Snow Horse Elementary

1095 West Smith Lane, Kaysville, Utah 84037, 801 402-7350

www.davis.k12.ut.us/schools/snowhorse

New Student Registration 2021-22

Welcome to Snow Horse Elementary
The following information is required for registration:

Your child's name _____DOB _____ Grade _____

- ☐ Photo ID for the Guardian
- ☐ Original Birth Certificate (A copy can be made in the office which we will keep in the student's file.)
- ☐ Completed and signed Student Information Form
- ☐ Guardianship Status Form
- ☐ Immunizations: A list of the required immunizations is included. For Utah residents, we have access to the state immunization registry. If you have recently moved from out of state, please provide a copy of your child's immunizations.
- ☐ Two current forms of Proof of Residency (See form for date requirements.)
- ☐ Has your child received resource programs or special education service?
  Yes _____ No _____
- ☐ Has any guardian previously had a child attend school in the Davis School District?

Name, address and phone number of previous school so we can send for records:

_____

_____

Parent Signature _____ Date _____

SNOW HORSE 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

☐ Male ☐ Female

Ethnicity (Choose one): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (Choose one or more, regardless of Ethnicity): ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ White

School Last Attended _____ Address _____ If Born Outside U.S. What Country _____ Date Entered U.S. _____

Father Guardian Information

Last Name	First Name	Middle Name	Suffix

Address	City	State	Zip	Apt #	Primary Phone

Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone

Workplace:
Work Phone: Ext.
Economic Guardian ☐ Yes ☐ No
Resides With ☐ Yes ☐ No
Mailings ☐ Yes ☐ No

Email Address
Last 4 Digits of Ssno for online lunch payment

Mother Guardian Information

Last Name	First Name	Middle Name	Suffix

Address	City	State	Zip	Apt #	Primary Phone

Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone

Workplace:
Work Phone: Ext.
Economic Guardian ☐ Yes ☐ No
Resides With ☐ Yes ☐ No
Mailings ☐ Yes ☐ No

Email Address
Last 4 Digits of Ssno for online lunch payment

Other Guardian Information

Last Name	First Name	Middle Name	Suffix

Address	City	State	Zip	Apt #	Primary Phone

Mailing Address (if different)	City	State	Zip	Apt #	Secondary Phone

Workplace:
Work Phone: Ext.
Economic Guardian ☐ Yes ☐ No
Resides With ☐ Yes ☐ No
Mailings ☐ Yes ☐ No

Email Address
Last 4 Digits of Ssno for online lunch payment

Physical Status of Student

☐ Glasses/Contacts ☐ Hearing Aid ☐ Physical Problems ☐ Daily Medication

Health Problems:

Special assistance required for student to attend school:

☐ Transportation ☐ Adult Assistance ☐ Wheelchair ☐ Special Equipment

Physician

Physician Phone Nbr

Special Programs student currently receives

☐ 504 ☐ ESL ☐ Spec Ed/Resource - Speech and Language ☐ Title I

Absence Notification

☐ Email ☐ Internet ☐ Phone ☐ No Notification

What language does your son or daughter speak most often at home? _____

What language do you speak most often at home (parents or guardians)? _____

PLEASE FILL OUT BOTH SIDES

Emergency Contacts and Authorization to Pick Up (enter at least two)					Preschool Children in Home	
Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone	Name	Birthday

Father 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 at Federal Facility on list: __Yes __ 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: _____

Mother 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 at Federal Facility on list: ☐ Yes ☐ 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: ☐ 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 at Federal Facility on list: ☐ Yes ☐ 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: _____

Federal Facilities/Codes

3 - Hill Air Force Base
Clearfield
4 - ATK Promontory North Plant
Brigham City
5 - A N G Facility
Salt Lake City Intl. Arpt #1, SLC
6 - ARSR Site
Francis Peak
7 - Dugway Proving Grds
Tooele, Dugway
8 - Fed Depot
Clearfield
10 - Fort Douglas
Salt Lake City
11 - NG Facility
Camp Williams, Lehi
12 - Tooele Army Depot
Tooele
13 - VA Hosp
500 Foothill Dr - Ft Douglas Sta., SLC
15 - IRS
1160 West 1200 South, Ogden
16 - Alliant Tech
Bacchus Works Magna - Plant 81
17 - Army Reserve Center
Salt Lake City
18 - Courthouse & Fed Office Bldg
25th St - Grant Ave - 24th St - Kiesel St., Ogden
19 - FAA Bldg
2150 W. Sixth St - N Intl. Arpt., SLC
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
24 - Utah Defense Depot
Ogden

_____ _____

Parent or Legal Guardian Signature **Date**

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

Please provide the service ☐ Language _____

Davis School District
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 boundaries. 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: Click here to enter text. Student's Birth date: Click here to enter text.

1. I am the parent (birth or adopted) of this child and this child lives with

☐ Both Parents
☐ Mother
☐ Father

2. *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

3. **I am not the parent (birth / 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

4. ☐ I am a foster parent.

5. ☐ 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: Click here to enter text.

Your Signature: Click here to enter text. Date: Click here to enter text.

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

** Verification of court order or DCFS placement must be provided prior to child being enrolled.

Required Immunizations:

5 DTaP/DT

4 Polio (3 doses if 3rd dose was given on/ after the 4th birthday)

3 Hepatitis B

2 Hepatitis A

2 Varicella (Chickenpox)- a history of the disease is acceptable; a parent must sign the verification statement on the official Utah School Immunization Record

Snow Horse Elementary School
Proof of Residency Procedures

To be enrolled in Snow Horse Elementary 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 status in order to keep our records current. The following documents may be used in determining residency.

All applicants must submit at least two documents: 1 from column A and 1 from column B, or 2 from column B. Only 1 utility bill will be accepted.

COLUMN A	COLUMN B
Documents must include parent or legal guardian's name (custodial parent or parent student lives with), and physical address	
* Rental/Lease Agreement * Purchase/Escrow Agreement * If you are living with another family, or you cannot provide either of the above, please provide: (1) 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 that you live at the location. If the situation is temporary, once you have moved into your own home, you will need to provide proof of residency for your new home. *Property tax bill (dated within the last 12 months)	Dated within the past 60 days: *Utility bill (gas, electric, cable, home telephone, etc.) *Letter from approved government agency (assisted housing, food stamps, unemployment payment) *Payroll stub *Bank or credit card statement *Current vehicle registration or insurance *Valid Utah photo identification card (not driver's license) **OR** – dated within the past year: *W-2 form

The following do not establish residency:
*Powers of attorney
*Letters from friends or relatives
*Property owned in school boundaries
*P.O. Box in school boundaries

Student's Name: Name Date: Date

Parent/Guardian Names: Name

Address of Parent/Guardian: Address
City, State, Zip

This proof of residency does not apply to homeless students. If you believe your family fits this exception, please notify the school office personnel.

To be completed by school personnel

Type of document showing residency	Date on Document
1.	
2.	

Staff Signature_____

Date_____

Davis School District
LEARNING FIRST

Family last name: _____ **Grade:** _____

Student Information Questionnaire McKinney-Vento Eligibility Davis School District

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11435. This form helps **determine the services the student is eligible to receive**.

We are required by Federal Law to update the McKinney-Vento data base every year. Please fill out this form regardless of your status. Thanks.

Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?

Yes_____ **No**_____

If you answered *YES*, please complete the remainder of this form and select what applies to you and/or your family. If you answer *NO*, you do not need to complete the remainder of this form. Submit form online, or via email to dsdhomeless@dsdmail.net

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).
- ☐ **Disaster victim? Explain**: _____

Student Name:_____**School:** _____

Student ID#_____**Date of Birth:**_____**Grade:**_____**Gender:** _____

Sibling(s) Information:

Name:	**Grade:**	**Student ID:**	**School:**

Parent Signature:_____**Date:** _____

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

Parents: Can submit forms on line through the link provided on our website https://www.davis.k12.ut.us/departments/federal-programs/mckinney-ventohomeless. Please call the Homeless/Displaced Department if you need assistance or have questions concerning this form at (801) 402-8724.

School: Please return only those forms indicating a temporary residence to the "District Homeless Liaison" and any other forms needed. This form can be submitted on line, and via email to dsdhomeless@dsdmail.net. Thank you.



Step by step enrollment instructions for Smith's Community Rewards Program

- You must have a registered Smith's *rewards* card account to link to an organization.
- Do you use your phone number at the register? Call 800-576-4377, select option 4 to get your Smith's *rewards* card number.
- If you do not yet have a Smith's *rewards* card, they are available at the customer service desk at any Smith's.

Step by step instructions, for new online customers:

- Register online at www.smithscommunityrewards.com
- Click on the Register box in the upper right corner.
  Or if you are on the Community Rewards page, click on Create an account box.
- Sign up for a Smith's Rewards Account by entering your email address, creating a password.
  Enter your zip code in the "Your location", then by selecting your favorite store, and agreeing to the terms and conditions.
- A message to check your email inbox will appear, Check your email account, you must click on the link within the body of the email.

For existing and new customers to link your *rewards* card to an organization:

- Click on the Sign in box in the upper right corner and use your email address and password to proceed to the next step.
- Click on My Account - box will appear when you are signed into your account replacing the sign in box.
- In Account Summary click on Edit *rewards* Card and input your Smith's *rewards* card number. Confirm your information.
- Click on Edit Community Rewards (last selection on Account Summary)
  Enter a NPO (Non-Profit Organization) number or a few letters of the organizations name, select organization from list and click on Enroll.
- To verify you are enrolled correctly, you will see your organization's name on the Account Summary page.
- REMEMBER, purchases will not count until after you register your *rewards* card and link to an organization. Members must swipe their registered Smith's *rewards* card or use the phone number that is related to their registered Smith's *rewards* card when shopping for each purchase to count.

REGISTRATION INFORMATION PARENTS SHOULD KNOW FROM HEALTH AND NURSING SERVICES

Sharing Student Health Information- It is important to list any health information pertinent to the school setting in the "Health Problem" space on the Registration /Demographic Card. If there are no health concerns, put a line through the "Health Problem" box. If the health status changes during the school year, ask the office to update the registration card and inform the school nurse. Some health conditions may require an Individualized Health Care Plan (see below).

Behavioral and mental health needs should also be listed on the card and discussed with an administrator or teacher. These concerns will be addressed as needed by professionals.

Vision screenings may be conducted any time during the school year throughout the district for **any student**. Various methods such as eye charts and refraction cameras may be used. A school vision screening does not replace a complete eye exam by an eye care professional. If you do not want your student to participate in screenings, please notify the school in writing every year. Forms are available on the DSD Website. *

Medication policies at school- Responsible students may keep a one day's dosage (this includes an inhaler) of most medications with them. Completion of paper work is required for medications administered by school staff. Certain medications such as injectables, controlled substances and some others have special policies for school use. Check with the school nurse for individual circumstances. Guardians are responsible to know and follow guidelines for medications as outlined on the DSD Website. *

*Visit **www.davis.k12.ut.us** and choose **Departments** then **Nursing Services** for further information, protocol and contact information for the school nurse.

Students with health issues requiring assistance may need an **Individualized Health Care Plan**

- A school nurse and guardian will work together to form a plan of care that will be in place for a 12-month period or until modified.
- Please ensure your student's health needs are taken care of until the guardian, teacher and nurse sign an Individualized Health Care Plan.
- You may view your student's current plan by using your myDSD login.

-All appropriate school staff may view information in the "Physical Status of Student" portion of the registration card.

5/2019

LETS GET SOCIAL

We invite you to show us some LOVE

FOLLOW, LIKE, & CONNECT

Snow Horse Elementary School @school_snow

Snow Horse Elementary School @SnowHorseSchool

SnowHorseElementary

RANDOM STUDENTS WILL BE SELECTED FOR A PRIZE DURING OUR SOCIAL MEDIA LOVE EVENT ALL MONTH!

SO COMMENT, LIKE, & FOLLOW TODAY!