

# Weber School District Student Information Form

Revised 1.26.18

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>												<b>Additional Parent/Guardian Information</b>											
Last Name			First Name			Middle Name			Relationship to Student			<b>Active Duty Military</b> Branch: _____ Rank: _____											
Residence Address						City			State			Zip			Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Employed at Federal Facility</b> <input type="checkbox"/> Hill AFB <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> VA Hospital <input type="checkbox"/> Forest Serv Bldg <input type="checkbox"/> ANG Facility <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Federal Bldg <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> NG Facility <input type="checkbox"/> Other: _____					
Mailing Address						City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Home Phone			Cell Phone			Employer			Phone			Ext											
Last Name			First Name			Middle Name			Relationship to Student			<b>Active Duty Military</b> Branch: _____ Rank: _____											
Residence Address						City			State			Zip			Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Employed at Federal Facility</b> <input type="checkbox"/> Hill AFB <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> VA Hospital <input type="checkbox"/> Forest Serv Bldg <input type="checkbox"/> ANG Facility <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Federal Bldg <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> NG Facility <input type="checkbox"/> Other: _____					
Mailing Address						City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Home Phone			Cell Phone			Employer			Phone			Ext											
<b>Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)</b>												<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> Branch: _____ Rank: _____											
Residence Address						City			State			Zip			Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Employed at Federal Facility</b> <input type="checkbox"/> Hill AFB <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> VA Hospital <input type="checkbox"/> Forest Serv Bldg <input type="checkbox"/> ANG Facility <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Federal Bldg <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> NG Facility <input type="checkbox"/> Other: _____					
Mailing Address						City			State			Zip			Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Home Phone			Cell Phone			Employer			Phone			Ext											

**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