

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).

PLEASE FILL OUT BOTH SIDES

Emergency Contacts and Authorization to Pick Up (enter at least two)				
Contact (other than guardian)	Relationship	Phone Nbr	Ext	Cell/Alt. Phone

Father Military/Federal Employment Information	Federal Facilities/Codes
Military Active duty in Military: —Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	3—Hill Air For Clearfield 4—ATK Promontory No. Plant Brigham City 5—ANG Facility SLC Intl. Arprt #1, SLC 6—ARSR Site Francis Peak 7—Dugway Proving Grds Tooele, Dugway 8—Fed Depot Clearfield 9—Federal Admin Bldg 1745 W. 1700 S. Redwood Rd. , SLC 10—Fort Douglas SLC 11—NG Facility Camp Williams, Lehi 12—Tooele Army Depot Tooele 13—VA Hosp 500 Foothill Dr. Ft Douglas Sta, SLC 15—IRS 1160 W. 1200 So. Ogden 16—Alliant Tech Bacchus Works Magna- Plant 81 17—Army Reserve Center SLC 18—Courthouse & Fed Bldg 25th St. Grant Ave— 24th st. Kiesel St. Ogden 19—FAA Bldg 2150 W. Sixth St. N Intl. Arprt., SLC 20—Fed Office Bldg 125 S. State St-1st S SL 21—Forest Serv Bldg 507 25th—504 24th— Adams st. Ogden 22—Job Corps Cons Str (#323) Mil Springs—Weber Basin Ogden 23—Frank E. Moss Courthouse 350 S Main St SLC 24—Utah Defense Depot Ogden
Mother Military/Federal Employment	
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	
Other Military/Federal Employment Information	
Military Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor Name: _____ Federal Facility Name/Code: _____ Hours per day at facility: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> _____ Parent or Legal Guardian Signature </div> <div style="width: 20%;"> _____ Date </div> <div style="width: 40%;"> If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language _____ </div> </div>	

Proof of Residency Procedures

To be enrolled in _____ 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 case of divorce), and physical address.	
<ul style="list-style-type: none"> Rental/Lease Agreements Purchase/ Escrow agreement If you are living with another family or you cannot provide either of the above. <ol style="list-style-type: none"> 1. Provide a notarized statement from the persons you are living with stating that you and your child(ren) live there, and the address, and for what period you will be there. 2. A document showing that the person you are living with resides within the district and school boundaries 3. One or more items from column B showing you live at the location. <p>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.</p>	<p><u>DATED WITHIN THE PAST 60 DAYS</u></p> <ul style="list-style-type: none"> Utility bill (gas, electric, home, telephone, cable, tec.) Letter from approved government agency (assisted housing, food stamps, unemployment payment) Payroll stub. Bank or credit card statement Current insurance Medical billing or insurance information <p>Dated within the past year'</p> <ul style="list-style-type: none"> W-2 Property tax bill

The following do not establish residency:

- | | |
|--|--|
| <ul style="list-style-type: none"> *Power of Attorney *Letters from friends or relatives | <ul style="list-style-type: none"> * Property owned in school District boundaries * P.O. Box in school district boundaries |
|--|--|

Students Name: _____

Date: _____

Parent/Guardian Names: _____

Address of Parent/ Guardians: _____

***School Staff must verify and make notation below ***

This proof of residency procedures does not apply to homeless students. If you believe your family fits this exception, please ask the school personnel for a student information questionnaire

To be completed by school personnel

Type of document Showing residency	Date on Document	Initials of office personnel
1.		
2.		

School Staff Signature: _____ Date: _____

SCHOOL HEALTH INFORMATION

Student Name _____ Date _____

School _____ Grade/Teacher _____

Special Ed Learning Center ☐

Special Ed Functional Skills ☐

☐ NO HEALTH CONCERN

Do you feel your student needs a plan of care (helps guide faculty and staff in meeting the needs of your student) on file at the school?

Yes

☐

No

☐

HEALTH CONCERN (S):

Allergy to: _____ EPI-PEN _____ Benadryl _____

Seizure _____ Diabetes _____ Glucagon at School _____

Asthma _____ Inhaler with student _____ Inhaler in office _____

Other: _____

Severity of Condition: (not severe) 1 2 3 4 5 6 7 8 9 10 (severe)

Medications needed at school?

YES

NO

Name of Medication/s: _____ Dose _____ Time _____

_____ Dose _____ Time _____

How to manage health concern/s at school:

INFORMED CONSENT

I understand that my student's health information will need to be shared:

1. To benefit the student in terms of health maintenance and academic progress.
2. When necessary to accommodate the safety and well being of students and staff.
3. With the discretion of the School Nurse to determine what is shared and who should know.

I understand that consent for sharing of health information will remain in effect as long as the student is enrolled in Davis School District and may be revoked at anytime in writing by parent/guardian.

I understand if clarification of the health information is needed that my signature:

1. Authorizes the School Nurse to contact the medical provider.
2. Authorizes the medical provider to release information.

Parent / Guardian Signature: _____ Date: _____

Phone Numbers: _____

Nurse Signature: _____ Date: _____



DAVIS SCHOOL DISTRICT
Meadowbrook Elementary
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 found online through the Davis School website.

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's Name: _____

Student's Birth date: _____

1. ☐ I am the parent (birth or adopted) of this child and this child lives with:
 - ☐ Both Parents
 - ☐ Mother
 - ☐ Father
2. ☐ I am the parent (birth/adopted) of this child and am not currently married to the other parents:
 - ☐ I have been awarded physical custody/guardianship through the courts.
 - ☐ I am single parent and the only parent listed on the Birth Certificate
3. ☐ I am not the parent (birth/adopted) of this child. I am a relative or friend.
 - ☐ 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.
4. ☐ I am a foster parent or proctor parent. Caseworker
Name _____ Phone# _____
5. ☐ Non of the above statements describe my relationship to this child.

Your Name: _____

Your Signature: _____ Date: _____

Guardian ID: _____ School Staff Signature _____ Date: _____



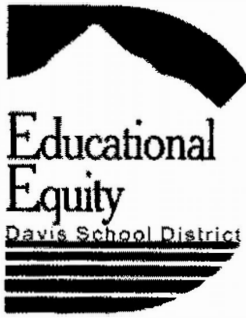
To assist us in complying with court orders, please provide us with a copy of the legal documents within 10 school days.

****Verification of court order or DCFS placement must be provided prior to child being enrolled.**

***A copy of the birth certificate if required.**

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

***DCFS, Foster Care or Youth Corrections placement requires a District Case Management Team staffing with the Caseworker, **prior** to enrollment.**



Family last name: _____ Grade: _____

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

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11435. This form helps determine the services the student is eligible to receive.

We are required by Federal Law to update the McKinney-Vento date base every year. Please fill out this form regardless of your status. Thanks.

Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?

Yes ☐

No ☐

If you answered **YES**, please complete the remainder of this form and select what applies to you and/or your family and return it to the school office. If you answer **NO**, you **do not** need to complete the remainder of this form. Submit form to the school office or online.

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).
- ☐ Disaster victim? Explain: _____

Student Name: _____ School: _____

Student ID# _____ Date of Birth: _____ Grade: _____ Gender: _____

Names and ages of siblings:

Parent Signature: _____ Date: _____

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

Parents: Can submit forms on line through the link provided on our website
<https://www.davis.k12.ut.us/departments/federal-programs/mckinney-ventohomeless>. Please call the
Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-8724.

School: Please return only those forms indicating a temporary residence to the "District Homeless Liaison" and any other forms needed. This form can be submitted on line, and via email to dshomeless@dmail.net. Thank you.

If you are unable to
submit these forms please
send them to
bhadlow@dsdmail.net



Davis School District

LEARNING FIRST

MEMO TO PARENTS REGARDING STUDENT INTERVIEW/PHOTOGRAPH/VIDEO

Dear Parents,

Part of the communication efforts of the Davis School District and your child's school is to let the general public know about the educational activities occurring within the walls of our schools.

As part of that effort, we also occasionally invite reporters to the schools to cover educational activities and events.

The main focus of education, of course, is students, and during the vast majority of time, we and the media will want to focus on students as the subject of stories.

For that reason, we are seeking your permission ahead of time for your student(s) to be interviewed, photographed or recorded on video in the event such an opportunity surfaces during the school year. This will include the use of that material on the district or school website and district or school social media sites. Please note, Davis School District policy prevents use of a child's full name in association with their photo or video in any district or school use.

There are times when hundreds of students are together on the playground, lunchroom or in an assembly-type situation. We will do everything we can to try and determine which students may be off-limits during those large student gatherings. However, those situations can make it very challenging to accomplish that.

Also, if a student participates in a group that performs in the public limelight — such as choir, sports or any public performance — the opt-out doesn't apply.

If you **DO NOT** want your student to be involved in one or all of these instances, please fill out this form and return it to the school. Please note, your permission will be assumed if the school does not receive this form.

Please indicate which instances you would like to opt out of:

___ My child may NOT be photographed or recorded on video for use by the district or the school.

___ My child may NOT be photographed, recorded on video or interviewed by an outside entity, including the media.

Student Name(s): _____

Parent(s) Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____