



Important information regarding the preschool program: (Please keep this page for future reference.)

- Children must be 4 years old on September 1<sup>st</sup>, 2021 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 30, 2021 and end May 19, 2022.
- 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 year-round and placement is based on available space.
- Preschool is FREE for families who:
  - Qualify for free/reduced school lunch AND have one or more risk factors.
  - OR
  - Are "English Language Learners," which means English is the SECOND LANGUAGE for the child.
- Preschool is \$150 per month for families who do not qualify for free tuition. We have a limited number of spots for families paying tuition (first come, first served).
- Preschool children must sign up for the Waterford UPSTART program at <https://www.waterford.org/upstart/register/> before school begins.
- Notification of acceptance into the program typically takes place in the summer.
- Individual conferences will be scheduled before school starts in order to complete the registration process. **\*\*At the conference you must bring your child's birth certificate and proof of up-to-date immunizations, including the following shots (or exemption form): 4 DTaP, 3 Polio, 3 Hib, 4 Pneumococcal, 1 MMR, 3 Hep B, 1 Chickenpox (Varicella), and 2 Hep A.\*\***

Make sure that everything is filled out accurately and please print clearly!

Please use the following checklist to make sure you have provided everything.

- |  |  |
|--|--|
| <input type="checkbox"/> Eligibility Form                      | <input type="checkbox"/> Home Language Survey        |
| <input type="checkbox"/> Student Information form (both pages) | <input type="checkbox"/> Student Medical Information |



Questions? Call (801) 452-4939 or email [miterry@wsd.net](mailto:miterry@wsd.net)

Submit applications to any of the following locations:

Email: [miterry@wsd.net](mailto:miterry@wsd.net)

In person: Bonneville Preschool (upstairs) or local elementary schools

By mail: Weber School District Preschool, 251 E. 4800 S., Ogden, UT 84405



2021-2022 ELIGIBILITY FORM

Child's Name: \_\_\_\_\_

Date we received application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Neighborhood School Boundary: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

For Office Use Only	
Is child eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If child is eligible, under which criteria?	<input type="checkbox"/> Economically disadvantaged + risk factor <input type="checkbox"/> English Learner <input type="checkbox"/> Both

Preferred Preschool Time:  AM (8:30-11:15)  PM (12:25-3:10)  Either/No Preference

Is your child eligible for free/reduced price lunch? \*If you don't know, please see next page, "School Readiness Eligibility Resource Document," for the income requirements for free/reduced lunch.

Yes  No

Is your child an "English Learner?"

Yes If English is your child's SECOND LANGUAGE, then mark YES to this question.  
 No If English is your child's first language, then mark NO to this question.

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 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
- Lives in a household with multiple families
- Child exposed to physical abuse or domestic violence in the home
- Child exposed to substance abuse (drugs or alcohol) in the home
- 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

Have you signed up for the Waterford UPSTART Program at <https://www.waterford.org/upstart/register/> (required)?

Yes  No

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:  Grant Funds  Self-Pay  Title I Funds  SPED Funds



**School Readiness Eligibility Resource Document  
School Year 2021-2022**

**Economically Disadvantaged Definition** (Free/Reduced Priced Lunch Income Requirements)

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/reduced priced lunch.

Household Size	185% Federal Poverty				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1986	993	916	458
2	32,227	2686	1343	1240	620
3	40,626	3386	1693	1563	781
4	49,025	4085	2043	1886	943
5	57,424	4785	2393	2209	1104
6	65,823	5485	2743	2532	1266
7	74,222	6185	3093	2855	1427
8	82,621	6885	3443	3178	1589
For each add'l family member, add:	8,399	700	350	323	162

(Modified from "Annual Update of the HHS Poverty Guidelines," Federal Register Notice Vol. 86, No. 19, Monday, February 1, 2021).

**English Learner Definition**

According to ESSA, an English Learner 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.

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)					
<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>													
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		Employed at Federal Facility (Please select from the drop-down menu)			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		Employed at Federal Facility (Please select from the drop-down menu)			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		Employed at Federal Facility (Please select from the drop-down menu)			Other:		
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

**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 \_\_\_\_\_

# 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](http://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 \_\_\_\_\_

# **WSD Preschool Locations and Boundaries (4 year old classes only) 2021-2022**

Your preschool assignment will be determined by your elementary school boundary (based on your home address).

Our locations for 2021-2022 are:

Bonneville Preschool

(from Burch Creek, Uintah, & H. Guy Child boundaries)

Lakeview Elementary

(from Lakeview & Municipal boundaries)

Lomond View Elementary

(from Lomond View, Bates, & North Ogden boundaries)

Majestic Elementary

(from Majestic & Green Acres boundaries)

Midland Elementary

(from Midland, Kaneshville, West Haven, Hooper, & Country View boundaries)

North Park Elementary

(from North Park & Valley View boundaries)

Orchard Springs Elementary

(from Orchard Springs & Pioneer boundaries)

Plain City Elementary

(from Plain City, West Weber, Farr West, & Silver Ridge boundaries)

Roosevelt Elementary

(from Roosevelt, Riverdale, & Washington Terrace boundaries)

Roy Elementary

(from Roy & Freedom boundaries)