

**KAYSVILLE JR HIGH
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															
Address		City		State		Zip		Apt #		Primary Phone		Health Problems:											
										(____)____-____													
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											
										(____)____-____		Physician											
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: ☐ Yes ☐ No Date Activated: _____Military: ☐ US Military ☐ Non US Military Non US Military Country: _____Branch: ☐ Air Force ☐ Air Force Reserve ☐ Air National Guard ☐ Army ☐ Army National Guard ☐ Army Reserve ☐ Coast Guard ☐ Coast_Guard_Reserve
☐ Marine Corps ☐ Marine Corps Reserve ☐ Navy ☐ 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 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: _____

Guardian 2 Military/Federal Employment Information

Military

Active duty in Military: ☐ Yes ☐ No Date Activated: _____Military: ☐ US Military ☐ Non US Military Non US Military Country: _____Branch: ☐ Air Force ☐ Air Force Reserve ☐ Air National Guard ☐ Army ☐ Army National Guard ☐ Army Reserve ☐ Coast Guard ☐ Coast_Guard_Reserve
☐ Marine Corps ☐ Marine Corps Reserve ☐ Navy ☐ 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: _____

Other Military/Federal Employment Information

Military

Active duty in Military: ☐ Yes ☐ No Date Activated: _____Military: ☐ US Military ☐ Non US Military Non US Military Country: _____Branch: ☐ Air Force ☐ Air Force Reserve ☐ Air National Guard ☐ Army ☐ Army National Guard ☐ Army Reserve ☐ Coast Guard ☐ Coast_Guard_Reserve
☐ Marine Corps ☐ Marine Corps Reserve ☐ Navy ☐ 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: _____

If translation services are needed please check the box and indicate the language.

Parent or Legal Guardian Signature

Date

Please provide the service

☐

Language
