

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 (Please select from the drop-down menu)				
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 (Please select from the drop-down menu)				
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 (Please select from the drop-down menu)				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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