

## Weber School District Kindergarten Entrance Requirements

1. Student must be of proper age as mandated by Utah Code 53A-3-402 (6)
  - (6) A board may enroll children in school who are at least five years of age before September 2 of the year in which admission is sought.
2. The Following items should be presented to your neighborhood school:
  - a. Student Registration Form **Required by District**  
(See Kindergarten Registration Forms)
  - b. Proof of Residency **Required by District**  
(See Kindergarten Registration Forms)
  - c. A Birth Certificate (bearing a seal) **Required by District**  
(See Kindergarten Registration Forms)
  - d. Proof of Immunization **Required by State**  
(See Kindergarten Registration Forms)
  - e. Physician's Report **Requested by District**  
(See Kindergarten Registration Forms)
  - f. Dental Report **Requested by District**  
(See Kindergarten Registration Forms)
3. If possible, please attend your neighborhood school Kindergarten Roundup. Dates will be published on the WSD Home Page and on the elementary school website.

# 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 A/AN)			
<b>Student Lives With</b>					<b>Special Programs Student Currently Receives or Have Received</b>					
<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 _____					<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)										
<b>Primary Parent/Guardian Information</b>										
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		Branch: _____ Rank: _____			
Mailing Address		City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed at Federal Facility			
Home Phone	Cell Phone	Employer		Phone	Ext	___ 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: _____				
<b>Additional Parent/Guardian Information</b>										
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		Branch: _____ Rank: _____			
Mailing Address		City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed at Federal Facility			
Home Phone	Cell Phone	Employer		Phone	Ext	___ 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: _____				
<b>Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)</b>										
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		Branch: _____ Rank: _____			
Mailing Address		City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed at Federal Facility			
Home Phone	Cell Phone	Employer		Phone	Ext	___ 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: _____				

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 \_\_\_\_\_

**MEDICAL EXAMINATION REPORT**

This information is for OFFICIAL USE ONLY and will not be released to unauthorized persons.

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ DATE: \_\_\_\_\_

DEAR PARENT: Please complete the other side of this form prior to child's physical examination. We request that this completed form be returned to the school at the time of registration. A current immunization history is required before your child can enter school.

TO THE PHYSICIAN: PLEASE USE THIS FORM IN REPORTING THE MEDICAL EXAMINATION REQUESTED. THE VISION SCREENING REQUIREMENT IS A STATE MANDATE. THIS FORM WILL BE REVIEWED BY THE NURSE AND USED BY THE SCHOOLS.

PHYSICAL EXAM: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Vision R \_\_\_\_\_ Vision L \_\_\_\_\_ Hgb. Or Hct. \_\_\_\_\_ Ua. \_\_\_\_\_

TB Skin Test(optional): Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_

CHECK EACH ITEM:								
	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin			Chest, Lungs			Neurologic		
Head			Heart			Gross Motor Coord.		
Eyes			Abdomen			Fine Motor Coord.		
Ears			Orthopedic			Blood Pressure		
Nose			Extremities			Pulse		
Tonsils			Back-Posture					
Throat						Nutrition		
Dental								
Neck								

STATE LAW REQUIRES ALL IMMUNIZATION DATES FOR THE FOLLOWING;	1 <sup>ST</sup> M / D / YR	2 <sup>ND</sup> M / D / YR	3 <sup>RD</sup> M / D / YR	4 <sup>TH</sup> M / D / YR	5 <sup>TH</sup> M / D / YR	6 <sup>TH</sup> M / D / YR
DPT/DT - 4 doses, 5 <sup>th</sup> dose required if 4 <sup>th</sup> dose given prior to 4 <sup>th</sup> birthday						
Polio- 4 doses - IPV, if the third dose of polio is given on/after the fourth birthday, a fourth dose is not needed.						
Haemophilus Influenzae b (Hib)						
Pneumococcal						
MMR - 2 doses after 1 <sup>st</sup> birthday - 1 month intervals						
Hepatitis A. - 2 doses (both after 1 <sup>st</sup> birthday)						
Hepatitis B. - 3 doses						
Varicella (Chicken Pox vaccine) 1 dose						
Date of Chicken Pox Disease:	Parent Signature:					

SIGNIFICANT HEALTH CONDITION \_\_\_\_\_

MEDICATION: \_\_\_\_\_

PHYSICAL FINDINGS & RECOMMENDATIONS: \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Print or Stamp: Name: \_\_\_\_\_ Address: \_\_\_\_\_

**WEBER SCHOOL DISTRICT  
KINDERGARTEN  
Dental Exam (Recommended)**

STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_

Dear Dentist:

Please fill in the following blanks:

Have all defects been corrected?  Yes  No

Is child receiving Fluoride Prophylaxis?  Yes  No

Is child's dentition development normal for age?  Yes  No

\_\_\_\_\_ D. D. S.

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](http://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 \_\_\_\_\_

**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.)

# 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



# 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.