

Weber School District Student Information Form

Revised 1.26.18

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 purpose noted in the law or rule. This information will not subject you to any unfair or discriminatory treatment

Student's Full Legal Name			Last		First		Middle		Preferred Last Name			Preferred First Name			Birth Date		Place of Birth			Grade														
Student Home Phone			Student Cell Phone			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Native Language		School Last Attended			Address			If Born Outside U.S. What Country		Date Entered U.S. Schools																
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"/> Asia <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native					Tribal Affiliation (if AI/AN)																								
Student Lives With										Special Programs Student Currently Receives or Have Received																								
<input type="checkbox"/> Father					<input type="checkbox"/> Mother					<input type="checkbox"/> Grandparent					<input type="checkbox"/> 504 Accommodations					<input type="checkbox"/> Title 1					<input type="checkbox"/> Speech/Communication									
<input type="checkbox"/> Stepfather					<input type="checkbox"/> Stepmother					<input type="checkbox"/> Foster Parent					<input type="checkbox"/> Other _____					<input type="checkbox"/> Special Ed/Resource					<input type="checkbox"/> English Language Learners					<input type="checkbox"/> Other _____				
Is there a governing parent plan/custody plan in place for this student? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please provide plan)																																		
Primary Parent/Guardian Information																																		
Last Name					First Name					Middle Name					Relationship to Student					Active Duty Military														
Residence Address										City					State					Zip					Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No									
Mailing Address										City					State					Zip					Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No									
Home Phone			Cell Phone			Employer					Phone					Ext					Branch: Rank:													
Employed at Federal Facility										__ Hill AFB					__ Ft Douglas					__ Fed Office Bldg														
__ Contractor at HAFB										__ VA Hospital					__ Forest Serv Bldg																			
__ ANG Facility										__ FAA Bldg					__ Tooele Army Depot																			
__ IRS										__ UT Defense Depot					__ Fed Depot																			
__ Federal Bldg										__ Army Resv Ctr					__ Dugway Proving Grds																			
__ Fed Admin Bldg										__ NG Facility					__ Other: _____																			
Additional Parent/Guardian Information																																		
Last Name					First Name					Middle Name					Relationship to Student					Active Duty Military														
Residence Address										City					State					Zip					Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No									
Mailing Address										City					State					Zip					Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No									
Home Phone			Cell Phone			Employer					Phone					Ext					Branch: Rank:													
Employed at Federal Facility										__ Hill AFB					__ Ft Douglas					__ Fed Office Bldg														
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__ ANG Facility										__ FAA Bldg					__ Tooele Army Depot																			
__ IRS										__ UT Defense Depot					__ Fed Depot																			
__ Federal Bldg										__ Army Resv Ctr					__ Dugway Proving Grds																			
__ Fed Admin Bldg										__ NG Facility					__ Other: _____																			
Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)																																		
Last Name					First Name					Middle Name					Relationship to Student					Active Duty Military														
Residence Address										City					State					Zip					Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No									
Mailing Address										City					State					Zip					Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No									
Home Phone			Cell Phone			Employer					Phone					Ext					Branch: Rank:													
Employed at Federal Facility										__ Hill AFB					__ Ft Douglas					__ Fed Office Bldg														
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__ IRS										__ UT Defense Depot					__ Fed Depot																			
__ Federal Bldg										__ Army Resv Ctr					__ Dugway Proving Grds																			
__ Fed Admin Bldg										__ NG Facility					__ Other: _____																			

Other School-Age Children in the Home				
Name	Sex	Birth Date	School	Relationship to Student
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____

Emergency Contacts: (Please include at least two people authorized to check out student if parent/guardian is unavailable)				
Name	Relationship	Phone (w/area code & ext.)	Alternate Phone (w/area code & ext.)	Permission to Check Out
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclosure Statement

Weber School District Policies and Procedures

On the school web site are the following Weber School District Policies: WSD Attendance & Truancy Policy, WSD Acceptable Use for Computer Network Communications, FERPA, Student Discipline Policy (including Safe School Policy), and Locker Agreement. <http://wsd.net>

Also on the school web site are school policies: Class Change Policy, Eligibility, Sexual Harassment, Cell Phone/Electronic Devices and Dress Code Policies.

Please read each one carefully and review and discuss them.

I have read all policies and agree to abide by all provisions. I understand that I am ultimately responsible for my child's actions and, where applicable, agree that any violation of these policies may result in appropriate disciplinary actions.

Student Signature

Date

Parent/Guardian Signature

Date

Additional Information

Does the student have a caseworker with the Division of Youth Corrections or the Division of Child and Family Services? No Yes (If yes, attach a copy of the "Required Intake Information" form.)

Is the student coming from an alternative school such as a diversion program, wilderness program, detention center, treatment program or hospital, a longer-term suspension/expulsion from any school or a drop out status? No Yes

Parent/Guardian Information Signature

It is a class B misdemeanor in Utah to knowingly make any false written statement to a public servant while he or she is performing an official function (Utah Code 76-8-505).

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature _____ Date _____

Has any student information changed since last year? Yes No

**WEBER SCHOOL DISTRICT
VERIFICATION OF ADDRESS**

So that school officials can make an appropriate student placement and provide a safe school environment, the guardian (natural parent with custodial rights or adult granted custodial rights by the court or the school district) must provide the information requested below.

STUDENT NAME _____

ADDRESS _____

PHONE NUMBER _____

GUARDIAN NAME _____

PROOF OF RESIDENCY: (Provide two forms or Residence Disclosure if applicable)

- _____ Utility Bill
- _____ Driver's License
- _____ Lease agreement or rent receipt
- _____ Other (Please specify)

RESIDENCE DISCLOSURE: If student and parent(s)/guardian(s) move in with another family in the school's boundary, the Residence Disclosure form and Homeless Student Identification form (if applicable) should be used. The home owner/renter may be asked to provide two forms of proof of residency (as listed above) to establish residency in the school boundary.

It is a class B misdemeanor in Utah to knowingly make any false written statement to a public servant while he or she is performing an official function (Utah Code 76-8-504)

I hereby certify that I reside at the address stated. I also certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.

Guardian's Signature _____ Date _____

Weber School District/Student Medical Information

(Update annually if medical information has changed or you are new to Weber School District)

In an effort to insure that your child's health is protected at school, we request that you provide the school with current information regarding the health of your student. This information will be kept confidential, and shared only with those who have direct contact with your child and have a need to know.

Student _____ Date of Birth _____

Grade _____ Teacher _____ Date _____ Guardian/Parent Home Phone _____ Cell Phone _____

Does your child have a medical condition (diagnosed by a doctor) that requires a Health Care Plan to help guide faculty and staff in providing care to your child to be kept on file at the school? Yes No Do you want a Health Care Plan? Yes No

Does your child have any of the following medical conditions the school should be aware of?

Yes No

- ADHD: Medications prescribed _____
- Life Threatening Allergies: _____
Medications to be kept at school for life threatening allergy: EpiPen/Auvi Q Benadryl
- Asthma: Medication to be kept at school: Inhaler _____ Nebulizer _____
- Bladder/Bowel problems (Diagnosed by Physician): Type/describe _____
- Diabetes: Type I Type II Medications _____
- Heart Conditions: Type/describe _____ Medications _____
- Mental Health conditions: Type/describe _____ Medications _____
- Seizures: Type/describe _____ Medications _____
- Special Dietary needs: (A Special Meal Request form is required for meal accommodations at school): _____
- Other Significant Medical Conditions that may impact your child while at school: _____

If your child will be taking medication at school, a Medication Authorization Form must be signed by the parent and physician before medications can be given at school. These forms must be updated each school year. These forms, as well as health care plans, can be obtained from the school, or under nursing department online at www.wsd.net.

My signature below indicates that I have read and understand the above statements. I will update this health information if/when changes occur.

Parent/Guardian Signature _____ Date _____

Weber School District Special

Services

(Update annually)

We request that you provide the school with current information regarding your child's educational services. This information will be kept confidential, and shared only with those who have direct contact with your child and have a need to know.

Student Name _____ Grade _____ Date _____

If your child is currently receiving any of the following educational services, please indicate by checking all services that apply:

Section 504 Plan

English as a Second Language (ESL) services

Special Ed/Resource services under Individuals with Disabilities in

Education Act (IDEA)

Title I services

English Language Learner (ELL) services Speech Communication services

Other (please describe) _____

Parent/Guardian Signature

Date

SCHOOL POLICIES SIGNATURE PAGE

This is a **required** page for registration completion.

STUDENT NAME _____ GRADE _____

Please check the appropriate item(s):

- I have read through the demographic page and there are NO changes needed.
- I have included the demographic page with changes made that I was not able to change through MyWeber (Portal).
- Is there a governing parent plan/custody plan in place for this student? Yes No
(If Yes, please provide plan.)

Attendance/Citizenship Policy, Acceptable Use Policy, Farr West Elementary School Policies and Procedures

In this online packet you have accessed copies of the Weber School District Attendance/Citizenship Policy, the WSD Acceptable Use Policy for Computer Network Communications, the Farr West Elementary School Policies and Procedures. Please read each one carefully and review and discuss them as needed, then sign in the appropriate spaces below. **THIS FORM, INCLUDING ALL REQUIRED SIGNATURES, MUST BE RETURNED AT THE TIME OF REGISTRATION.**

Weber School District Attendance/Citizenship Policy

I have read the Attendance/Citizenship Policy as described by Weber School District and agree to abide by the provisions under the Compulsory Education Act defined in Utah Code 53A-11-101.5.

Weber School District Acceptable Use Policy for Computers

I have read the Weber School District Acceptable Use Policy and agree to abide by its provisions. I understand that violation of the Use provisions stated in the policy may constitute revocation of network privileges FOR THE REMAINDER OF THE SCHOOL YEAR and may also warrant disciplinary action including suspension from school. I understand that although district administrators have taken reasonable precautions to ensure that controversial material is eliminated from the Internet Services provided by the district, students must take responsibility to be vigilant to avoid restricted areas. I hereby give permission to issue an account for my student.

Elementary School Policies and Procedures

I have read the Farr West Elementary School Policies and Procedures. I understand the expectations and agree to abide by those documented provisions.

Student Signature

Date

Parent/Guardian Signature

Date

UTAH DEPARTMENT OF HEALTH
UTAH IMMUNIZATION PROGRAM &
UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM

PERMISSION TO SHARE IMMUNIZATION INFORMATION

Student Name _____

Teacher _____ Grade _____ Date of Birth _____

School _____ School District _____
(if applicable)

Utah 53A-11-301 requires documentation of immunizations for school attendance.

The Utah Department of Health maintains a voluntary, confidential record system to assist parents/guardians, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunization history with USIIS will aid you, your child's health care provider, and the school to determine which immunizations your child has received and which may still be needed.

_____ I give my permission for the school to share my child's/legal dependent's immunization information with USIIS.

_____ I do not give permission for the school to share my child's/legal dependent's immunization information with USIIS.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

COMPLETE AND RETURN FOR NEW STUDENTS

**Weber School District
Race and Ethnicity**

Student Name _____ Date _____

Grade _____ Teacher _____

Please complete Part A and Part B.

Part A. Is this student Hispanic/Latino? *(Choose only one)*

- No, not Hispanic/Latino
- Yes, Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race.

No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child’s race to be.

Part B. Which of the following groups describe the student’s race? *(Choose one or more)*

- American Indian or Alaska Native (AIAN).** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Tribal affiliation (if AIAN) _____.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Tonga, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

For your information:

Ethnic group: Socially distinguishable from other groups and has developed its own subculture - which can include nationality, religion, and language - and has a shared feeling of “peoplehood.”

Race: A sociological designation identifying a group of people sharing outward physical characteristics.

School Office: This form is to be completed for every student during their **INITIAL ENROLLMENT**. The completed form is to go to your Counseling department and ELL teacher to determine whether the student(s) will be assessed for English Language Proficiency. A copy of this form must be kept in the **student's permanent file**.



Weber School District
Home Language Survey (HLS)
(To be completed by Parent or Guardian)



***This information cannot be used for immigration matters or reported to immigration authorities.**

Purpose: The Home Language Survey (HLS):

1. Shows a student whose home language is not English.
2. Shows a student who will be tested on the skills of listening, speaking, reading and writing in English because a language **other than English** is spoken at home.

Student's Last Name: _____ **Student's First Name:** _____ **Grade:** _____

Student's Country of Birth: _____ **Birthdate:** ____/____/____

1. If the student was not born in the United States, what date was the student first enrolled in a U.S school? **Date:** ____/____/____
2. Has your child attended school in the U.S. for more than three years? _____ Yes _____ No
3. What language does your child most frequently speak at home? _____
4. What language(s) do you (parent or guardians) use most often when you speak to your child?

5. What language is most often spoken in the home by (parents, guardians or other adults)? ___ English ___ other (please specify)

6. What language would you choose for school-to-home information? _____ English _____ other (please list)

7. Is your child from a refugee background? _____ Yes _____ No

Parents / Guardians / Family Members:

- The English proficiency test determines if your student needs a language support services program along with the regular education program.
- Your child is entitled to these language support services as a Civil Right.

I understand that if my child first spoke a language other than English, or if another language other than English is spoken in the home, my child's English language proficiency will be evaluated.

Parent / Guardian Signature _____ **Date** _____

Note: Federal and State regulations require schools to determine the language(s) spoken and understood by each student in order to provide appropriate instruction. This form must be completed for every student who speaks a language other than English or who comes from a home where a language other than English is spoken. This does not include students or parents who have learned a foreign language by taking classes or by other means (i.e., Dual Language Immersion programs, study abroad programs, religious service, etc.)



HOMELESS STUDENT IDENTIFICATION



This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Information received will help to determine the services this student may be eligible to receive.

Is your current living situation a temporary living arrangement?
Temporary living arrangement means lacking a fixed, regular, and adequate nighttime residence.
 Yes No

- If yes, which of the following situations apply?
- Student is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
 - Student is living in a motel or hotel.
 - Student is living in campground, cars, parks, abandoned buildings, bus or train stations, or other public places due to the lack of alternative adequate accommodations.
 - Student is living in an emergency shelter (domestic violence or transitional unit).
 - Student is abandoned in hospitals.
 - Student is living somewhere without adequate facilities (no running water, heat, and/or electricity).
 - If none of these apply, please explain your current situation:

Is the student in the physical custody of parent or legal guardian?
 Yes No

Would you like your student to receive free school lunch?
 Yes No

Name of Student	School	Grade

PARENT(S)/GUARDIAN(S) MUST NOTIFY THE SCHOOL IF STUDENT'S LIVING STATUS CHANGES.
A copy of Weber School District Policy 4750 Homeless Students, including the grievance procedure, is available upon request from the local school or by calling the District Office at 801-476-7811.

Parent Signature: _____ Date: _____

Principal / Administrator Signature: _____ Date: _____

District Homeless Liaison Signature: _____ Date: _____
(Director of Student Services)

FOR SCHOOL USE: Email or fax (801-476-7859) this form to Student Services immediately. Students will not receive free school lunch until this form is received and processed in Weber School District Student Services.



WEBER

SCHOOL DISTRICT

Preparing Students for Success

Unpaid Meal Charge Procedure

Purpose

The National School Lunch Program is a federally assisted meal program that provides students a well-balanced meal each day. All student meals are partially reimbursed by the National School Lunch Program when the household does not qualify for a free meal. Parents of children who do not qualify for the free meal benefit are required to make payments to the student account only for the portion of the cost that is not reimbursed by the National School Lunch Program.

The Unpaid Meal Charges Procedure is written to outline how Weber School District will communicate to parents/guardians about the process for managing unpaid meal charges on student accounts, the procedure for collecting balances that are negative, and to assure parents that no student should be embarrassed or confronted in collecting delinquent account balances.

Policy Information:

This policy will apply to all schools that participate in the National School Lunch Program within the Weber School District boundaries.

When a new student transfers into a school within the district, parents will receive the following information from the school:

- ▶ Prices of school meals
- ▶ Parent options to provide payment for school meals
- ▶ Application for free or reduced meal pricing benefits
- ▶ Information of collection procedures for delinquent lunch accounts

This information is available to all students.

Free/Reduced Benefit:

Weber School District Child Nutrition Department offers online access for the free and reduced benefit for the federally assisted meal. All applications will be available to families after July 1, of the approaching school year. Child Nutrition also provides each school site applications to distribute to all new students. Applications can also be downloaded from <http://wsd.net/departments/support/child-nutrition/resources> after July 1, of the approaching school year.

The completed application can be e-mailed to cnp@wsd.net or faxed to 801-476-7952.

Families may be eligible to receive benefits from Special Nutrition Assistance Program (SNAP), Utah TANF/FEP, or FDPIR. If the student is eligible, this benefit is automatically updated in our "School Lunch At Weber" (SLAW) program. Child Nutrition will send a letter to the household informing parents of the student's eligibility. Any family qualifying for these benefits do not need to submit a free/reduced application form.

Payment Options:

Parents have the option of paying student lunch accounts by bringing cash or check to the lunchroom at the school. Payments can also be made at the office. Online payments can be made at <https://myweber.wsd.net/Account/Login>

Delinquent Accounts:

Prior notification:

Child Nutrition will notify parents by e-mail when the account balance is low.

Students leaving current school:

When students transfer to another school within the district, move out of the district, or complete their 6th and 9th grade school year, payment of any negative balance is required. Negative balances will not be forwarded to another school. All negative lunch accounts must be paid at check-out.

Procedure for Collections:

The CNP manager of each school will make attempts to collect the negative balance by making phone calls to parents acknowledging the student lunch account is delinquent.

During each quarter, if the negative balance is greater than \$10.00 and payment is not received within one week, the office will send a letter home to the parent/guardian with available payment plan options.

If the negative balance is greater than \$20.00 and payment is not received or a payment plan has not been established within 10 days, another letter will be sent home from the office notifying the parent/guardian that the deficit amount is being sent to collections.

If payment is not received or a payment plan is not established within 10 days and an individual student has a negative balance greater than \$30.00, the account will be referred to collections by the administration. Any family with an aggregate negative balance greater than \$50.00 at a single school, will also be referred to collections by the administration.

Refund Procedure:

All balances in a student's account will roll into the next year.

After graduation, any balance in a senior's account or if a student leaves Weber School District, the remaining balance will be transferred into a siblings account. If there is not a sibling in the district, a letter will be sent to the parent/guardian notifying them of the remaining balance, and a request may be made for any refund at the school. If the parent/guardian does not request a refund by the end of the same calendar year, the unclaimed balance will be donated to students in need.

This institution is an equal opportunity provider

Child Nutrition Program

955 West 12th Street - Ogden UT 84404

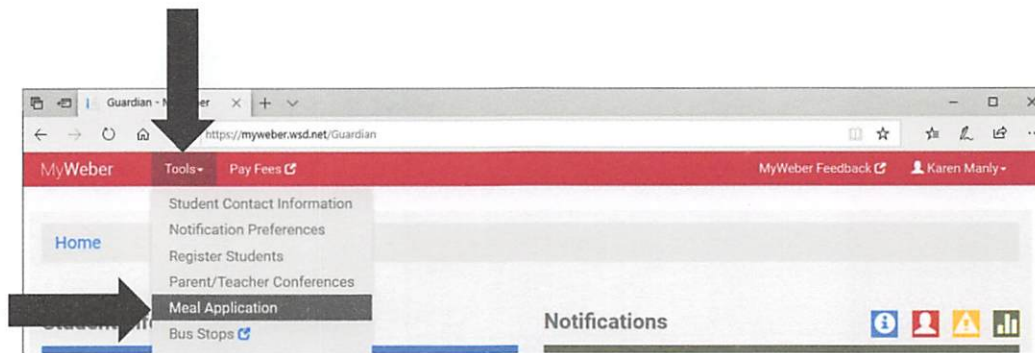
Office: 801-476-7838 - Fax: 801-476-7952

Kayleen Anderson, Supervisor - Wendi Atkinson, Accounts Payable

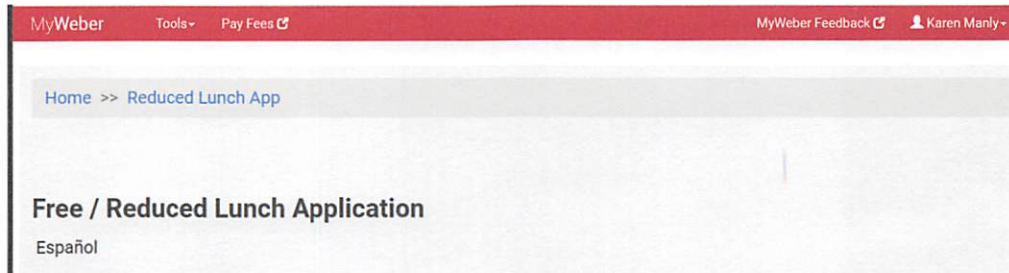
Charlene King, Coordinator - Genina Walton, Coordinator

Dear Weber School District Families,

Weber School District now offers an online Free/Reduced Meal Application submission process. The online application submission is accessed by the guardian logging into <http://MyWeber.wsd.net> and click on the header **Tools** and select **Meal Application** from the drop down as shown below.

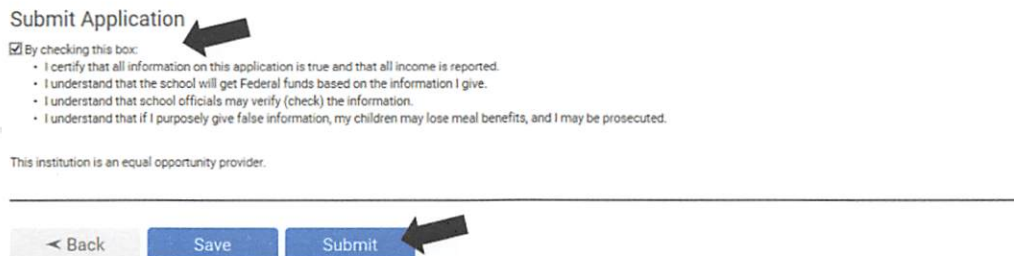


***Complete the application questions - Save and Continue.**



***On the final page you will have the opportunity to review your application.**

***Once your application is complete, submit the application.**



Process time for an application can be up to 5 days.

Once the application is processed you will receive an email of the current benefit.

This institution is an equal opportunity provider.