

**Important Information regarding the Grant Preschool Program for the 2024-2025 School Year: (Please keep this page for future reference.)**

- Children must be 4 years old on September 1st, 2024 to be eligible for preschool.
- Classes are held 3 times per week (Monday, Tuesday, & Thursday) and follow the Weber School District Elementary calendar. There is no preschool on "early out" days.
- Classes run for 2 hours 45 minutes; morning and afternoon classes are available at most locations. Class times are generally 8:35-11:20 for morning and 12:15-3:00 for afternoon.
- Classes start Monday August 26, 2024 and end Friday May 16, 2025.
- Transportation is not provided and will be the responsibility of the guardian(s).
- Students are considered eligible based on factors including: income, risk factors, English Learners, school boundary, etc. Applications are accepted starting May 2024 and placement is based on school boundary and available space. (IMPORTANT: Applications must be fully completed before they will be processed. This includes all documents listed in the checklist.
- Notification of acceptance into the program typically takes place in July or August. You will receive a letter by mail or email.

Make sure that everything is accurately filled out and signed. Please use the following checklist to make sure you have provided everything:

- Eligibility Form
- Home Language Survey
- Copy of Student's Birth Certificate
- Student Information form (both pages)
- Student Medical Information
- Verification of Address (w/ proof of residency)
- Race and Ethnicity Form
- USIIS (permission to share immunizations)
- Up-to-date Immunizations including the following shots (or exemption form): 4 DTaP, 3 Polio, 3 Hib, 4 Pneumococcal, 1 MMR, 3 Hep B, 1 Chickenpox (Varicella), and 2 Hep A.
- Register for Upstart ([www.waterford.org](http://www.waterford.org))



**Questions? Call/Email: Tara Keyes at 801-452-4940      [takeyes@wsd.net](mailto:takeyes@wsd.net)**  
**Amanda King at 801-452-4946      [amking@wsd.net](mailto:amking@wsd.net)**

Submit Applications in any of the following ways:

By Email:      [takeyes@wsd.net](mailto:takeyes@wsd.net) or [amking@wsd.net](mailto:amking@wsd.net)

In Person:      **Before May 23rd, 2024 and after August 21, 2024**  
Weber School District Preschool - Bonneville Preschool (Upstairs)  
251 E. 4800 S., Ogden UT 84405

**From May 28, 2024 through August 10, 2024**  
Weber School District Offices (Attn: Heidi Sullivan)  
5320 Adams Ave. Parkway, Ogden UT 84405

By Mail:      Use either of the above addresses to mail your application. Do not submit applications at Elementary Schools or Preschool Locations; they must go through our office.



State of Utah  
Department of Workforce Services  
Office of Childcare  
**SCHOOL READINESS ELIGIBILITY FORM**

Office Use Only
Is the student eligible?
Yes
No

Child's Name:

Date of Birth:

Parent(s)/Guardian(s) Name:

Address:

Phone Number(s):

Neighborhood School:

Is the child eligible for Kindergarten (5 years-old before September 2nd, 2024)?

Yes

No

\*If you selected no, please continue to complete the form\*

If you answer yes to any of the questions below, the student is considered eligible.

1. Has the child experienced at least one risk factor? .....	Yes	No	Unsure
2. Is the child an English Learner? .....	Yes	No	Unsure
3. Has the child ever been in Foster Care? .....	Yes	No	Unsure
4. Is the child eligible for free or reduced lunch (economically disadvantaged?) .....	Yes	No	Unsure

**RISK FACTOR ASSESSMENT**

Review the list below. How many of these circumstances apply to your child? (Do not mark which of these apply to your child. We only want to know how many apply).

- Child born to a mother who was 18 years old or younger
- A member of child's household is incarcerated
- Child lives in a neighborhood with high violence/crime
- One or both parents has a low reading ability
- Family has moved at least once in the last year
- Currently lives in a household with multiple families
- Child exposed to physical abuse or domestic violence in the home at any point in time in their life
- Child exposed to substance abuse (drugs or alcohol) in the home at any point in time in their life
- Child exposed to stressful life events (death, chronic illness or mental health issues of a parent or sibling)
- A parent of the child did not graduate from high school

Select the number range of Risk Factors that apply to your child:

0

1-2

3-5

6-8

9-10

Affirmation: I certify that the above information is true and accurate to the best of my knowledge.

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

**Equal Opportunity Employer/Program**

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

**School Readiness Eligibility Resource  
Document School Year 2024-2025**

**Economically Disadvantaged**

Locate your household size in the chart below, move across the row and find the amount your income (before deductions) is equal to or less than.

If your income is over the amounts listed below, your child is not eligible for free or reduced priced lunch.

Household Size	185% Federal Poverty				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add:	9,953	830	415	383	192

(Modified from “Child Nutrition Programs Income Eligibility Guidelines (2024-2025)” Federal Register Notice Vol. 89, No. 34, Tuesday, February 20, 2024).

**English Learner Definition**

According to ESSA, an EL is an individual who

1. is aged 3 through 21;
2. is enrolled or preparing to enroll in an elementary school or secondary school;
3. meets one of the following criteria—
  - a. was not born in the United States, or whose native language is a language other than English;
  - b. is a Native American or Alaska Native, or a native resident of the outlying areas; and comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency (ELP); or
  - c. is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant—and
4. Language spoken in the home most often is NOT English
5. has difficulties in speaking, reading, writing, or understanding the English language, that may be sufficient to deny the individual
  - a. the ability to meet the challenging state academic standards;
  - b. the ability to successfully achieve in classrooms where the language of instruction is English; or
  - c. the opportunity to participate fully in society.

**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(s) will be assessed for English Language Proficiency. A copy of this form must be kept in the **student's permanent file**. *This form is to be completed only by a parent/guardian or trained and designated school personnel with translation services provided as mandated by state law.*



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



***\*This information cannot be used for immigration matters or reported to immigration authorities.***

**Purpose:** At registration, Utah uses a standard form of the Home Language Survey (HLS) that identifies a student with a language other than English. This does not mean the student lacks proficiency in English comparable to English speaking peers. The HLS:

1. Identifies a student whose home language is not English; and,
2. Identifies a student who will be tested on the skills of listening, speaking, reading and writing in academic English for additional support. (Students must be tested for services within 30 days of registration or within 10 days of entry into school, if during the year.)

**Student's Name:** \_\_\_\_\_ **Student's ID#:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

1. If the student was not born in the United States, what date was the student first enrolled in a U.S school? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What is the language most often spoken by the student? \_\_\_\_\_
4. What is the language the student first acquired (learned to speak and understand)? \_\_\_\_\_
5. What language(s) do you (parent or guardians) use most often when you speak to your child? \_\_\_\_\_
6. What language do you prefer for school-to-home information? \_\_\_\_\_
7. Does your family come from a refugee background? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parents/Guardians/Family Members:**

1. The English proficiency test determines if your student needs a language support services program along with the regular education program.
2. Your child is entitled to these language support services as a Civil Right.
3. If your student qualifies for language services, you can opt out of the language services program offered by the school through the *Annual Notification Letter*.
4. You **cannot** opt out of the annual English proficiency assessment (WIDA), since it provides teachers with information for a more personalized educational experience for your student.

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

**Note:** Federal and State regulations require schools to determine the language(s) spoken and understood by each student in order to provide appropriate instruction and support. 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 (i.e., Dual Language Immersion programs, study abroad programs, religious service, etc.)

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)					
<b>Student Lives With</b>							<b>Special Programs Student Currently Receives or Have Received</b>						
<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)													
<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 <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		<b>Employed at Federal Facility (Please select from the drop-down menu)</b>			
Home Phone	Cell Phone	Employer		Phone		Ext		Other: _____					
<b>Additional 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 <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		<b>Employed at Federal Facility (Please select from the drop-down menu)</b>			
Home Phone	Cell Phone	Employer		Phone		Ext		Other: _____					
<b>Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)</b>													
Last Name		First Name		Middle Name		Relationship to Student		<b>Active Duty Military</b>					
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		<b>Employed at Federal Facility (Please select from the drop-down menu)</b>			
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

# 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](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 \_\_\_\_\_

**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

**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  
VERIFICATION OF ADDRESS**

So that school officials can make an appropriate student placement and provide a safe school environment, the guardian (natural parent with custodial rights or adult granted custodial rights by the court or the school district) must provide the information requested below.

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_

PROOF OF RESIDENCY: (Provide two forms or Residence Disclosure if applicable)

- \_\_\_\_\_ Utility Bill
- \_\_\_\_\_ Driver's License
- \_\_\_\_\_ Lease agreement or rent receipt
- \_\_\_\_\_ Other (Please specify)

RESIDENCE DISCLOSURE: If student and parent(s)/guardian(s) move in with another family in the school's boundary, the Residence Disclosure form and Homeless Student Identification form (if applicable) should be used. The home owner/renter may be asked to provide two forms of proof of residency (as listed above) to establish residency in the school boundary.

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 76-8-504)

*I hereby certify that I reside at the address stated. I also certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.*

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



**97%**

of families  
recommend  
**Waterford  
Upstart!**

## Get your child ready for kindergarten!

**Waterford Upstart** is an at-home early learning program that gives you tools, coaching, and resources so you can put your child on a path to success.

Because it's already paid for, the only thing you'll spend is time with your child!

## What Do You Get?



On-demand program that covers reading, math, and science in just minutes a day.



Access to high-quality learning resources to help with the work you're already doing with your child.



Personalized coaching, a computer, and internet if you need it—all at no cost to you.

## Why Should You Sign Up?



Every child should have access to early education.



You want to help your child succeed.



It doesn't cost you anything, but it's worth everything!



### Start your journey!

See if you qualify:  
Visit [waterford.org/upstart](http://waterford.org/upstart)  
or scan this QR code  
888-982-9898



**UPSTART**

Early education  
for everyone

# **WSD Preschool Locations and Boundaries (4-year-old classes only; subject to change)**

Your preschool assignment will be determined by your elementary school boundary (based on your home address).

Bonneville Preschool

from Burch Creek, Uintah, & H. Guy Child (PM classes)

Lakeview Elementary

from Municipal (AM class) & Lakeview (PM class)

Lomond View Elementary

from Lomond View, Bates, & North Ogden (PM class)

Majestic Elementary

from Majestic (AM class) & Green Acres (PM class)

Midland Elementary

from Haven Bay, Midland, Kaneshville, West Haven, Hooper, & Country View (PM classes)

North Park Elementary

from North Park (AM class) & Valley View (PM class)

Orchard Springs Elementary

from Orchard Springs & Pioneer (PM class)

Plain City Elementary

from Plain City, West Weber, Farr West, & Silver Ridge (PM classes) Roosevelt Elementary

from Roosevelt & Riverdale (AM class) & Washington Terrace (PM class)

Roy Elementary

from Freedom (AM class) & Roy Elem. (PM class)