

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/IAN)											
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			Branch:			Rank:								
Mailing Address			City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No			__ 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: _____											
Home Phone			Cell Phone			Employer			Phone			Ext														
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			Branch:			Rank:								
Mailing Address			City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No			__ 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: _____											
Home Phone			Cell Phone			Employer			Phone			Ext														
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			Branch:			Rank:								
Mailing Address			City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No			__ 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: _____											
Home Phone			Cell Phone			Employer			Phone			Ext														

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

COMPLETE AND RETURN FOR NEW STUDENTS

**Weber School District
Race and Ethnicity**

Student Name _____ Date _____

Grade _____

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.

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 _____