



**Important information regarding the preschool program for the 2023-2024 School Year:
(Please keep this page for future reference.)**

- Children must be 4 years old on September 1st, 2023 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 8:30-11:15 for morning and 12:25-3:10 for afternoon.
- Classes start August 28, 2023 and end May 16, 2024.
- Transportation is not provided and will be the responsibility of the guardian(s).
- Priority is based on several factors, including, but not limited to: income qualification, risk factors, identified student need, school boundary, etc. Applications are accepted starting in April 2023 and placement is based on available space. (IMPORTANT: applications received after Aug. 10, 2023 may not be processed in time for the student to attend on the first day of school, so submit applications early!)
- Preschool is FREE for families who:
 - *Qualify for free/reduced school lunch AND have one or more risk factors.
 - OR
 - *Are "Multi Language Learners," meaning English is the 2nd language for the child.
- For families who do not qualify for free tuition, we have a limited number of self-pay spots (first come, first served). Monthly Tuition amount for paying families TBD.
- Notification of acceptance into the program typically takes place in July or August.

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, 1MMR, 3 Hep B, 1 Chickenpox (Varicella), and 2 Hep A.



Questions? Call Tara Keyes at (801) 452-4940 or email takeyes@wsd.net
Submit applications in any of the following ways:

Email: takeyes@wsd.net

In person: Weber School District Office - Carlene Dibartolo (Address Below)

By mail: Weber School District Office
Preschool - Attn: Carlene Dibartolo
5320 S. Adams Ave Parkway, Ogden UT, 84405



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

Child Name: _____
Date of Birth: _____
Parent(s)/Guardian(s) Name: _____
Address: _____
Phone Number(s): _____
Neighborhood School: _____

For Office Use Only	
Is child eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark all that apply:	<input type="checkbox"/> English Learner <input type="checkbox"/> Foster Care <input type="checkbox"/> Economically disadvantaged + risk factor

1. Is the student eligible for Kindergarten (5 years-old on or before September 1 st , 2023)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you selected no, please continue to complete the form		
2. Is the student an English Learner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
3. Is the student currently in Foster Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
4. Is the student eligible for free or reduced lunch (economically disadvantaged?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know

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
- Child has ever been in foster care
- 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)
- Language spoken in the home most often is NOT English
- 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 ☐ 11-12

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

Parent/Guardian Signature: _____/s/_____ 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 2023-2024

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	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add:	9,509	793	397	366	183

(Modified from "Child Nutrition Programs Income Eligibility Guidelines (2023-2024)" Federal Register Notice Vol. 87, No. 32, Wednesday, February 09, 2023).

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. 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 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 _____

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 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent <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)																		Special Programs Student Currently Receives or Have Received <input type="checkbox"/> 504 Accommodations <input type="checkbox"/> Title 1 <input type="checkbox"/> Speech/Communication <input type="checkbox"/> Special Ed/Resource <input type="checkbox"/> English Language Learners <input type="checkbox"/> Other _____																																												
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? ☐ 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.

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 _____

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 Midland, Kanessville, 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)