

Parent/Guardian Email

Weber School District Student Information Form

Revised 6_8_2020

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 AI/AN)					
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		Employed at Federal Facility: <input type="checkbox"/> Hill AFB <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> ANG Facility <input type="checkbox"/> IRS <input type="checkbox"/> Federal Building <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> Ft Douglas <input type="checkbox"/> VA Hospital <input type="checkbox"/> FAA Building <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Army Reserve Ctr <input type="checkbox"/> NG Facility <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Dugway Proving Grds			
Home Phone		Cell Phone		Employer		Phone		Ext		Other: _____					
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		Employed at Federal Facility: <input type="checkbox"/> Hill AFB <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> ANG Facility <input type="checkbox"/> IRS <input type="checkbox"/> Federal Building <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> Ft Douglas <input type="checkbox"/> VA Hospital <input type="checkbox"/> FAA Bldg <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Army Reserve Ctr <input type="checkbox"/> NG Facility <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Dugway Proving Grds			
Home Phone		Cell Phone		Employer		Phone		Ext		Other: _____					
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		Employed at Federal Facility: <input type="checkbox"/> Hill AFB <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> ANG Facility <input type="checkbox"/> IRS <input type="checkbox"/> Federal Building <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> Ft Douglas <input type="checkbox"/> VA Hospital <input type="checkbox"/> FAA Bldg <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Army Reserve Ctr <input type="checkbox"/> NG Facility <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Dugway Proving Grds			
Home Phone		Cell Phone		Employer		Phone		Ext		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? Yes No

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 _____

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.

ROY JUNIOR HIGH SCHOOL POLICIES SIGNATURE PAGE

This is a **required** page for registration completion.

STUDENT NAME _____ DATE _____ GRADE _____

* **Please check if applicable:**

- There is a governing parent plan/custody plan in place for this student? (If Yes, please email plan to stmoore@wsd.net.)

Please read each policy carefully and review and discuss them as needed, then initial in the appropriate spaces and sign below. **THIS FORM, INCLUDING ALL REQUIRED SIGNATURES, MUST BE RETURNED AT THE TIME OF REGISTRATION.**

WSD Attendance and Truancy Policy

I have read the Attendance/Citizenship Policy as described by the Weber School District and agree to abide by its provisions. I understand that attendance credit is part of the Weber School District graduation requirement and is based on absences and tardies. The student and parent have control over these attendance expectations.

_____ **Guardian Signature** _____ **Student Signature**

WSD Student Discipline Policy 5200

I have read the Student Discipline Policy as described by the Weber School District and agree to abide by its provisions.

_____ **Guardian Signature** _____ **Student Signature**

Hearing/Vision/Scoliosis

I have read the Hearing/Vision/Scoliosis information as described by the Weber School District and agree to abide by its provisions.

_____ **Guardian Signature** _____ **Student Signature**

WSD Bullying and Hazing Policy 5201

I have read the Bullying and Hazing Policy as described by the Weber School District and agree to abide by its provisions.

_____ **Guardian Signature** _____ **Student Signature**

WSD Appropriate Use Policy

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.

_____ **Guardian Signature** _____ **Student Signature**

WSD Meal Prices and Unpaid Meal Charges Procedure

I have read the WSD Meal Prices and Unpaid Meal Charges Procedure as described by the Weber School District and agree to abide by its provisions.

_____ **Guardian Signature** _____ **Student Signature**

RJHS Policies and Procedures

I have read the Roy Junior High School Policies and Procedures, including the Eligibility Policy, Cell Phone Policy and Discipline & Conduct Policy. I understand that failure to comply with the provisions of the Eligibility Policy will limit the student's participation in "out of class activities" including the UHSSA-sponsored activities such as athletics, forensics and performing arts. I understand the expectations of the Dress Policy and Cell Phone Policy and agree to abide by those documented provisions. I acknowledge receipt of the Discipline & Conduct Policy and I understand where I can access this policy if I have further questions. I understand the expectations and consequences under the Discipline & Conduct Policy for failing to comply with expectations therein.

_____ **Guardian Signature** _____ **Student Signature**

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

Special Education/IEP Services under Individuals with Disabilities
Education Act (IDEA) including resources, Life-Skills and speech
Language-Communication services.

English Learner (EL) services

Other (please describe)

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

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 _____