

School Year 2021-2022

Dear Parents,

We are excited that your child will be coming to Kindergarten at Adelaide Elementary this fall!

To be eligible for kindergarten, your child will need to be 5 years old **on or before** September 1st, 2021. Parent or legal guardian must reside within the school boundaries.

Kindergarten materials are enclosed in this packet. Carefully read and follow the Kindergarten Registration check list.

Adelaide offers AM and PM Kindergarten this is our anticipated schedule:

Morning Kindergarten M-Th 8:50-11:30 / Friday 8:50-10:50

Afternoon Kindergarten M-Th 12:45-3:25 / Friday 11:25-1:25

We will be open for registration:

Thursday January 28, between 2:00 PM -7:00 PM

Friday January 29, from 7:00 Am.-4:00 PM

If you are unable to come, please complete the on-line registration link on our school website under registration. By completing the online form, we will save a spot and plan for staffing accordingly. You can always contact the office for guidance and information (801-402-1250)

Requests Am or PM classes will be taken into consideration on a first come first served, only after all paperwork has been submitted (*birth-certificate, immunizations, Picture ID, proof of address*).

The office is open from 8:00 AM to 4:00 PM Monday- Friday during the school year if you want to drop off registration information. We look forward to seeing you.

**DAVIS SCHOOL DISTRICT
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																	
Student's Legal Last Name		Legal First Name		Middle Name		Suffix	Preferred Last Name		Preferred First Name		Date of Birth	Grade in School	Student SSNO														
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No Response																									
School Last Attended _____						Address _____		If Born Outside U.S. What Country _____			Date Entered U.S. _____																
Father Guardian Information						Mother Guardian Information																					
Last Name		First Name		Middle Name		Suffix		Last Name		First Name		Middle Name		Suffix													
Address		City		State		Zip		Apt #		Home Phone		Address		City		State		Zip		Apt #		Home Phone					
Mailing Address (if different)		City		State		Zip		Apt #		Cell/Alt. Phone		Mailing Address (if different)		City		State		Zip		Apt #		Cell/Alt. 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 #		Home Phone		Health Problems:															
Mailing Address (if different)		City		State		Zip		Apt #		Cell/Alt. 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																	
Work Phone:						Ext.				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician				Phone Nbr									
Mailings						<input type="checkbox"/> Yes <input type="checkbox"/> No				Special Programs student currently receives																	
Email Address						Last 4 Digits of Ssno for online lunch payment		<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language																			
Absence Notification						<input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification																					
What is the first language your son or daughter learned to speak? _____														What language does your son or daughter speak most often at home? _____													
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)					Preschool Children in Home	
Contact (Other than guardian)	Relationship	Phone Nbr	Ext.	Cell/Alt. Phone	Name	Birthday
Father 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 4 - AF Plant #78, Brigham City 5 - A N G Facility, Salt Lake City Intl. Arprt #1, SLC 6 - ARSR Site, Francis Peak 7 - Dugway Proving Grds, Tooele, Dugway 8 - Fed Depot, Clearfield 9 - Federal Admin Bldg 1745 W. 1700 S. Redwood Rd., SLC 10 - Fort Douglas, Salt Lake City 11 - NG Facility, Camp Williams, Lehi 12 - Tooele Army Depot, Tooele 13 - VA Hospital 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. Arprt., 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	
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: _____						
Mother 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 _____	

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.

Student's Name _____

Student's Birth date _____

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.**

* I am the parent (birth / adopted) of this child and this child lives with:

Both Parents

Mother

Father

I am the parent (birth/ adopted) of this child and am not currently married to the other parent:

I have been awarded physical custody through the courts

** I am not listed on the birth certificate, but have established paternity

** I am not the parent (birth or 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.

*** I am a foster or proctor parent.

Caseworker Name _____ Phone # _____

None of the above statements describe my relationship to this child. (Please explain)

YourName: _____ Address: _____

YourSignature: _____ Date: _____

* A copy of the birth certificate is required

** To assist us in complying with court orders, please provide us with a copy of all legal documents.

*** DCFS, Foster Care or Youth Corrections placement requires a District Case Management Team staffing with the Caseworker, prior to enrollment.

All Foreign Exchange Students must process through Student Services

Adelaide Elementary School
731 West 3600 South, Bountiful, UT

Proof of Residency Procedures

To be enrolled in ORCHARD 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 in order to keep our records current. The following documents may be used in determining residency:

All applicants must submit at least <u>ONE</u> document from Column A and <u>ONE</u> document from Column B OR <u>TWO</u> documents from Column B, plus Picture ID	
Column A	Column B
Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in cases of divorce), and physical address.	
<ul style="list-style-type: none">• Rental/Lease Agreement• Purchase/Escrow Agreement• If you are living with another family, or you cannot provide either of the above:<ul style="list-style-type: none">1) Provide a notarized statement from the person you are living with stating that you <i>and</i> your child(ren) live there, the address, and for what period of time, AND2) <u>A document showing that the person you are living with resides within district and school boundaries (see acceptable documents above); AND</u>3) One or more items from Column B showing you live at the location. <p><i><u>If the situation is temporary, once you have moved into your own home, you will need to bring in proof of residency for your new home.</u></i></p>	<p>Dated within the past 60 days:</p> <ul style="list-style-type: none">• Utility bill (gas, electric, home telephone, cable, etc.)• Letter from approved government agency (assisted housing, food stamps, unemployment payment)• Payroll stub• Bank or credit card statement• Valid driver's license• Current vehicle registration or insurance• Valid Utah photo identification card• Medical billing or insurance information <p>Dated within the past year:</p> <ul style="list-style-type: none">• W-2 form• Property tax bill
The following do not establish residency: <ul style="list-style-type: none">• Powers of Attorney• Property owned in school district boundaries• Letters from friends or relatives• P.O. Box in school district boundaries	

Student's Name: _____ Date: _____

Parent/Guardian Names: _____

Address of Parent/Guardian _____

If the student has a sibling currently attending this school for which Proof of Residency has already been presented, school staff may consider the prior documentation to be sufficient for this student.

Name and grade of sibling(s) currently attending this school:

School staff must verify and make notation below

This proof of residency procedure does not apply to homeless students. If you believe your family fits this exception, please ask school personnel for a Student Information Questionnaire.

To be completed by school personnel

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

School Staff Signature: _____

Date: _____



Housing Information/McKinney-Vento Eligibility Form

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act

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.

Please choose which of the following situations the student currently resides in (you can choose more than one):

- ☐ sharing a residence with one or more families because of economic hardship.
- ☐ living in a motel or hotel.
- ☐ living in a shelter (domestic violence, emergency, or transitional housing units).
- ☐ living in a car, park, campground, or public place.
- ☐ living in a place without adequate facilities (not designed for heat, electricity, water).
- ☐ seeking enrollment without an accompanying parent (not in foster care).
- ☐ **Disaster victim? Explain:** _____

Address of current residence, name of motel/hotel, shelter, or "general area" of current residence: _____

If you are living in shared housing, please check all the following that apply:

- ☐ Loss of housing ☐ Economic situation ☐ Temporarily waiting for a house or apartment
- ☐ Provide care for a family member ☐ Living with boy/girlfriend ☐ Loss of employment
- ☐ Parent/Guardian deployed ☐ Other)explain)_____

Student Name: _____ School: _____

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

Sibling(s) Information:

Name	Grade:	Student ID:	School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Guardian Name: (Print) _____ Phone Number: _____

Email: _____ Signature: _____

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

Parents: Submit forms via email dsdhomeless@dsdmail.net or online 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) 402-5119.

PRE-EMERGENCY EVACUATION RELEASE FORM

School: _____ Teacher: _____

Child's Name: _____ Birth date: _____

Last First

Home Address _____ Home Phone _____

List the names of brothers/sisters that also attend this school:

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

List guardians who are allowed to pick up student in an emergency:

Father's Name _____ Alternate Phone #'s _____

Mother's Name _____ Alternate Phone #'s _____

Guardian's Name _____ Alternate Phone #'s _____

Please list below the names of other people authorized to pick up, transport and care for your child in the case of personal emergency or a community disaster. Please list as many people as possible. **NO STUDENT WILL BE RELEASED TO ANYONE UNDER AGE 18.**

NAME	ADDRESS	PHONE	RELATIONSHIP

The following information could be vital to emergency medical care personnel in the case of a community disaster.

Child's doctor or medical group _____ Phone _____

Does your child have any chronic illnesses or allergies/asthma? Yes _____ (Please Explain) No _____

Is your child allergic to any medication? List: _____

Is your child presently taking any medication? List: _____

Other concerns? _____

I hereby authorize _____ School to release my child to any of the above persons, if I am not available. The person picking up the student must have picture identification.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Signature of Adult releasing child _____ Date: _____

Signature of authorized adult taking child _____ Date: _____

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student Information

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

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox)* 1 st dose must be received on or after the 1 st birthday.					
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					
Meningococcal					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- ALL REQUIREMENTS MET date: _____
☐ Adequately Immunized
Or Exemption was granted for:
☐ Medical (Expires* on: _____)
☐ Religious
☐ Personal
 - Conditional Admission date: _____
 - Not-in-Compliance date: _____
- *If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian _____

Age of child at time of disease: _____

* If a student has history of the chickenpox disease, parent must sign to the right.

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 12/2014
www.immunize-utah.org
(801)-538-9450

Record Source: ☐ Physician ☐ Registered Nurse ☐ Health Dept. ☐ USIIS

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ **Date:** _____ **Title:** _____

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for *school* entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- **5 doses of DTaP/DTP/DT/Tdap** – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- **1 dose of Tdap** – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- **2 doses of Measles, Mumps, and Rubella** – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
- **3 doses of Hepatitis B** – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- **2 doses of Varicella (chickenpox)** – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- **2 doses of Hepatitis A** – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
- **1 dose of Meningococcal** – required for students prior to 7th grade entry.

b. Children enrolled in *Early Childhood Programs* must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Record Source: Indicate source of original records. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, public health official or USIIS will be acceptable as written proof required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the USIR against the source records.

School and Early Childhood Program Use Only:

1. ALL REQUIREMENTS MET: Requirements are met by either up-to-date immunizations on the first day of school **or** by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

Exemption Procedures: The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions, Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

2. CONDITIONAL ADMISSION: If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.
3. NOT-IN-COMPLIANCE: On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

Disease Verification: Parent/guardian must sign on reverse side verifying history of chickenpox disease.