



SYRACUSE HIGH SCHOOL

NEW STUDENT REGISTRATION CHECK LIST

NAME: _____ GRADE: _____ DATE: _____

Complete All Attached Forms
Please Provide Copies of Immunizations and Birth Certificate

The following are **required** to enroll a new student:

- ☐ **Parent/Legal Guardian must be present with photo ID**
- ☐ **Proof of Residency Form** (along with 2 forms of Parent/Guardian proof of residency)
- ☐ **Immunization Records** as required by the State Health Department (please provide a copy)
 - If you are exempt, please provide exemption paperwork



5 doses of DTP/DTaP/DT/Td /Tdap
1 Tdap booster within 10 years
4 doses of Polio
2 doses of MMR
3 doses of Hepatitis B
2 doses of Hepatitis A
2 Varicella (chicken pox) or history of disease
1 Meningococcal

- ☐ **Original Birth Certificate** (please provide a copy)
- ☐ **ALL STUDENTS MUST provide an unofficial copy of their transcript**
- ☐ **McKinney-Vento Homeless Eligibility Questionnaire**
- ☐ **Records Request Form** - filled out with previous school name, address, phone and fax numbers.
- ☐ **Guardianship Status Form** – if items 2 – 5 are checked, **legal documentation is required**
- ☐ **SHS Student Information Form** completely filled out and signed by parent/guardian
- ☐ **SHS Transition Form**- please read, mark if applies, sign and date
- ☐ **Withdrawal Grades** from previous school attended (if transferring during school year)
- ☐ **Policy Acceptance Forms** (*access on-line with myDSD after enrollment*)

To schedule an enrollment appointment or questions during school year, please contact:

Natalie Ogan

Registrar

801-402-7923

Email: nogan@dsdmail.net

****during Summer Break contact Main Office at (801) 402-7900****



Syracuse High School RECORDS REQUEST

Date: _____

ADDRESS OF LAST SCHOOL ATTENDED (if junior high, future high school)

Name of School: _____

Address of School: _____

City, State and Zip Code: _____

Fax # of school: _____

This certifies that the student named below has enrolled at Syracuse High School. Please forward the academic records to the date of withdrawal.

Name: _____ Birthdate: _____ Current Grade: _____

Please include the following information:

- ☐ OFFICIAL TRANSCRIPT
- ☐ Immunization Records
- ☐ Pertinent Test Scores-Competency /Exit Testing
- ☐ Withdrawal grades and Date of Withdrawal
- ☐ Explanation of Grading System
- ☐ Discipline/ Safe School Information
- ☐ Special Education Records/IEP
- ☐ Birth Certificate

Please forward all records to:

Syracuse High School
Attn: Natalie Ogan (Registrar)
665 S. 2000 W.
Syracuse, UT 84075

(801) 402-7923
(801) 402-7908 (FAX)
nogan@dsdmail.net

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 _____ Student's Birthdate _____

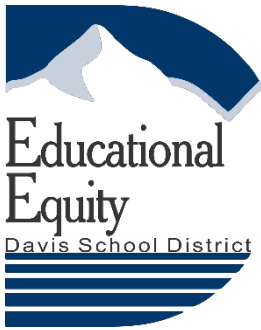
1. I am the parent (birth or adopted) of this child and this child lives with
☐ Both Parents
2. * I am the parent (birth / adopted) of this child and am not currently married to the other parent: *
☐ I have been awarded physical custody / guardianship through the courts.
☐ I am a single parent and the 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: _____
(Please print)

Your Signature: _____ Date: _____

* 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.



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.**

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 return it to the school office.

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).

Student Name: _____ School: _____

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

Names and ages of siblings:

Parent 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: Please call the Davis School District Education Equity Department if you need assistance or have questions concerning this form at (801) 402-8730.

School: Please return only those forms indicating a temporary residence to “District Homeless Liaison” at the District Office. Thank you.

**SYRACUSE HIGH SCHOOL
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		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. _____						
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: _____				Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No				Work Phone: _____				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										Health Problems:														
Address		City		State		Zip		Apt #		Home Phone														
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												
										Physician														
Workplace:				Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No				Physician				Phone Nbr												
Work Phone: _____				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 <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language																
										Absence Notification														
Email Address _____										<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)						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	
<div>Military</div> <div>Active duty in Military: Yes No Date Activated:</div> <div>Military: US Military Non US Military Non US Military Country:</div> <div>Branch: Air Force Air Force Reserve Air National Guard Army Army National Guard Army Reserve Coast Guard Coast Guard Reserve Marine Corps Navy Navy Reserve Other</div> <div>Rank: Unit:</div>						<div>3 - Hill Air Force Base Clearfield</div> <div>4 - ATK Promontory North Plant Brigham City</div> <div>5 - A N G Facility Salt Lake City Intl. Arpt #1, SLC</div> <div>6 - ARSR SiteFrancis Peak</div> <div>7 - Dugway Proving GrdsTooele, Dugway</div> <div>8 - Fed Depot Clearfield</div> <div>10 - Fort DouglasSalt Lake City</div> <div>11 - NG Facility Camp Williams, Lehi</div> <div>12 - Tooele Army Depot Tooele</div> <div>13 - VA Hosp 500 Foothill Dr - Ft Douglas Sta., SLC</div> <div>15 - IRS 1160 West 1200 South, Ogden</div> <div>16 - Alliant Tech Bacchus Works Magna - Plant 81</div> <div>17 - Army Reserve Center Salt Lake City</div> <div>18 - Courthouse & Fed Office Bldg 25th St - Grant Ave - 24th St - Kiesel St., Ogden</div> <div>19 - FAA Bldg 2150 W. Sixth St - N Intl. Arpt., SLC</div> <div>20 - Fed Office Bldg 125 S. State St - 1st S., SLC</div> <div>21 - Forest Serv Bldg 507 25th - 504 24th - Adams St., Ogden</div> <div>22 - Job Corps Cons Str (#323) Mil Springs - Weber Basin Ogden</div> <div>23 - Frank E. Moss Courthouse 350 S. Main St., SLC</div> <div>24 - Utah Defense DepoOgden</div>	
<div>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)</div> <div>Employed at Federal Facility Yes No Contractor Name:</div> <div>Federal Facility Name/Code: Hours per day at facility:</div>							
Mother Military/Federal Employment Information							
<div>Military</div> <div>Active duty in Military Yes No Date Activated:</div> <div>Military: US Military Non US Military Non US Military Country:</div> <div>Branch: Air Force Air Force Reserve Air National Guard Army Army National Guard Army Reserve Coast Guard Coast Guard Reserve Marine Corps Navy Navy Reserve Other</div> <div>Rank: Unit:</div>							
<div>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)</div> <div>Employed at Federal Facility on list: Yes No Contractor Name:</div> <div>Federal Facility Name/Code Hours per day at facility:</div>							
Other Military/Federal Employment Information							
<div>Military</div> <div>Active duty in Military Yes No Date Activated:</div> <div>Military: US Military Non US Military Non US Military Country:</div> <div>Branch: Air Force Air Force Reserve Air National Guard Army Army National Guard Army Reserve Coast Guard Coast Guard Reserve Marine Corps Navy Navy Reserve</div> <div>Rank: Unit:</div>							
<div>If translation services are needed please check the box and indicate the language.</div> <div>Parent or Legal Guardian Signature Date Please provide the service Language</div>							

School Proof of Residency Procedures

To be enrolled in _____ 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 one document from Column A and one document from Column B OR two documents from Column B.	
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: <ol 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, 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 you live at the location. <p><i>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.</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
<p>The following do not establish residency:</p> <ul style="list-style-type: none"> • Powers of Attorney • Letters from friends or relatives • Property owned in school district boundaries • P.O. Box in school district boundaries 	

Students 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 of sibling 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.	
3.	