

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)					
Student Lives With							Special Programs Student Currently Receives or Have Received						
<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)													
Primary Parent/Guardian Information													
Last Name			First Name		Middle Name		Relationship to Student			Active Duty Military			
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)		
Home Phone		Cell Phone		Employer		Phone		Ext		Other: _____			
Additional Parent/Guardian Information													
Last Name			First Name		Middle Name		Relationship to Student			Active Duty Military			
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)		
Home Phone		Cell Phone		Employer		Phone		Ext		Other: _____			
Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)													
Last Name			First Name		Middle Name		Relationship to Student			Active Duty Military			
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)		
Home Phone		Cell Phone		Employer		Phone		Ext		Other: _____			

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

COMPLETE AND RETURN FOR NEW STUDENTS

**Weber School District
Race and Ethnicity**

Student Name _____ Date _____

Grade _____

Please complete Part A and Part B.

Part A. Is this student Hispanic/Latino? *(Choose only one)*

- No, not Hispanic/Latino
- Yes, Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race.

No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. Which of the following groups describe the student's race? *(Choose one or more)*

- American Indian or Alaska Native (AIAN).** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Tribal affiliation (if AIAN) _____.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Tonga, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

For your information:

Ethnic group: Socially distinguishable from other groups and has developed its own subculture - which can include nationality, religion, and language - and has a shared feeling of "peoplehood."

Race: A sociological designation identifying a group of people sharing outward physical characteristics.

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 _____

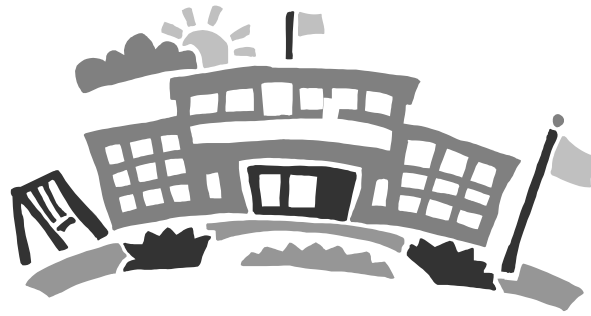
Special Dietary needs: (A Special Meal Request form is required for meal accommodations at school): _____

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.

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 _____



Immunization Requirements 7th Grade Entry 2024-2025

To attend 7th grade, a student *must have* written proof of receiving the following immunizations:

- ◆ **1 Tdap** (*Only Tdap vaccine given at age 10 years or older is acceptable for 7th grade school entry*)
- ◆ **2 Varicella (chickenpox)**
- ◆ **1 Meningococcal** (*Only Meningococcal Conjugate vaccine given at age 10 years or older is acceptable for 7th grade school entry*)
- ◆ **3 Hepatitis B**

This is in addition to the below immunizations that should have already been completed:

- ◆ **2 Measles, Mumps, Rubella (MMR)**
- ◆ **4 Polio**
- ◆ **2 Hepatitis A**
- ◆ **5 DTaP/DT**

Recommended for 11-12 year olds, but not required for school entry in Utah:

- ◆ **HPV**
- ◆ **Influenza**
- ◆ **COVID-19**

Proof of immunity to disease(s) can be accepted in place of vaccination only if a document from a health care provider stating the student previously contracted the disease is presented to the school.

For children whose parents claim an exemption to immunization for medical, religious, or personal reasons, their legally responsible individual must complete an online immunization education module at immunize.utah.gov or in-person consultation at a local health department. A copy of the certificate must be presented to the school or child care official.

For a medical exemption from the required immunizations, a completed vaccination exemption form and a written notice signed by a licensed healthcare provider must be presented to the school.

For questions regarding your child's immunization status, contact your child's healthcare provider, your local health department, or the Immunization Hotline 1-800-275-0659.

This flyer may be copied and distributed.
Rev 12/2023



UTAH DEPARTMENT OF HEALTH
UTAH IMMUNIZATION PROGRAM &
UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM

PERMISSION TO SHARE IMMUNIZATION INFORMATION

Student Name _____

Teacher _____ Grade _____ Date of Birth _____

School _____ School District _____
(if applicable)

Utah 53A-11-301 requires documentation of immunizations for school attendance.

The Utah Department of Health maintains a voluntary, confidential record system to assist parents/guardians, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunization history with USIIS will aid you, your child's health care provider, and the school to determine which immunizations your child has received and which may still be needed.

_____ I **give** my permission for the school to share my child's/legal dependent's immunization information with USIIS.

_____ I **do not give** permission for the school to share my child's/legal dependent's immunization information with USIIS.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

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

Name of Parent/Guardian _____

USIIS ID _____ **Student ID Number** _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th /Last			
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
Tdap <small>Tdap or an inadvertent DTaP given on or after 10 years of age</small>								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>								
Hepatitis B (HBV)								
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>								
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday.</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

Office of Communicable Diseases
 Immunization Program
immunize.utah.gov
 (801)-538-9450

Authorized Signature: _____ **Date:** _____

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page) and USIIS ID. The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th/Last), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand or type.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users or users who do not print USIR from USIIS

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
*NOTE - The USIIS ID and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS or users who do not print USIR from USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th/Last) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS or do not print USIR from USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Weber School District Special Services

(Update annually)

We request that you provide the school with current information regarding your child's educational services. 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 Name _____ Grade _____ Date _____

If your child is currently receiving any of the following educational services, please indicate by checking all services that apply:

- Section 504 Plan
- Special Ed/Resource services under Individuals with Disabilities in
Education Act (IDEA)
- Speech Communication services
- English Learner (EL) services
- Other (please describe) _____

Parent/Guardian Signature

Date

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(s) will be assessed for English Language Proficiency. A copy of this form must be kept in the **student's permanent file**. *This form is to be completed only by a parent/guardian or trained and designated school personnel with translation services provided as mandated by state law.*



Weber School District
Home Language Survey (HLS)



****This information cannot be used for immigration matters or reported to immigration authorities.***

Purpose: At registration, Utah uses a standard form of the Home Language Survey (HLS) that identifies a student with a language other than English. This does not mean the student lacks proficiency in English comparable to English speaking peers. The HLS:

1. Identifies a student whose home language is not English; and,
2. Identifies a student who will be tested on the skills of listening, speaking, reading and writing in academic English for additional support. (Students must be tested for services within 30 days of registration or within 10 days of entry into school, if during the year.)

Student's Name: _____ **Student's ID#:** _____ **Grade:** _____
School: _____ **Birthdate:** ____/____/____

1. If the student was not born in the United States, what date was the student first enrolled in a U.S school? Date: ____/____/____
2. What is the primary language used in the home, regardless of the language spoken by the student? _____
3. What is the language most often spoken by the student? _____
4. What is the language the student first acquired (learned to speak and understand)? _____
5. What language(s) do you (parent or guardians) use most often when you speak to your child? _____
6. What language do you prefer for school-to-home information? _____
7. Does your family come from a refugee background? _____ Yes _____ No

Parents/Guardians/Family Members:

1. The English proficiency test determines if your student needs a language support services program along with the regular education program.
2. Your child is entitled to these language support services as a Civil Right.
3. If your student qualifies for language services, you can opt out of the language services program offered by the school through the *Annual Notification Letter*.
4. You **cannot** opt out of the annual English proficiency assessment (WIDA), since it provides teachers with information for a more personalized educational experience for your student.

Parent/Guardian Signature _____ **Date** _____

Note: Federal and State regulations require schools to determine the language(s) spoken and understood by each student in order to provide appropriate instruction and support. 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 (i.e., Dual Language Immersion programs, study abroad programs, religious service, etc.)