

# 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 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</b>																	
<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 _____		<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 _____													
<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		<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: _____									
Home Phone		Cell Phone		Employer				Phone		Ext																	
<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		<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: _____									
Home Phone		Cell Phone		Employer				Phone		Ext																	
<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		<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: _____									
Home Phone		Cell Phone		Employer				Phone		Ext																	

