

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 AIAAN)					
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____					Student Lives With: <input type="checkbox"/> Special Programs Student Currently Receives or Have Received <input type="checkbox"/> 504 Accommodations <input type="checkbox"/> Title 1 <input type="checkbox"/> Speech/Communication <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)									
Last Name			First Name		Middle Name		Relationship to Student		
Residence Address			City	State	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch: Employed at Federal Facility Hill AFB Contractor at HAFB ANG Facility IRS Federal Bldg Fed Adm'n Bldg NG Facility	
Mailing Address			City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Rank: Fed Office Bldg Forest Serv Bldg Tooele Army Depot Fed Depot Dugway Proving Grds Other: _____	
Home Phone			Cell Phone	Employer	Phone	EXI			
Additional: Parent/Guardian Information: Relationship to Student									
Last Name			First Name		Middle Name		Relationship to Student		
Residence Address			City	State	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch: Employed at Federal Facility Hill AFB Contractor at HAFB ANG Facility IRS Federal Bldg Fed Adm'n Bldg NG Facility	
Mailing Address			City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Rank: Fed Office Bldg Forest Serv Bldg Tooele Army Depot Fed Depot Dugway Proving Grds Other: _____	
Home Phone			Cell Phone	Employer	Phone	EXI			
Additional: Parent Information: Complete this section for non-controlling parent (if parents are divorced)									
Last Name			First Name		Middle Name		Relationship to Student		
Residence Address			City	State	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch: Employed at Federal Facility Hill AFB Contractor at HAFB ANG Facility IRS Federal Bldg Fed Adm'n Bldg NG Facility	
Mailing Address			City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Rank: Fed Office Bldg Forest Serv Bldg Tooele Army Depot Fed Depot Dugway Proving Grds Other: _____	
Home Phone			Cell Phone	Employer	Phone	EXI			
Additional: Parent Information: Complete this section for non-controlling parent (if parents are divorced)									
Last Name			First Name		Middle Name		Relationship to Student		
Residence Address			City	State	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch: Employed at Federal Facility Hill AFB Contractor at HAFB ANG Facility IRS Federal Bldg Fed Adm'n Bldg NG Facility	
Mailing Address			City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Rank: Fed Office Bldg Forest Serv Bldg Tooele Army Depot Fed Depot Dugway Proving Grds Other: _____	
Home Phone			Cell Phone	Employer	Phone	EXI			

Name _____ Sex _____ Other School Age Children in the Home _____ Birth Date _____ School _____ Relationship to Student _____

- Female Male
- Female Male
- Female Male
- Female Male
- Female Male
- Female 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 _____

_____ Yes No

_____ Yes No

_____ Yes 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://wbsd.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 _____

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

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/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 _____

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 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)
All New Kindergarten and Initial Enrollment Students

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.

Student's Full Name _____ Grade _____ Birthdate ____/____/____

Student's Country of Birth _____

If student was not born in the United States, date first enrolled in a U.S. school. ____/____/____

1. Has your child attended a school in the U.S. for more than three years? Yes No
2. What language or languages did your child use when he/she first began to talk? _____
3. What language or languages does your child speak with you at home? _____
4. What language or languages do you (parents or guardians) use when you speak to your child? _____
5. Do the adults in your home (parents, guardians, grandparents or other adults) speak to each other in a language other than English? Yes No
If yes, what language? _____
6. What language do you prefer for school-to-home communication? English Other (please specify) _____

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 _____

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, Plain City 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 Plain City 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 Plain City 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

**Weber School District
Race and Ethnicity**

Student Name _____ Date _____

Grade _____

The US Department of Education has changed ethnic and racial identification requirements for the 2010-2011 school year. 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.

Complete this form if it applies to your child.

Weber School District 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.

1. Is your current address a temporary living arrangement? ___ yes ___ no
2. Is this temporary living arrangement due to loss of housing and economic hardship? ___ yes ___ no

Complete the remainder of this form if you answered YES to questions 1 and 2 above.

School Age Student(s)	School	Grade

I would like to receive free school lunch. yes no

Student IS in the physical custody of a parent or guardian.

Student IS NOT in the physical custody of a parent or guardian.

Where is the student presently living? (check one)

- 1. With another family because of loss of housing or economic hardship (not to include youth in foster care).
- 2. In a motel or hotel.
- 3. In a shelter (emergency, domestic or transitional).
- 4. In a car, park, campground or public place.
- 5. Somewhere without adequate facilities (running water, heat, electricity).

Temporary address: _____

Parent(s)/guardian(s), please notify the school if your 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 district office (801-476-7811).

Parent Signature: _____ Date: _____

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

For school use: Send or fax a copy of this form to Student Services immediately (FAX 476-7859). The student will not receive free lunch until this form has been received in student services and processed.

**WEBER SCHOOL DISTRICT
Residence Disclosure**

This form must be completed, signed with both signatures, notarized and returned to the school. Please note that you must sign in the presence of a notary.

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)

Parent/Guardian Disclosure	
Student Name: _____	
Parent/Guardian Name: _____	Telephone: _____
Address: _____	Move-in date: _____
Name of home owner/renter: _____	
<i>I hereby certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.</i>	
_____ Signature of Parent/Guardian	_____ Date:

Home Owner/Renter Disclosure*	
Name: _____	
Address: _____	Telephone: _____
<i>I hereby certify that I have accurately provided all requested data, not knowingly given any false or misleading information and that _____ resides with me on a full-time basis at the address listed above.</i> (parent/guardian)	
_____ Signature of Home Owner/Renter	_____ Date:

STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20_____.	
_____ Notary Public	

*Home owner may be asked to present two forms of proof of residence.