

**BLUFF RIDGE ELEMENTARY
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		
Ethnicity (Choose one): ___ Male ___ Female ___ Hispanic/Latino ___ Not Hispanic/Latino ___ Black or African American ___ American Indian or Alaskan Native ___ Asian ___ Native Hawaiian or Pacific Islander ___ White		Race (Choose one or more, regardless of Ethnicity): ___ If Born Outside U.S. What Country _____ Date Entered U.S. _____							
Father Guardian Information					Mother Guardian Information				
Last Name		First Name		Middle Name		Last Name		First Name	
Address		City	State	Zip	Apt #	Primary Phone	Address	City	State
Mailing Address (if different)		City	State	Zip	Apt #	Secondary Phone	Mailing Address (if different)	City	State
Workplace:		Economic Guardian		Resides With		Mailing Address		Economic Guardian	
Work Phone: () - - Ext.		Yes ___ No ___		Yes ___ No ___		Ext.		Resides With	
Email Address		Yes ___ No ___		Yes ___ No ___		Last 4 Digits of Ssn		Mailing Address	
		for online lunch payment		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		Glasses/Contacts	
Address		City	State	Zip	Apt #	Primary Phone		Hearing Aid	
Mailing Address (if different)		City	State	Zip	Apt #	Secondary Phone		Physical Problems	
Workplace:		Economic Guardian		Resides With		Mailing Address		Daily Medication	
Work Phone: () - - Ext.		Yes ___ No ___		Yes ___ No ___		Ext.		Special assistance required for student to attend school:	
Email Address		Yes ___ No ___		Yes ___ No ___		Last 4 Digits of Ssn		Transportation ___ Adult Assistance ___ Wheelchair ___ Special Equipment	
		for online lunch payment		for online lunch payment		Physician		Physician	
						Phone Nbr		Phone Nbr	
						Special Programs student currently receives		Special Programs student currently receives	
						504 ___ ESL ___ Spec Ed/Resource - Speech and Language		Title I	
						Absence Notification		Absence Notification	
						Email ___ Internet ___ Phone ___		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)?				

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				
Military				
Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____				
Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____				
Branch: <input type="checkbox"/> 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: _____				
Mother Military/Federal Employment Information				
Military				
Active duty in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____				
Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____				
Branch: <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Activated: _____				
Military: <input type="checkbox"/> US Military <input type="checkbox"/> Non US Military Non US Military Country: _____				
Branch: <input type="checkbox"/> 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: _____				
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: _____				
Parent or Legal Guardian Signature _____ Date _____				

If translation services are needed please check the box and indicate the language.
Please provide the service ☐ Language _____



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student Information

Student Name _____ Gender ☐ Male ☐ Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap (Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox)* 1 st dose must be received on or after the 1 st birthday.					
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					
Meningococcal					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- ALL REQUIREMENTS MET date: _____
☐ Adequately Immunized
Or Exemption was granted for:
☐ Medical (Expires* on: _____)
☐ Religious
☐ Personal
- Conditional Admission date: _____
- Not-in-Compliance date: _____
*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian _____

Age of child at time of disease: _____

* If a student has history of the chickenpox disease, parent must sign to the right.

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 12/2014
www.immunize-utah.org
(801)-538-9450

Record Source: ☐ Physician ☐ Registered Nurse ☐ Health Dept. ☐ USIIS

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____ Title: _____

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- 5 doses of DTaP/DT/DT/dtap – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
- 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
- 1 dose of Meningococcal – required for students prior to 7th grade entry.

b. Children enrolled in *Early Childhood Programs* must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Record Source: Indicate source of original records. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, public health official or USHS will be acceptable as written proof required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the USIR against the source records.

School and Early Childhood Program Use Only:

1. ALL REQUIREMENTS MET: Requirements are met by either up-to-date immunizations on the first day of school or by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

Exemption Procedures: The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions, Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

2. CONDITIONAL ADMISSION: If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.
3. NOT-IN-COMPLIANCE: On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

Disease Verification: Parent/guardian must sign on reverse side verifying history of chickenpox disease.

Bluff Ridge Elementary

Guardianship Status

Under Utah Law and Davis School District Policy, a child is eligible to attend a school if their parent or legal guardian resides within the school's boundary. Exceptions to this may only be granted through the Boundary Variance process or the Student Services Department.

Please select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student's Name: _____ Student's Birthdate: _____

- ☐ I am the parent (birth/adopted) of this child and this child lives with:
- ☐ Both Parents
 - ☐ Mother
 - ☐ Father
- ☐ *I am the parent (birth/adopted) of this child and am not currently married to the other parent:
- ☐ I have been awarded physical custody/guardianship through the courts
 - ☐ I am a single parent and the only parent listed on the Birth Certificate
- ☐ **I am not the parent (birth or adopted) of this child. I am a relative or friend.
(Check only one)
- ☐ I have been awarded legal guardianship of this child through the court.
 - ☐ I have not been awarded legal guardianship of this child through the court.
- ☐ **I am a foster parent.
- Caseworker Name: _____ Phone# _____
- ☐ None of the above statements describe my relationship to this child.
(Please explain your relationship to this child on the back of this form.)

Your Name: _____

Your Signature: _____ Date: _____

School Staff Signature: _____ ☐ Guardian ID check Date: _____

*To assist us in complying with court orders, please provide us with a copy of the legal documentation within 10 days.

**Verification of court order, DCFS placement, or letter of authorization from Davis District must be provided prior to child being enrolled.

Bluff Ridge Elementary School

Proof of Residency Procedures

To be enrolled in Bluff Ridge Elem. 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:

Column A	Column B
All applicants must submit at least one document from Column A and one document from Column B OR two documents from Column B.	
Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in cases of divorce), and physical address.	
<ul style="list-style-type: none"> • Rental/Lease Agreement • Purchase/Escrow Agreement • If you are living with another family, or you cannot provide either of the above: (1) provide a notarized statement from the person you are living with stating that you and your child(ren) live there, the address, and for what period of time, AND (2) a document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); AND (3) one or more items from Column B showing you live at the location. <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>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: _____



Student Information Questionnaire
McKinney-Vento Eligibility
Davis School District

This voluntary questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11431 et seq. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to either of the above questions, please complete the remainder of this form.
If you answered NO to both questions, you may stop here.

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).

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

Student Name: _____ School: _____

Date: _____ Grade: _____ Gender: _____

Names and ages of school age and preschool age children: _____

Parent Signature: _____

Parents: If you have any questions concerning this form or a homeless situation, please contact the

Davis School District Homeless Liaison at 402-5609.

School: Please return those forms indicating a temporary residence to "District Homeless Liaison" at the District Office. Thank you.