

## 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	
<b>Student Lives With</b>								<b>Special Programs Student Currently Receives</b>							
___ Father ___ Mother ___ Legal Guardian ___ Stepfather ___ Stepmother ___ Grandparent ___ Foster Parent ___ Other _____								___ 504 ___ ESL ___ Spec. Ed/Resources ___ Title 1 ___ ELL ___ Speech/Communication							
<b>Primary Parent/Guardian Information</b>															
Last Name				First Name		Middle Name		Relationship to Student		<b>Active Duty Military</b>					
Residence Address				City		State		Zip		Emergency Contact Yes ___ No		Branch: _____ Rank: _____			
Mailing Address				City		State		Zip		Federally Employed Yes ___ No		<b>Employed at Federal Facility</b> ___ Hill AFB      ___ Fed Admin Bldg      ___ Alliant Tech      ___ Forrest 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, Clrflid ___ Fed Bldg, Ogden      ___ UT Defense Depot      ___ Little Mtn Test Annex      ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna      ___ Other _____ ___ Contractor at HAFB			
Home Phone		Cell Phone		Employer		Phone		Ext							
<b>Additional Guardian Information</b>															
Last Name				First Name		Middle Name		Relationship to Student		<b>Active Duty Military</b>					
Residence Address				City		State		Zip		Emergency Contact Yes ___ No		Branch: _____ Rank: _____			
Mailing Address				City		State		Zip		Federally Employed Yes ___ No		<b>Employed at Federal Facility</b> ___ Hill AFB      ___ Fed Admin Bldg      ___ Alliant Tech      ___ Forrest 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, Clrflid ___ Fed Bldg, Ogden      ___ UT Defense Depot      ___ Little Mtn Test Annex      ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna      ___ Other _____ ___ Contractor at HAFB			
Home Phone		Cell Phone		Employer		Phone		Ext							
<b>Legal Guardian (if student does not live with a parent) Information</b>															
Last Name				First Name		Middle Name		Relationship to Student		<b>Active Duty Military</b>					
Residence				City		State		Zip		Emergency Contact Yes ___ No		Branch: _____ Rank: _____			
Mailing Address				City		State		Zip		Federally Employed Yes ___ No		<b>Employed at Federal Facility</b> ___ Hill AFB      ___ Fed Admin Bldg      ___ Alliant Tech      ___ Forrest 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, Clrflid ___ Fed Bldg, Ogden      ___ UT Defense Depot      ___ Little Mtn Test Annex      ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna      ___ Other _____ ___ Contractor at HAFB			
Home Phone		Cell Phone		Employer		Phone		Ext							

**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 and Authorization to Pick Student Up, if Parent/Guardian is Unavailable (enter at least two)**

Name	Relationship	Phone (w/ area code & ext.)	Alternate Phone (w/area code & ext.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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), Locker Agreement and Parent/Guardian Rights Notice. [http://wsd.net/index.php?option=com\\_content&view=article&id=1523:kindergarten-registration-packet&catid=88:elementary-education](http://wsd.net/index.php?option=com_content&view=article&id=1523:kindergarten-registration-packet&catid=88:elementary-education)

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 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)**

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

**DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS THE SCHOOL SHOULD BE AWARE OF?**

No Health Concerns  Yes Health Concerns  If yes please indicate below:

ADHD: No  Yes  Medications prescribed \_\_\_\_\_

Allergic Reactions: No  Yes  Food allergies  \_\_\_\_\_ Insect or Animal  \_\_\_\_\_

Medications  \_\_\_\_\_ Other  \_\_\_\_\_ Medications to be kept at school: Epi Pen or Auvi Q  Benadryl

Asthma: No  Yes  Medications to be kept at school: Inhaler  Nebulizer

Bladder/Bowel Problems (diagnosed by physician): No  Yes  Please describe \_\_\_\_\_

Diabetes: No  Yes  Type 1  Type 2  Medications \_\_\_\_\_

Heart Conditions: No  Yes  Please describe \_\_\_\_\_

Mental Health Conditions: No  Yes  Please describe \_\_\_\_\_

Seizures: No  Yes  Type/describe \_\_\_\_\_ Medications \_\_\_\_\_

Special Dietary Needs: No  Yes  \_\_\_\_\_

(A Special Meal Request form is required for meal accommodations at school.)

Other 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 \_\_\_\_\_

*School Office: This form is to go to your counseling department for further ESL testing and registration.*

**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**

Weber School District  
**Home Language Survey (HLS)**

*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? \_\_\_\_\_  
What language do you prefer for school-to-home communication? \_\_\_ English \_\_\_ Other (please specify) \_\_\_\_\_

*Note: If there is another language at home other than English, students will automatically be tested for English language development services.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_