

Davis School District
Davis High School
New Student Checklist

Please provide the school with the following information when you come to enroll at Davis High School.

1. A **PARENT/ LEGAL GUARDIAN** with Photo ID must be present at time of registration.

2. An **Original Birth Certificate**

3. Copy of **Complete Immunizations**

The following are state required:

5 DTP/DTaP/DT - 4 doses if 4th dose was given on/after the 4th birthday

4 Polio - 3 doses if 3rd dose was given on/after the 4th birthday

2 Measles, Mumps, Rubella (MMR)

3 Hepatitis B

2 Hepatitis A

2 Varicella (Chickenpox) - history of disease is acceptable, parent must sign verification statement on school immunization record

1 Tdap

1 Meningococcal

Or an exemption form filled out with Davis County Health Department

4. **PROOF OF RESIDENCE**- See Utah Public Schools Proof of Residency Procedures or Davis Website.

5. **Does your student have an IEP or 504?** ☐ Yes ☐ No

If yes, you Must Provide a Copy of those Documents before your student can be registered.

6. **Student Information Card**- Must be completely filled out and signed by a parent.

7. **Guardianship Status Form**- If Items 2- 5 on status form are checked, legal documentations is required.

8. **McKinney-Vento Eligibility Questionnaire**

Registration cannot be done until these dates and forms are provided.

*** Student Registration Fee and/ or Fee Waiver Forms must be taken care of at the time of registration. ***

To schedule an enrollment appointment or questions, please contact:

Jana Burton

Registrar

801-402-8821

Email: jaburton@dsdmail.net

_____ School Proof of Residency Procedures

To be enrolled in _____ School, families must present TWO forms of documentation showing that their primary residence (the house in which they live) lies within the school boundaries. We may ask families to periodically update their residency in order to keep our records current. The following documents may be used in determining residency:

<p>All applicants must submit at least one document from Column A and one document from Column B OR two documents from Column B.</p>	
<p>Column A</p>	<p>Column B</p>
<p>Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in cases of divorce), and physical address.</p>	
<p>•Rental/Lease Agreement</p> <p>•Purchase/Escrow Agreement</p> <p>•If you are living with another family, or you cannot provide either of the above:</p> <p>(1) provide a notarized statement from the person you are living with stating that you <i>and</i> your child(ren) live there, the address, and for what period of time, AND</p> <p>(2) a document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); AND</p> <p>(3) one or more items from Column B showing you live at the location.</p> <p><i>If the situation is temporary, once you have moved into your own home, you will need to bring in proof of residency for your new home.</i></p>	<p>Dated within the past 60 days:</p> <ul style="list-style-type: none"> • Utility bill (gas, electric, home telephone, cable, etc.) • Letter from approved government agency (assisted housing, food stamps, unemployment payment) • Payroll stub • Bank or credit card statement • Valid driver's license • Current vehicle registration or insurance • Valid Utah photo identification card • Medical billing or insurance information <p>Dated within the past year:</p> <ul style="list-style-type: none"> • W-2 form • Property tax bill
<p>The following do not establish residency:</p> <ul style="list-style-type: none"> • Powers of Attorney • Letters from friends or relatives • Property owned in school district boundaries • P.O. Box in school district boundaries 	

Student's Name: _____ **Date:** _____

Parent/Guardian Names: _____

Address of
Parent/Guardian: _____

If the student has a sibling currently attending this school for which Proof of Residency has already been presented, school staff may consider the prior documentation to be sufficient for this student.

Name of sibling currently attending this school: _____

Grade of sibling _____

*****School staff must verify and make notation below*****

This proof of residency procedure does not apply to homeless students. If you believe your family fits this exception, please ask school personnel for a Student Information Questionnaire

To be completed by school personnel

Type of document showing residency	Date on Document
1.	
2.	
3.	

School Staff Signature: _____

Date: _____

**DAVIS HIGH SCHOOL
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 purposes noted in the law or rule. This information will not subject you to any unfair or discriminatory - treatment.

FOR SCHOOL USE ONLY:		Proof of Residence	Variance	Track	Birth Certificate	Special Concerns	Teacher		SSID				
		Student's Legal Last Name		Legal First Name	Middle Name	Suffix	Preferred Last Name	Preferred First Name	Date of Birth	Grade in School			
<input type="checkbox"/> Male <input type="checkbox"/> Female		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"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White								
School Last Attended _____ Address _____					If Born Outside U.S. What Country _____ Date Entered U.S. _____								
Father Guardian Information					Mother Guardian Information								
Last Name		First Name		Middle Name	Suffix	Last Name		First Name	Middle Name	Suffix			
Address		City	State	Zip	Apt #	Address		City	State	Zip	Apt #		
Mailing Address (if different)		City	State	Zip	Apt #	Mailing Address (if different)		City	State	Zip	Apt #		
Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone:		Ext.		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone:		Ext.		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address					Last 4 Digits of Ssn for online lunch payment		Email Address					Last 4 Digits of Ssn for online lunch payment	
Other Guardian Information					Physical Status of Student								
Last Name		First Name		Middle Name	Suffix	<input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Physical Problems <input type="checkbox"/> Daily Medication							
Address		City	State	Zip	Apt #	Health Problems:							
Mailing Address (if different)		City	State	Zip	Apt #	Special assistance required for student to attend school: <input type="checkbox"/> Transportation <input type="checkbox"/> Adult Assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Equipment							
Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Physician Physician _____ Phone Nbr _____							
Work Phone:		Ext.		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Programs student currently receives <input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource - Speech and Language <input type="checkbox"/> Title I							
Email Address					Last 4 Digits of Ssn for online lunch payment		Absence Notification <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification						
What language does your son or daughter speak most often at home? _____					What is the first language your son or daughter learned to speak? _____								
What language do you speak most often at home (parents or guardians)? _____					What is the first language you learned to speak (parents or guardians)? _____								

PLEASE FILL OUT BOTH SIDES

Emergency Contacts and Authorization to Pick Up (enter at least two)						
Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone		

Father Military/Federal Employment Information	Federal Facilities/Codes
Military Active duty in Military: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Employed at Federal Facility on list: Yes No Contractor Name: _____ Federal Facility Name/Code: _____ Hours per day at facility: _____	
Mother Military/Federal Employment Information	
Military Active duty in Military: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor Name: _____ Federal Facility Name/Code: _____ Hours per day at facility: _____	
Other Military/Federal Employment Information	
Military Active duty in Military: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Activated: _____ Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____ Branch: Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast_Guard_Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve Other _____ Rank: _____ Unit: _____	
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Employed at Federal Facility on list: Yes No Contractor Name: _____ Federal Facility Name/Code: _____ Hours per day at facility: _____	

3 - Hill Air Force Base
Clearfield
 4 - Orbital ATK Promontory North Plant
Brigham City
 5 - A N G Facility
Salt Lake City Intl. Arpt #1, SLC
 6 - ARSR Site
Francis Peak
 7 - Dugway Proving Grds
Tooele, Dugway
 8 - Fed Depot
Clearfield
 10 - Fort Douglas
Salt Lake City
 11 - NG Facility
Camp Williams, Lehi
 12 - Tooele Army Depot
Tooele
 13 - VA Hosp
500 Foothill Dr - Ft Douglas Sta., SLC
 15 - IRS
1160 West 1200 South, Ogden
 16 - Orbital ATK, Inc.
Bacchus Works Magna - Plant 81
 17 - Army Reserve Center
Salt Lake City
 18 - Courthouse & Fed Office Bldg
25th St - Grant Ave - 24th St - Kiesel St.,
Ogden
 19 - FAA Bldg
2150 W. Sixth St - N Intl. Arpt., SLC
 20 - Fed Office Bldg
125 S. State St - 1st S., SLC
 21 - Forest Serv Bldg
507 25th - 504 24th - Adams St., Ogden
 22 - Job Corps Cons Str (#323)
Mill Springs - Weber Basin Ogden
 23 - Frank E. Moss Courthouse
350 S. Main St., SLC
 24 - Utah Defense Depot
Ogden

Parent or Legal Guardian Signature _____	Date _____	If translation services are needed please check the box and indicate the language. Please provide the service <input type="checkbox"/> Language _____
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Davis School District

Davis High School

Guardianship Status

Under Utah law and Davis School District, a student is eligible to attend a school if their parent or legal guardian resides within the school boundaries. Exception to this may only be granted through the Boundary Variance process or the District Student Services Department.

Please select the statement below which best describes your relationship to the student whom you wish to register at this school

Student Name _____ Date of Birth _____

- ☐ I am the parent (birth/adopted) of this student and this student lives with:
_____ Both Parents.
- ☐ I am the parent of this student and not married to the other parents **** I have been awarded custody through the courts and will provide legal documentations.*****
- ☐ I am the only parent listed on the birth certificate.
- ☐ I am not the parent of this student. I am a relative or friend.

I have been awarded legal guardianship of this student through the court
**** Letter of authorization from Davis School District must be provided prior to student being enrolled.****

- ☐ I am a foster parent. **DCFS Placement must be verified.**
- ☐ None of the above statements describe my relationship to this student. (Please explain).

Print Name _____

Signature _____ Date: _____



DAVIS HIGH SCHOOL
Request for Cumulative Records

Date of request: _____

LAST SCHOOL ATTENDED INFORMATION

Name of School: _____

Attention: _____

Address of School: _____

City, State & Zip Code: _____

Fax Number/Email: _____

This certifies that the student(s) named below has enrolled at Davis High School.
Please forward the academic records to the date of withdrawal.

Student Name	Date of Birth	Grade

Please include the following information. You may mail/fax/email documents.

- ☐ Official Transcript
- ☐ Competency and/ or state standard tests required for graduation
- ☐ Medical and Immunization records
- ☐ Grade explanation system if letter grades are not used.
- ☐ Current IEP/ Diagnostic Summary, if applicable

Please forward all records to:

**Davis High School
325 South Main St
Kaysville, Utah 84037
Attn: Registrar-Jana Burton**

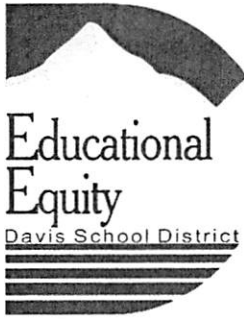
Ph: (801) 402-8821 / Fx: (801) 402-8813

Email: jaburton@dsdmail.net

The Federal Law 9931 allows for educational records to be sent to other educational agencies without the parent's signature requirement.

Thank you,

Jana Burton
Registrar
Davis High School



Family last name: _____ Grade: _____

**Student Information Questionnaire
McKinney-Vento Eligibility
Davis School District**

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11435. This form helps determine the services the student is eligible to receive.

We are required by Federal Law to update the McKinney-Vento date base every year. Please fill out this form regardless of your status. Thanks.

Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?

Yes ☐

No ☐

If you answered YES, please complete the remainder of this form and select what applies to you and/or your family and return it to the school office. If you answer NO, you do not need to complete the remainder of this form. Submit form to the school office or online.

Which of the situations below apply to the student?

- ☐ H1 Student is sharing a residence with one or more families because of economic hardship.
- ☐ H2 Student is living in a motel or hotel.
- ☐ H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
- ☐ H4 Student is living in a car, park, campground, or public place.
- ☐ H5 Student is living in a place without adequate facilities (not designed for heat, electricity, water).
- ☐ H6 Student is seeking enrollment without an accompanying parent (not in foster care).
- ☐ Disaster victim? Explain: _____

Student Name: _____ School: _____

Student ID# _____ Date of Birth: _____ Grade: _____ Gender: _____

Names and ages of siblings:

Parent Signature: _____ Date: _____

- Please notify the school if your living status changes.
- If a false claim is made about your living situation, enrollment may be affected.

Parents: Can submit forms on line through the link provided on our website
<https://www.davis.k12.ut.us/departments/federal-programs/mckinney-ventohomeless>. Please call the
Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-8724.

School: Please return only those forms indicating a temporary residence to the "District Homeless Liaison" and any other forms needed. This form can be submitted on line, and via email to dsdhomeless@dsdmail.net. Thank you.