

Weber School District STUDENT INFORMATION FORM

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

Student Legal Last Name		Legal First Name		Middle Name	Preferred Last Name		Preferred First Name		Birth Date	Place of Birth		Grade	
Student Home Phone	Student Cell Phone	Social Security No.		Gender ___ Female ___ Male		Native Language		School Last Attended		Address		If Born Outside U.S. what Country	Date Entered U.S. Schools
Ethnicity (Choose one) ___ Hispanic/Latino ___ Not Hispanic/Latino			Race (Choose one or more, regardless of Ethnicity) ___ Asian ___ Black ___ Caucasian ___ Pacific Islander ___ American Indian/Alaskan Native									Tribal Affiliation (if AI/AN)	Restrict Directory ___ Yes ___ No

Student Lives With (Check All that Apply)	Special Programs Student Currently Receives
___ Father ___ Mother ___ Legal Guardian ___ Stepfather ___ Stepmother ___ Grandparent ___ Foster Parent ___ Other _____ Is there a governing parent plan/custody plan in place for this student? ___ Yes ___ No (If Yes please provide plan).	___ 504 ___ ESL ___ Spec. Ed/Resources ___ Title 1 ___ ELL ___ Speech/Communication

Primary Parent/Guardian Information																																		
Last Name					First Name					Middle Name					Relationship to Student					Active Duty Military														
Residence Address					City					State					Zip					Emergency Contact ___ Yes ___ No					Branch:					Rank:				
Mailing Address					City					State					Zip					Federally Employed ___ Yes ___ No					Employed at Federal Facility									
Home Phone					Cell Phone					Employer					Phone					Ext					___ Hill AFB ___ Fed Admin Bldg ___ Alliant Tech ___ Forest Serv Bldg ___ ATK AF Plant #78 ___ Ft Douglas ___ Army Resv Ctr ___ Job Corps Miltry Sp ___ ANG Facility ___ VA Hosp ___ NG Facility ___ Tooele Army Depot ___ IRS ___ FAA Bldg ___ Fed Office Bldg, SLC ___ Fed Depot, Clrfd ___ Fed Bldg, Ogden ___ UT Defense Depot ___ Little Mtn Test Annex ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna ___ Other _____ ___ Contractor at HAFB									

Additional Parent/Guardian Information																																		
Last Name					First Name					Middle Name					Relationship to Student					Active Duty Military														
Residence Address					City					State					Zip					Emergency Contact ___ Yes ___ No					Branch:					Rank:				
Mailing Address					City					State					Zip					Federally Employed ___ Yes ___ No					Employed at Federal Facility									
Home Phone					Cell Phone					Employer					Phone					Ext					___ Hill AFB ___ Fed Admin Bldg ___ Alliant Tech ___ Forest Serv Bldg ___ ATK AF Plant #78 ___ Ft Douglas ___ Army Resv Ctr ___ Job Corps Miltry Sp ___ ANG Facility ___ VA Hosp ___ NG Facility ___ Tooele Army Depot ___ IRS ___ FAA Bldg ___ Fed Office Bldg, SLC ___ Fed Depot, Clrfd ___ Fed Bldg, Ogden ___ UT Defense Depot ___ Little Mtn Test Annex ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna ___ Other _____ ___ Contractor at HAFB									

Legal Guardian (if student does not live with a parent) Information																																		
Last Name					First Name					Middle Name					Relationship to Student					Active Duty Military														
Residence					City					State					Zip					Emergency Contact ___ Yes ___ No					Branch:					Rank:				
Mailing Address					City					State					Zip					Federally Employed ___ Yes ___ No					Employed at Federal Facility									
Home Phone					Cell Phone					Employer					Phone					Ext					___ Hill AFB ___ Fed Admin Bldg ___ Alliant Tech ___ Forest Serv Bldg ___ ATK AF Plant #78 ___ Ft Douglas ___ Army Resv Ctr ___ Job Corps Miltry Sp ___ ANG Facility ___ VA Hosp ___ NG Facility ___ Tooele Army Depot ___ IRS ___ FAA Bldg ___ Fed Office Bldg, SLC ___ Fed Depot, Clrfd ___ Fed Bldg, Ogden ___ UT Defense Depot ___ Little Mtn Test Annex ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna ___ Other _____ ___ Contractor at HAFB									

Other School-Age Children in the Home

Name	Gender	Birth Date	School	Relationship to Student
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ Male	_____	_____	_____

Emergency Contacts: (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 <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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, Family Educational Rights and Privacy Notice. Student Discipline Policy (including Safe School Policy). Locker Agreement and FERPA. http://wsd.net/index.php?option=com_content&view=article&id=1523

Also on the school web site are school policies: Class Change Policy, Eligibility, Sexual Harassment, and 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 action.

Student Signature Date

Parent/Guardian Signature Date

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/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 _____