

**MUIR 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		
<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 #		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		Resides With <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	
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							
Workplace:		Economic Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		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					
Work Phone: Ext.		Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No		Physician							
Email Address				Last 4 Digits of Ssno for online lunch payment		Physician _____ Phone Nbr _____							
Special Programs student currently receives													
<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource - Speech and Language <input type="checkbox"/> Title I													
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 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					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 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	
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: _____	
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 _____						