

**SYRACUSE 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			
Ethnicity (Choose one): ___ Male ___ Female ___ 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					Mother Guardian Information							
Last Name		First Name		Middle Name	Suffix	Last Name		First Name	Middle Name	Suffix		
Address		City	State	Zip	Apt #	Address		City	State	Zip	Apt #	
Mailing Address (if different)		City	State	Zip	Apt #	Mailing Address (if different)		City	State	Zip	Apt #	
Workplace: Work Phone: Ext.		Economic Guardian Resides With Mailings		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___		Workplace: Work Phone: Ext.		Economic Guardian Resides With Mailings		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___		
Email Address		Last 4 Digits of Ssn for online lunch payment		Last 4 Digits of Ssn for online lunch payment		Email Address		Last 4 Digits of Ssn for online lunch payment		Last 4 Digits of Ssn for online lunch payment		
Other Guardian Information					Physical Status of Student							
Last Name		First Name		Middle Name	Suffix	Glasses/Contacts ___ Hearing Aid ___ Physical Problems ___ Daily Medication Health Problems:						
Address		City	State	Zip	Apt #	Special assistance required for student to attend school: ___ Transportation ___ Adult Assistance ___ Wheelchair ___ Special Equipment						
Mailing Address (if different)		City	State	Zip	Apt #	Physician Phone Nbr						
Workplace: Work Phone: Ext.		Economic Guardian Resides With Mailings		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___		Physician Phone Nbr						
Email Address		Last 4 Digits of Ssn for online lunch payment		Last 4 Digits of Ssn for online lunch payment		Special Programs student currently receives ___ 504 ___ ESL ___ Spec Ed/Resource - Speech and Language ___ Title I						
What language does your son or daughter speak most often at home? What language do you speak most often at home (parents or guardians)?		Absence Notification Email ___ Internet ___ Phone ___ No Notification		What is the first language your son or daughter learned to speak? 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		
Father 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 ___ Coast Guard ___ Coast_Guard_Reserve Marine Corps ___ Marine Corps Reserve ___ Navy ___ Navy Reserve Other _____ Rank: _____ Unit: _____						3 - Hill Air Force Base Clearfield 4 - Orbital 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 - Orbital ATK, Inc. Bacchus Works Magna - Plant 81 17 - Army Reserve Center Salt Lake City	
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: _____							
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 ___ 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 ___ 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: _____							
Parent or Legal Guardian Signature _____ Date _____ If translation services are needed please check the box and indicate the language. Please provide the service ☐ Language _____							