



STUDENT DEMOGRAPHIC/EMERGENCY INFORMATION

Revised 8/10/2010

Student's Full Legal Name: _____ Grade: _____
Gender: Male ___ Female ___ Date of Birth (mm/dd/yyyy): _____ Place of Birth _____
Social Security Number: _____

Home/Primary Phone: _____ Student's Phone: _____
Home Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____

Student lives with: Both Parents ___ Mother ___ Father ___ Mother/Step-Father ___ Father/Step-Mother ___ Legal Guardian ___
Mother's Name: _____ Father's Name: _____
Daytime Phone: _____ Cell: _____ Daytime Phone: _____ Cell: _____
Work Place: _____ Phone: _____ Work Place: _____ Phone: _____
E-mail: _____ E-mail: _____
Marital status of birth parent(s): Single ___ Married ___ Separated ___ Divorced ___ Father deceased ___ Mother deceased ___
If either parent is re-married, name of step-parent(s):
Step-Father: _____ Step-Mother: _____
Phone(s): _____ Phone(s): _____

Legal Guardian: Fill in if student does not live with a parent.
Guardian's Name: _____ Relationship to student: _____
Daytime Phone: _____ Cell Phone: _____ E-mail: _____
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.)

Last School Attended (name and city/state): _____
Has the student ever received any of these school services: Resource/IEP ___ 504 ___ Other _____
Is the student coming from an alternative school such as a diversion program, wilderness program, detention center, treatment program or hospital, a long-term suspension/expulsion from any school or a drop out status? No ___ Yes ___

Emergency Contacts and Authorization to Pick Up if parent/guardian or spouse is unavailable (enter at least two):
Contact: _____ Relationship: _____ Phone # _____ Cell # _____
Contact: _____ Relationship: _____ Phone # _____ Cell # _____
Contact : _____ Relationship: _____ Phone # _____ Cell # _____
Doctor (optional): _____ Phone # _____

Other School-Age Children in the Home:
Name: _____ Age: ___ School: _____ Name: _____ Age: ___ School: _____
Name: _____ Age: ___ School: _____ Name: _____ Age: ___ School: _____
Name: _____ Age: ___ School: _____ Name: _____ Age: ___ School: _____

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.
Date _____ Parent or Legal Guardian Signature _____

For current Weber District students: If any of the above information has changed since last year, check here _____.

