

Weber School District Student Information Form

Revised 1.26.18

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"/> Asla <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)		<input type="checkbox"/> Other _____				
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
Home Phone	Cell Phone	Employer		Phone		Ext		<input type="checkbox"/> Hill AFB <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> VA Hospital <input type="checkbox"/> Forest Serv Bldg <input type="checkbox"/> ANG Facility <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Federal Bldg <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> NG Facility <input type="checkbox"/> 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
Home Phone	Cell Phone	Employer		Phone		Ext		<input type="checkbox"/> Hill AFB <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> VA Hospital <input type="checkbox"/> Forest Serv Bldg <input type="checkbox"/> ANG Facility <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Federal Bldg <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> NG Facility <input type="checkbox"/> 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
Home Phone	Cell Phone	Employer		Phone		Ext		<input type="checkbox"/> Hill AFB <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Fed Office Bldg <input type="checkbox"/> Contractor at HAFB <input type="checkbox"/> VA Hospital <input type="checkbox"/> Forest Serv Bldg <input type="checkbox"/> ANG Facility <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Fed Depot <input type="checkbox"/> Federal Bldg <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> NG Facility <input type="checkbox"/> Other: _____		

Name _____ **Sex** Female Male

Birth Date _____ **School** _____ **Relationship to Student** _____

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

Webster 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://wbsd.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

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 _____

School Office: This form is to go to your counseling department for further ESL testing and registration.

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

Weber School District
Home Language Survey (HLS)

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? _____

What language do you prefer for school-to-home communication? ___ English ___ Other (please specify) _____

Note: If there is another language at home other than English, students will automatically be tested for English language development services.

Parent/Guardian Signature _____ Date _____

Complete this form if it applies to your child.

Weber School District Homeless Student Identification

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Information received will help to determine the services this student may be 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 and economic hardship? ___ yes ___ no

Complete the remainder of this form if you answered YES to questions 1 and 2 above.

School Age Student(s)	School	Grade

I would like to receive free school lunch. yes no

- Student IS in the physical custody of a parent or guardian.
- Student IS NOT in the physical custody of a parent or guardian.

Where is the student presently living? (check one)

- 1. With another family because of loss of housing or economic hardship (not to include youth in foster care).
- 2. In a motel or hotel.
- 3. In a shelter (emergency, domestic or transitional).
- 4. In a car, park, campground or public place.
- 5. Somewhere without adequate facilities (running water, heat, electricity).

Temporary address: _____

Parent(s)/guardian(s), please notify the school if your living status changes. A copy of Weber School District Policy 4750 Homeless Students, including the grievance procedure, is available upon request from the local school or district office (801-476-7811).

Parent Signature: _____ Date: _____

District Homeless Liaison Signature: _____ Date: _____
Director of Student Services

For school use: Send or fax a copy of this form to Student Services immediately (FAX 476-7859). The student will not receive free lunch until this form has been received in student services and processed.

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

**WEBER SCHOOL DISTRICT
VERIFICATION OF ADDRESS**

So that school officials can make an appropriate student placement and provide a safe school environment, the guardian (natural parent with custodial rights or adult granted custodial rights by the court or the school district) must provide the information requested below.

STUDENT NAME _____

ADDRESS _____

PHONE NUMBER _____

GUARDIAN NAME _____

PROOF OF RESIDENCY: (Provide two forms or Residence Disclosure if applicable)

- _____ Utility Bill
- _____ Driver's License
- _____ Lease agreement or rent receipt
- _____ Other (Please specify)

RESIDENCE DISCLOSURE: If student and parent(s)/guardian(s) move in with another family in the school's boundary, the Residence Disclosure form and Homeless Student Identification form (if applicable) should be used. The home owner/renter may be asked to provide two forms of proof of residency (as listed above) to establish residency in the school boundary.

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 76-8-504)

I hereby certify that I reside at the address stated. I also certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.

Guardian's Signature _____ Date _____

WEBER SCHOOL DISTRICT POLICIES AND PROCEDURES (DISCLOSURE STATEMENT)

IN THE "READ" SECTION AND ALSO ON THE DISTRICT AND SCHOOL WEBSITES ARE THE FOLLOWING WEBER SCHOOL DISTRICT POLICIES:

STUDENT DISCIPLINE POLICY (INCLUDING SAFE SCHOOL POLICY AND SEXUAL HARASSMENT), FAMILY EDUCATIONAL RIGHTS AND PRIVACY NOTICE (FERPA), WSD ATTENDANCE & TRUANCY POLICY, MISCELLANEOUS NOTICES, MEDICATION POLICY, SPECIAL NOTICE FOR PARENTS OF CHILDREN IN GRADES K-6, SCHOOL FEES NOTICE, AND DIRECTORY INFORMATION.

ALSO IN THE "READ" SECTION AND ON THE SCHOOL WEB SITE ARE SCHOOL POLICIES: CELL PHONE/ELECTRONIC DEVICES, DRESS CODE, AND SCHOOL-WIDE POLICIES.

PLEASE READ EACH ONE CAREFULLY AND REVIEW AND DISCUSS THEM WITH YOUR STUDENT.

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 ACTION.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE



Unpaid Meal Charges Procedure

Purpose:

The National School Lunch Program is a federally assisted meal program that provides students a well-balanced meal each day. All student meals are partially reimbursed by the National School Lunch Program when the household does not qualify for a free meal. Parents of children who do not qualify for the free meal benefit are required to make payments to the student account only for the portion of the cost that is not reimbursed by the National School Lunch Program.

The Unpaid Meal Charges Procedure is written to outline how Weber School District will communicate to parents/guardians about the process for managing unpaid meal charges on student accounts, the procedure for collecting balances that are negative, and to assure parents that no student should be embarrassed or confronted in collecting delinquent account balances.

Policy Information:

This policy will apply to all schools that participate in the National School Lunch Program within the Weber School District boundaries.

When a new student transfers into a school within the district, parents will receive the following information from the school:

- Prices of school meals
- Parent options to provide payment for school meals
- Application for free or reduced meal pricing benefits
- Information of collection procedures for delinquent lunch accounts

This information is available to all students.

Free/Reduced Benefit:

Weber School District Child Nutrition Department mails out paper applications for the free and reduced benefit for the federally assisted meal. All applications will be mailed to families after July 1, of the approaching school year. Child Nutrition also provides each school site applications to distribute to all new students. Applications can also be downloaded from <http://wsd.net/departments/support/child-nutrition/resources> after July 1, of the approaching school year. The completed application can be e-mailed to cnp@wsd.net or faxed to 801-476-7952.

Families may be eligible to receive benefits from Special Nutrition Assistance Program (SNAP), Utah TANF/FEP, or FDPIR. If the student is eligible, this benefit is automatically updated in our "School Lunch At Weber" (SLAW) program. Child Nutrition will send a letter to the household informing parents of the student's eligibility. Any family qualifying for these benefits do not need to submit a free/reduced application form.

Payment Options:

Parents have the option of paying student lunch accounts by bringing cash or check to the lunchroom at the school. Payments can also be made at the office. Online payments can be made at myweber.wsd.net

Delinquent Accounts:

Prior notification:

Child Nutrition will notify parents by e-mail when the account balance is low.

Students leaving current school:

When students transfer to another school within the district, move out of the district, or complete their 6th and 9th grade school year, payment of any negative balance is required. Negative balances will not be forwarded to another school. All negative lunch accounts must be paid at check-out.

Procedure for Collections:

The CNP manager of each school will make attempts to collect the negative balance by making phone calls to parents acknowledging the student lunch account is delinquent.

If the negative balance is greater than \$10.00 and payment is not received within one week, the office will send a letter home to the parent/guardian with available payment plan options.

If the negative balance is greater than \$20.00 and payment is not received or a payment plan has not been established within 10 days, another letter will be sent home from the office notifying the parent/guardian that the deficit amount is being sent to collections.

If payment is not received or a payment plan is not established within 10 days and an individual student has a negative balance greater than \$30.00, the account will be referred to collections by the administration. Any family with an aggregate negative balance greater than \$50.00 at a single school, will also be referred to collections by the administration.

Refund Procedure:

All balances in a student's account will roll into the next year.

After graduation, any balance in a senior's account or if a student leaves Weber School District, the remaining balance will be transferred into a siblings account. If there is not a sibling in the district, a letter will be sent to the parent/guardian notifying them of the remaining balance, and a request may be made for any refund at the school. If the parent/guardian does not request a refund by the end of the same calendar year, the unclaimed balance will be donated to students in need.

This institution is an equal opportunity provider.