

**WASATCH 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																	
<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. _____																							
Guardian 1 Information								Guardian 2 Information																							
Last Name		First Name		Middle Name		Suffix		Last Name		First Name		Middle Name		Suffix																	
Address		City		State		Zip		Apt #		Primary Phone		Address		City		State		Zip		Apt #		Primary Phone									
										(____)____-____												(____)____-____									
Mailing Address (if different)		City		State		Zip		Apt #		Secondary Phone		Mailing Address (if different)		City		State		Zip		Apt #		Secondary Phone									
										(____)____-____												(____)____-____									
Workplace:						Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No						Workplace:						Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No													
Work Phone: (____)____-____ Ext.						Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No						Work Phone: (____)____-____ Ext.						Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No													
Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No												Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Email Address								Last 4 Digits of Ssno for online lunch payment		Email Address								Last 4 Digits of Ssno 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																							
								Health Problems:																							
Address		City		State		Zip		Apt #		Primary Phone																					
										(____)____-____																					
Mailing Address (if different)		City		State		Zip		Apt #		Secondary Phone		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						Physician						Phone Nbr (____)____-____													
Work Phone: (____)____-____ Ext.						Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No						Special Programs student currently receives																			
Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No												<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 Ssno 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		
Guardian 1 Military/Federal Employment Information					Federal Facilities/Codes	
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: _____					3 - Hill Air Force Base Clearfield 6 - ARSR Site Francis Peak 7 - Dugway Proving Grds Tooele, Dugway 10 - Fort Douglas Salt Lake City 12 - Tooele Army Depot Tooele 13 - VA Hosp 500 Foothill Dr - Ft Douglas Sta., SLC 15 - IRS 1160 West 1200 South, Ogden 17 - Army Reserve Center Salt Lake City 18 - Courthouse & Fed Office Bldg 25th St - Grant Ave - 24th St - Kiesel St., Ogden 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) Mil Springs - Weber Basin Ogden 23 - Frank E. Moss Courthouse 350 S. Main St., SLC 29 - U.S. Courthouse for the Utah District 351 S. West Temple, SLC 31 - Forest Service 857 West South Jordan Parkway, South Jordan, UT 32 - National Guard HQ 12953 S. Minuteman Dr., Draper, UT 33 - NOAA Corps 34 - Public Health Service Commissioned Corps	
Employment at Federal Facility (see valid Federal Facilities/Codes on right side of form) Employed at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ Hours per day at facility: _____						
Guardian 2 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 at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ 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 at Federal Facility on list: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Facility Name/Code: _____						
Employed by contractor at Federal Facility on list (Hill Air Force Base, IRS) Contractor Name: _____ 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 <input type="checkbox"/> Language _____	