☐ H5 Student is living in a place without adequate facilities (not designed for heat, electricity water).
- ☐ H6 Student is seeking enrollment without an accompanying parent (not in foster care).

- **Please notify the school if your living status changes.**
- **If a false claim is made about your living situation, enrollment may be affected.**

Student Name: _____ School: _____

Date: _____ Grade: _____ Gender: _____

Names and ages of school age and preschool age children: _____

Parent Signature: _____

**Parents: If you have any questions concerning this form or a homeless situation, please contact the
Davis School District Homeless Liaison at 402-5609.**

School: Please return those forms indicating a temporary residence to "District Homeless Liaison" at the District Office. Thank you.

South Weber Elementary
1285 E. Lester Drive
South Weber, UT 84405
Phone: 801-402-3750 Fax: 801-402-3751
Brooke Paras, Principal

REQUEST FOR STUDENT RECORDS

Date of Request: _____

To: _____ (school last attended)

_____ (address)

Phone: _____ Fax: _____

The following student(s) have transferred to South Weber Elementary in the Davis School District. Please send the information below to the address above as soon as possible.

STUDENT NAME

GRADE

TEACHER

Requested information to include:

- Health and Immunization Records
- Special Education Data
- Grade Transcripts
- Testing Information
- Other

Parent Name: _____ Parent Signature: _____

Thank you,

Brooke Paras, Principal

Kindergarten Session Request (only fill out if you are registering a Kindergarten student)

We do our best to accommodate requests, but cannot guarantee session placement. Please do not request a specific teacher. Thank you!

Are you and your child residents of South Weber? _____

Student Name: _____

Parent Name: _____

Home Address: _____

Phone #: _____

Day Care Name, Address, Phone (if applicable): _____

Please circle preferred session:

AM PM No Preference

A.M. Kindergarten Schedule

Monday – Thursday 9:00 – 11:40

Friday 9:00 – 11:00 (early out schedule)

P.M. Kindergarten Schedule

Monday – Thursday 12:55 – 3:35

Friday 11:25 – 1:25 (early out schedule)

Please call Anena Roberts, K2 Secretary at (801) 402-3770 with any questions.