

# WEBER HIGH SCHOOL NEW STUDENT REGISTRATION CHECK LIST

In order to register at Weber High School you must provide the following information:

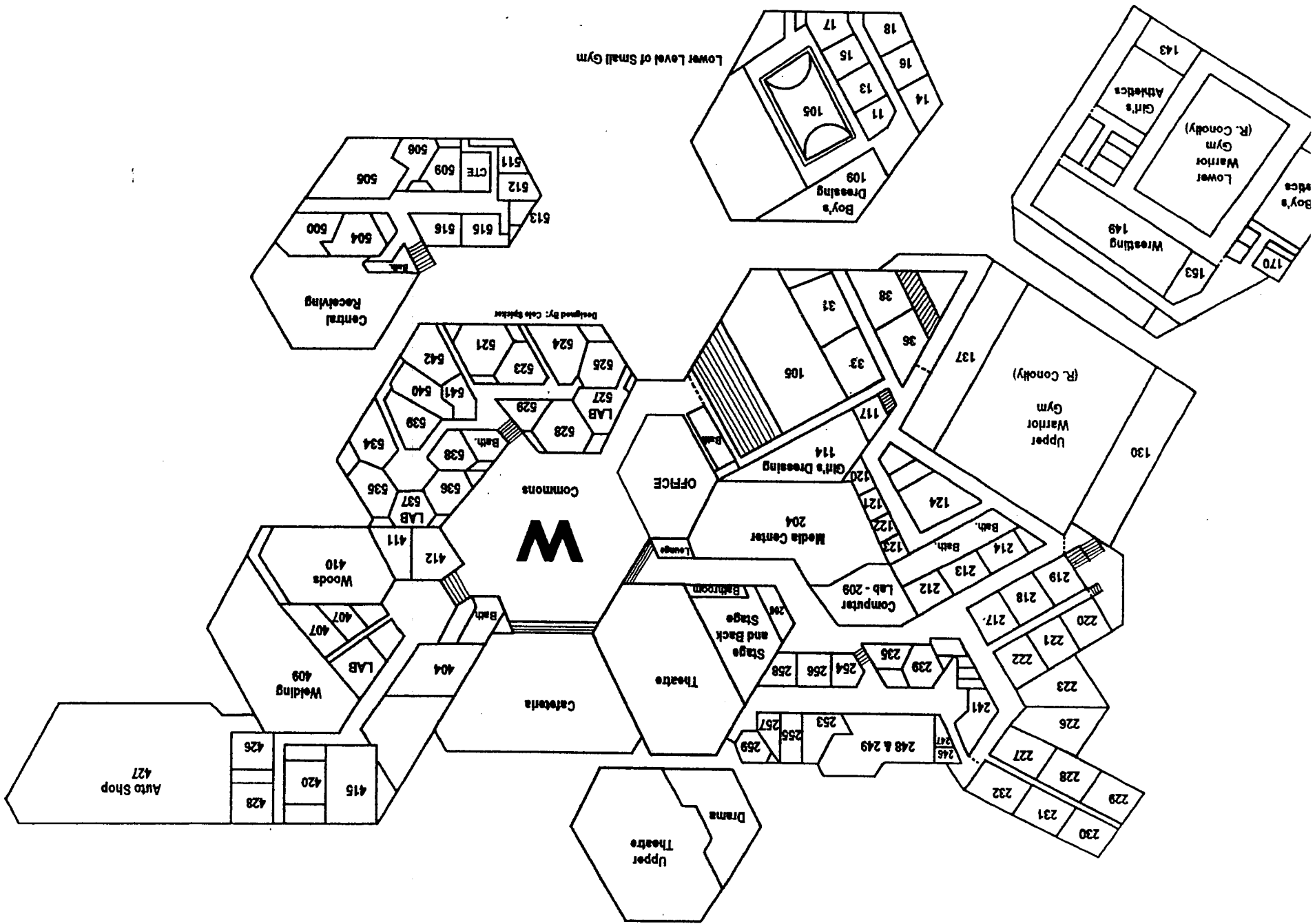
1. **Immunization record.** This record must be complete. Student must have a second MMR (Mumps, Measles, Rubella) booster to attend school. This is a state law. **A current immunization record must be provided at the time of registration.**
2. **Birth certificate.**
3. **Transcript of grades.** You must provide Weber High School with a copy of your transcript. **You cannot register without these records.** You can obtain these from your former school. Have them faxed to Weber High School:  
801-476-3799 ATTN: DEANN
4. **Verification of your address.** This must be a utility bill. If you do not have a utility bill with your guardian's name and address in which are residing, you must fill out the residence disclosure form. **It must be notarized and returned to the registrar at the time of registration.**
5. Student must be living with parents, or court appointed legal guardian.
6. **You will not be able to register for Weber High School without this documentation.**
7. Call Weber High School to make an appointment to see your counselor, 801-476-3700.

For more information on policies at Weber High please see the school website: [www.whs.wsd.net](http://www.whs.wsd.net) Go to the "student" link for policies, the course guide, and much more valuable information.

To find out what bus you may be able to ride, go to the following website:

[Blog.wsd.net/transportation](http://Blog.wsd.net/transportation)

Click on the green bus, put in your address and click find. The bus information will be displayed.



**WEBER HIGH SCHOOL  
Registration/Emergency Information**

**If any information has changed since last year, check this box.**

Student's Legal Last Name		First Name	MI	Cell#	Gender Male / Female	Grade	Social Security #
Date of Birth	Place of Birth	School Last Attended			Address		
Is this student Hispanic/Latino? ___ No, not Hispanic ___ Yes, Hispanic/ Latino The above question is about ethnicity, not race.		Student's race (check all that apply) ___ Asian ___ Black ___ Caucasian ___ Pacific Islander ___ American Indian/Alaskan Native ___ Other			Tribal Affiliation		

**Home Information**

Student lives with: ___ Both Parents ___ Father ___ Mother ___ Legal Guardian Other		Home Phone
Home Address:		Mailing Address:
City, State Zip:		City, State Zip:

**Parent/Guardian Information**

Last Name	First Name	Middle Name	Relationship to Student	<b>Active Duty Military</b>
				Branch: _____ Rank: _____
Cell Phone				<b>Employed at Federal Facility</b>
Employer	Federally Employed ___ Yes ___ No			___ Hill AFB    ___ Fed Admin Bldg    ___ Alliant Tech    ___ Forrest Serv Bldg ___ ATK AF Plant #78    ___ Ft Douglas    ___ Army Resv Ctr    ___ Job Corps Miltry Sp ___ ANG Facility    ___ VA Hosp    ___ NG Facility    ___ Tooele Army Depot ___ IRS    ___ FAA Bldg    ___ Fed Office Bldg, SLC    ___ Fed Depot, Cirfld ___ Fed Bldg, Ogden    ___ UT Defense Depot    ___ Little Mtn Test Annex    ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna    ___ Other _____ ___ Contractor at HAFB
Work Phone	Ext.			

**Spouse Information**

Last Name	First Name	Middle Name	Relationship to Student	<b>Active Duty Military</b>
				Branch: _____ Rank: _____
Cell Phone				<b>Employed at Federal Facility</b>
Employer	Federally Employed ___ Yes ___ No			___ Hill AFB    ___ Fed Admin Bldg    ___ Alliant Tech    ___ Forrest Serv Bldg ___ ATK AF Plant #78    ___ Ft Douglas    ___ Army Resv Ctr    ___ Job Corps Miltry Sp ___ ANG Facility    ___ VA Hosp    ___ NG Facility    ___ Tooele Army Depot ___ IRS    ___ FAA Bldg    ___ Fed Office Bldg, SLC    ___ Fed Depot, Cirfld ___ Fed Bldg, Ogden    ___ UT Defense Depot    ___ Little Mtn Test Annex    ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna    ___ Other _____ ___ Contractor at HAFB
Work Phone	Ext.			

**Other Parent (not in household) Information**

Last Name	First Name	Middle Name	Relationship to Student	<b>Active Duty Military</b>
				Branch: _____ Rank: _____
Cell Phone				<b>Employed at Federal Facility</b>
Employer	Federally Employed ___ Yes ___ No			___ Contractor at HAFB ___ Hill AFB    ___ Fed Admin Bldg    ___ Alliant Tech    ___ Forrest Serv Bldg ___ ATK AF Plant #78    ___ Ft Douglas    ___ Army Resv Ctr    ___ Job Corps Miltry Sp ___ ANG Facility    ___ VA Hosp    ___ NG Facility    ___ Tooele Army Depot ___ IRS    ___ FAA Bldg    ___ Fed Office Bldg, SLC    ___ Fed Depot, Cirfld ___ Fed Bldg, Ogden    ___ UT Defense Depot    ___ Little Mtn Test Annex    ___ Dugway Proving Grds ___ Hercules Powder, Plant 81, Magna    ___ Other _____
Work Phone	Ext.			

Other School-Age Children in the Home					
Name	Birth Date	School	Name	Birth Date	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency Contacts if Parent/Guardian/Spouse is unavailable			
Name	Relationship	Phone (w/ area code)	Alternate Phone (w/area code)
_____	_____	_____	_____
_____	_____	_____	_____

Student Medical Information	Disclosure Statement
<p>Diagnosed Conditions</p> <p> <input type="checkbox"/> ADD/ADHD    <input type="checkbox"/> Asthma    <input type="checkbox"/> Hearing    <input type="checkbox"/> Seizure    <input type="checkbox"/> Mental Health  <input type="checkbox"/> Allergy    <input type="checkbox"/> Diabetes    <input type="checkbox"/> Heart    <input type="checkbox"/> Vision    <input type="checkbox"/> Other         </p> <p>Please describe:</p> <p>Medications:</p>	<p>On the Weber High School web site are the following District and School Policies: WSD Attendance/Citizenship, WSD Acceptable Use for Computer Network Communications, WHS Class Change Policy, WHS Eligibility, WHS Sexual Harassment, and WHS Cell Phone/Electronic Devices, Dress Code and FERPA. Please read each one carefully and review and discuss them.</p> <p>I have read all policies and agree to abide by all provisions. I understand any violation of these policies may result in appropriate disciplinary action.</p> <p>_____</p> <p>Student Signature <span style="float: right;">Date</span></p> <p>_____</p> <p>Parent Signature <span style="float: right;">Date</span></p>

Special Services	Home Language Survey
<p>Is the student currently receiving special services?</p> <p> <input type="checkbox"/> Resource    <input type="checkbox"/> Other Special Education Services    <input type="checkbox"/> 504 Accommodations  <input type="checkbox"/> Other Services         </p> <p>Please describe:</p>	<p>If other than English:</p> <p>What was the first language the student learned to speak? _____</p> <p>What language is spoken most often in the home? _____</p> <p>What language is spoken most often by the student? _____</p> <p>Preferred language for school-to-home communication? _____</p> <p>What year did the student first enter a U.S. school (if not Kindergarten)? _____</p>

Does the student have a caseworker with the Division of Youth Corrections or Child and Family Service?  No  Yes (If yes attach the "Required Intake Information" form.)

Is the student coming from an alternative school such as a diversion or wilderness program, detention center, treatment or hospital, long term suspension/expulsion or drop out status?  No  Yes If yes, explain \_\_\_\_\_

*It is a class B misdemeanor in Utah to knowingly make any false written statement to a public servant while he or she is performing an official function (Utah Code 76-8-505).*

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WEBER SCHOOL DISTRICT  
Residence Disclosure**

This form must be completed, signed with both signatures, notarized and returned to the school. Please note that you must sign in the presence of a notary.

**It is a class B misdemeanor in Utah to knowingly make any false written statement to a public servant while he or she is performing an official function. (Utah Code 76-8-504)**

<b>Parent/Guardian Disclosure</b>	
Student Name: _____	
Parent/Guardian Name: _____	Telephone: _____
Address: _____	Move-in date: _____
Name of home owner/renter: _____	
<i>I hereby certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.</i>	
_____ Signature of Parent/Guardian	Date: _____

<b>Home Owner/Renter Disclosure*</b>	
Name: _____	
Address: _____	Telephone: _____
<i>I hereby certify that I have accurately provided all requested data, not knowingly given any false or misleading information and that _____ resides with me on a full-time basis at the address listed above.</i>	
(parent/guardian)	
_____ Signature of Home Owner/Renter	Date: _____
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20____.	
_____ Notary Public	

\*Home owner may be asked to present two forms of proof of residence.

**Complete this form if it applies to your child.**

**Weber School District  
Homeless Student Identification**

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Information received will help to determine the services this student may be eligible to receive.

- 1. Is your current address a temporary living arrangement? \_\_\_ yes \_\_\_ no
- 2. Is this temporary living arrangement due to loss of housing and economic hardship? \_\_\_ yes \_\_\_ no

Complete the remainder of this form if you answered YES to questions 1 and 2 above.

School Age Student(s)	School	Grade

- I would like to receive free school lunch.  yes  no
- Student IS in the physical custody of a parent or guardian.
  - Student IS NOT in the physical custody of a parent or guardian.

Where is the student presently living? (check one)

- 1. With another family because of loss of housing or economic hardship (not to include youth in foster care).
- 2. In a motel or hotel.
- 3. In a shelter (emergency, domestic or transitional).
- 4. In a car, park, campground or public place.
- 5. Somewhere without adequate facilities (running water, heat, electricity).

Temporary address: \_\_\_\_\_

Parent(s)/guardian(s), please notify the school if your living status changes. A copy of Weber School District Policy 4750 Homeless Students, including the grievance procedure, is available upon request from the local school or district office (801-476-7811).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Homeless Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Student Services

**For school use:** Send or fax a copy of this form to Student Services immediately (FAX 476-7859). The student will not receive free lunch until this form has been received in student services and processed.

# WEBER HIGH SCHOOL REGISTRATION FEE CHECKLIST

2015-2016

**RETURN THIS FORM COMPLETED**

Student Name: _____		Grade: _____	
(Please print full name)			
<b>REQUIRED FEES</b>			
Student Activity Card			\$30.00
Textbook Rental			\$35.00
Computers & Technology Fee			\$18.00
Mailing Costs			\$7.00
TOTAL REQUIRED FEES			<b>\$90.00</b>
<b>OPTIONAL FEES</b>			
	Price	Number Ordered	Total
Student Directory/Planner	\$5.00	X =	
Yearbook	\$39.00	X =	
Parking Permit (Completed Parking Policy Form must accompany payment)	\$10.00	X =	
P.T.S.A. Membership - Student	\$7.00	X =	
P.T.S.A. Membership – Parent/Parents	\$7.00	X =	
P.T.S.A. Donation		=	
TOTAL OPTIONAL FEES			
<b>TOTAL FEES PAID</b>			
<b>MAKE CHECK OR MONEY ORDER PAYABLE TO WEBER HIGH SCHOOL</b>			
Are you applying for a Fee Waiver? ____ Yes ____ No If yes, please attach fee waiver application with appropriate verification ( <b>1040 TAX FORM</b> ) to this form.			

**FEES MAY BE PAID ONLINE AT [WWW.MYSCHOOLFEES.COM](http://WWW.MYSCHOOLFEES.COM)**

Required Registration forms must still be submitted to the school office.

**SOME CLASSES MAY REQUIRE ADDITIONAL DISTRICT OR SCHOOL FEES WHICH WILL BE DUE AFTER SCHOOL STARTS**

**PLEASE DO NOT INCLUDE ANY OTHER SCHOOL FEES WITH THIS REGISTRATION FORM**

**WEBER SCHOOL DISTRICT REGISTRATION COSTS 2015-2016**

4210

<b>GENERAL FEES</b>	<b>JR. HIGH – GRADES 7-9</b>	<b>HIGH SCHOOL GRADES</b>
<b>10-12</b>		
Student Activity	18.00	30.00
Textbook Rental	35.00	35.00
Computers & Technology Fee	18.00	18.00
Mailing Costs	6.00	7.00
<b>CLASS FEES</b>		
Band/Orchestra Instrument Rental	85.00	85.00
Conditioning/Weight Lifting (per semester)	5.00	10.00
CTE: Accounting (Consumable Manual)		34.00
Agriculture (Includes "Science Credit" Ag Classes: Plant & Soil Sci., Animal. Sci., Bio Ag Sci., Nat. Resources)	10.00	10.00
Child Development/Child Care (plus food handlers permit)		5.00
Clothing/Sports Sewing/Advanced Sewing/Int. Design/Fashion Strategies	15.00	15.00
College and Career Awareness (Formerly: Intro to CTE) (Required in 7 <sup>th</sup> Grade)	14.00	
Design Technology (Drafting) (Tech Design 1&2, Arch Design 1&2)		10.00
FACS Exploration A & B	10.00	
Food & Nutrition, Culinary Arts, Pro Start (per semester)	20.00	20.00
Health Science (Includes "Science Credit" Health Classes: Bio Tech., MAP, Med. Forensics)		10.00
Law Enforcement/Criminal Justice (Consumable Manual)		12.00
Photography, Commercial Art, Commercial Photo		15.00
Project Lead the Way (Includes Jr. High Gateway to Technology)	10.00	10.00
PWT (Physics with Technology)	7.00	
Safety Glasses for Tech Ed and Lab Students	3.50	3.50
Tech Ed – Woods, Welding, Machining, Auto, Const., Manuf., etc. (per semester)	20.00	20.00
Dance Choreography		10.00
Drama Play Production (per play) (costume, rehearsal C.D.'s, etc.)	10.00	15.00
Driver Education	130.00	130.00
Online Writing, 7 <sup>th</sup> -12 <sup>th</sup> Grades (School Option)	10.00	10.00
Performing Arts (plus performance attire) (per class – Band, Choir, Orchestra, Drama)	15.00	15.00
Science (All Science credit classes for consumable supplies)	7.00	10.00
Visual Arts (Art, Ceramics, Sculpture, Pottery, Jewelry, Art History, Drawing, Crafts)	15.00	20.00
<b>NOTE: There will be additional material expenses in classes where optional projects become the personal property of students.</b>		
<b>PARTICIPATION FEES</b>		
Baseball Basketball Cheerleading - plus performance attire (junior high school \$400.00 maximum) Competitive Debate Cross Country Drill Teams- plus performance attire (\$600.00 UHSAA maximum) Football Golf Marching Band National Academic League Soccer Softball Swimming Tennis Track & Field Volleyball Wrestling	65.00	85.00
<b>TUITION</b> <span style="float: right;"><b>NOT TO BE FEE WAIVED</b></span>		
Adult High School Completion Enrollment		30.00
Adult High School Book Fee		20.00
Adult High School Computers & Technology Fee		8.00
Alternative High School (textbook rental)		35.00
Foreign Students (1-20) and out of state students per year (plus application fee of \$75.00)		6506.00
<b>OTHER</b> <span style="float: right;"><b>NOT TO BE FEE WAIVED</b></span>		
Academic Makeup Class, summer school, Utah Basic Skills Test remediation	40.00	40.00
Makeup Class, high school attendance <i>Note: \$45 maximum per term and \$90 maximum per high school career</i>		15.00
Credit Recovery (per .25 credit)	35.00	35.00
Class Change	10.00	10.00
Open Enrollment Application Fee	5.00	5.00
P.M. School		40.00
<i>Note: Off campus fees (college classes, etc.) are based on charges made by the organization providing the service.</i>		
<b>OPTIONAL PURCHASED SERVICES OR GOODS (Not fees) (Plus Applicable Sales Tax)</b> <span style="float: right;"><b>NOT TO BE FEE WAIVED</b></span>		
Parking		10.00
Student Handbook or Planner	4.00 (includes tax)	5.00 (includes tax)
Yearbook	20.00 (includes tax)	39.00 (includes tax)
Graphic Calculator Rental		30.00
My School Fees – On Line Transaction	4% per transaction	4% per transaction
<b>Returned Checks will be turned over to a collection agency.</b>		



# WEBER HIGH SCHOOL STUDENT PARKING REGULATIONS

Parking is a privilege, not a right. Misconduct in the parking lot could lead to revoking your parking privilege. A student parking tag is required to park at Weber High School in the East parking lot. Please park responsibly and respectfully. Read the following rules and regulations which have been established.

1. The speed limit at Weber High is 10 MPH. Students driving recklessly will lose parking privileges.
2. Each tag is numbered and must be displayed (with the number forward) hanging from the rearview mirror. It is the responsibility of the student to make sure the tag is *easily* visible from the front windshield. Tag should only be used in vehicles registered at the family address. You are responsible for your hanging tag and any violations associated with it. If the tag is lost or stolen, you must pay an additional \$10 to receive another tag.
3. All students will park in the East lot ONLY, by permit, within the parking stall lines. NO parking in the West lot by the tennis courts, all teacher's reserved (numbered) parking, visitor parking areas, or in back of the school. Teacher and visitor parking is reserved 6AM-6PM. Also, NO parking in daycare drop-off areas, on sidewalks or grass, handicap, or fire lanes (red-curb). Any violations to these rules will result in being ticketed, booted, or towed at the owner's expense.
4. All vehicles parked in our lot should be locked. For your protection, never leave valuables inside your vehicle. Weber High is not responsible for items that are stolen, or for vehicles that are damaged. Any vehicle suspected of harboring illegal substances or other illegal items is subject to search by the WHS Administration.
5. Any parking violation will result in a \$10 fine, increasing by \$5 with each ticket. If parking violations continue, the vehicle will be booted, or towed at the owner's expense. Unpaid fines will be sent to collections

I hereby agree to abide by all rules and regulations above pertaining to the use of the Weber High parking lot. I understand that there is a fine associated with any parking violation.

Applicant Signature: \_\_\_\_\_  
*(student or parent signature required)*

*(please print)*

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

### Vehicle #1

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate # \_\_\_\_\_ (must have plate # to receive a tag)

### Vehicle #2

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate # \_\_\_\_\_ (must have plate # to receive a tag)

### Vehicle #3

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate # \_\_\_\_\_ (must have plate # to receive a tag)

Office use only:

DATE:

TAG #

**UTAH DEPARTMENT OF HEALTH**  
**UTAH IMMUNIZATION PROGRAM &**  
**UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM**

**PERMISSION TO SHARE IMMUNIZATION INFORMATION**

Student  
Name \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_  
(if applicable)

Utah 53A-11-301 requires documentation of immunizations for school attendance.

The Utah Department of Health maintains a voluntary, confidential record system to assist parents/guardians, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunization history with USIIS will aid you, your child's health care provider, and the school to determine which immunizations your child has received and which may still be needed.

\_\_\_\_\_ I **give** my permission for the school to share my child's/legal dependent's immunization information with USIIS.

\_\_\_\_\_ I **do not give** permission for the school to share my child's/legal dependent's immunization information with USIIS.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Weber School District/Student Medical Information

**(Update annually if medical information has changed or you are new to Weber School District)**

In an effort to insure that your child's health is protected at school, we request that you provide the school with current information regarding the health of your student. This information will be kept confidential, and shared only with those who have direct contact with your child and have a need to know.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_ Guardian/Parent Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your child have a medical condition (diagnosed by a doctor) that requires a Health Care Plan to help guide faculty and staff in providing care to your child to be kept on file at the school?  Yes  No Do you want a Health Care Plan?  Yes  No

**Does your child have any of the following medical conditions the school should be aware of?**

Yes No

ADHD: Medications prescribed \_\_\_\_\_

Life Threatening Allergies: \_\_\_\_\_

Medications to be kept at school for life threatening allergy: EpiPen/Auvi Q  Benadryl

Asthma: Medication to be kept at school:  Inhaler \_\_\_\_\_  Nebulizer \_\_\_\_\_

Bladder/Bowel problems (Diagnosed by Physician): Type/describe \_\_\_\_\_

Diabetes Type I  Type II  Medications \_\_\_\_\_

Heart Conditions: Type/describe \_\_\_\_\_ Medications \_\_\_\_\_

Mental Health conditions: Type/describe \_\_\_\_\_ Medications \_\_\_\_\_

Seizures: Type/describe \_\_\_\_\_ Medications \_\_\_\_\_

Special Dietary needs: (A Special Meal Request form is required for meal accommodations at school): \_\_\_\_\_

Other Significant Medical Conditions that may impact your child while at school: \_\_\_\_\_

If your child will be taking medication at school, a Medication Authorization Form must be signed by the parent and physician before medications can be given at school. These forms must be updated each school year. These forms, as well as health care plans, can be obtained from the school, or under nursing department online at [www.wsd.net](http://www.wsd.net).

My signature below indicates that I have read and understand the above statements. I will update this health information if/when changes occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MISCELLANIEOUS NOTICES

### CIVIL RIGHTS

Title VI of the Civil Rights Act prohibits discrimination in federally funded programs on the basis of race, color, or national origin. All vocational opportunities are offered without regard to race, color, national origin, sex or disability. The Individuals with Disabilities Education Act requires the district to find and serve qualified students with disabilities residing in the District. More information on each law is also posted at the District Office.

### SCHOOL INSURANCE

Weber School District offers a voluntary student accident insurance plan underwritten by Security Life Insurance Company. This plan offers a cost-effective alternative for families who need insurance. The insurance offers several enrollment options designed to fit your individual needs. It is supplemental accidental bodily injury insurance. You may enroll anytime by contacting the head secretary at the school.

### TITLE IX

Weber School District complies with Title IX regulations: "No person in the United States shall on the basis of sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program or activity receiving federal financial assistance. Problems should be referred to the school administration."

### SPECIAL ACCOMMODATIONS FOR MEETINGS

In compliance with the American with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services), during any school meeting or activity should notify the principal at least three (3) working days prior to the meeting.

### ASBESTOS

"Federal regulations require that schools be inspected for the presence of asbestos, a toxic material that has been used in the construction industry for a number of years. This school has been inspected for asbestos containing materials and the results of the inspections as contained in the Asbestos Management Plan. The Asbestos Management Plan is available for your preview at this school, the District Office, or a copy of the plan would be provided to you for the cost of reproduction.

### NOTICE TO STUDENTS, PARENTS, EMPLOYEES, PATRONS, VISITORS, UNDER 504 ACCEPTANCE OF DISABILITY

"The District does not discriminate on the basis of disability in admission or access to, or treatment or employment in, its programs and activities. Contact the director of student services at the Weber School District Office with any questions or concern."

Fill out only if needed.

**FEE WAIVER APPLICATION (GRADES 7-12)**

**Please read the School Fees Notice before completing the application!  
All information on this application will be kept confidential**

**SECTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER.**

Name of student: \_\_\_\_\_ SSN: \_\_\_ - \_\_\_ - \_\_\_ (not required but expedites the process)  
Address: \_\_\_\_\_  
School: \_\_\_\_\_ Grade level: \_\_\_\_\_  
Name of parent or guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please check if applicable: (attach supporting documents for each category that applies)

- \_\_\_\_\_ Student is eligible based on income verification. (See Section D, Page 2 of 2)
- \_\_\_\_\_ Student receives (SSI)\* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES)
- \_\_\_\_\_ Family receives TANF (currently qualified for financial assistance or food stamps)
- \_\_\_\_\_ Student is in Foster Care (under Utah or local governmental supervision)
- \_\_\_\_\_ Student is in State Custody

**\*Please note: Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.**

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. **Please note that costs for yearbooks, class rings, letter jackets, school pictures and similar items are not fees and will not be waived. Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.**

Fee Description Amount Fee Description Amount

Fee Description	Amount	Fee Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please give this application to the Principal, Assistant Principal, or the School Fee Counselor when you have finished filling it out.** All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. **The school shall require you to present proof of eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." State law also requires that school districts provide alternatives in lieu of fee waivers, "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community or home service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

**I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

**Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)**

**LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.**  
 Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12.

**THE LAST INCOME TAX RETURN OR THE LAST THREE PAY STUBS, OR BOTH, IF AVAILABLE, OF EACH HOUSEHOLD MEMBER ARE REQUIRED TO BE ATTACHED TO THIS FORM.**

Last	NAME		Earnings from work (before deductions) Job 1 Monthly	Pension/Retirement Social Security Monthly	Welfare, alimony Child support Monthly	Other income 2 <sup>nd</sup> job, etc. Monthly	Total by Audit Monthly Income
	First	M.I. (also known as)					
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household \_\_\_\_\_

**Section C. EXAMPLES OF INCOME**

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm.	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

**Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2013 to June 30, 2014 (Subject to change by the state)**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$14,937	\$1,245	\$623	\$575	\$288
2	\$20,163	\$1,681	\$841	\$776	\$388
3	\$25,389	\$2,116	\$1,058	\$977	\$489
4	\$30,615	\$2,552	\$1,276	\$1,178	\$589
5	\$35,841	\$2,987	\$1,494	\$1,379	\$690
6	\$41,067	\$3,423	\$1,712	\$1,580	\$790
7	\$46,293	\$3,858	\$1,929	\$1,781	\$891
8	\$51,519	\$4,294	\$2,147	\$1,982	\$991
For each additional family member, add:	\$5,226	\$436	\$218	\$201	\$101

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody of foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department.

This form and all supporting documents will be destroyed after the approval process is complete.

## **SCHOOL FEE & FEE WAIVER POLICY**

The Weber School District Board of Education hereby adopts the following policy regarding fees, rental fees, textbook deposits and waivers.

### **Philosophy**

1. Many expenses in the operation of schools are beyond the ordinary costs of education; such as, but not limited to, lockers, yearbooks, clubs, travel and tangible products. These are items of cost which may properly be borne by parents and students.
2. Extracurricular activities should be financially supported by participating students.
3. A waiver procedure and appeal process is essential to ensure that students are not denied the opportunity to participate in school activities and educational programs because of the inability to pay fees.
4. Written notice should be provided to parents/guardians, students, school personnel and the general public regarding school fees and waiver policies.

### **Standards Statement**

1. Fee schedules and policies for the entire district shall be adopted during the spring of each year by the Board in a regularly scheduled public meeting. Provision shall be made for public notice and participation in the development of fee schedules and waiver policies. Minutes of meetings during which fee and waiver policies are developed or adopted, together with copies of approved policies, shall be kept on file and made available upon request.
2. An annual review of the school fee policy will be held.
3. No school or school employee may establish any student fee or cost not set or approved by the local board of education.
4. No student will be denied enrollment in any class during the regular school day for failure to pay school fees.
5. Individual students and parents will be required to pay for damages to textbooks, lab materials and school property beyond reasonable wear and use by students.
6. The District shall send out a registration cost form to each student before registration, along with fee waiver policies and procedures of obtaining waivers and appeals for denial of waiver.
7. Community school programs may require a charge. The Fee Waiver Policy does not apply to community schools.
8. Fees may be charged, subject to provisions of fee waivers, in connection with any school-sponsored activity which does not take place during the regular school day, regardless of the age or grade level of the student, if participation is voluntary and does not affect a student's grade or ability to participate fully in any course taught during the regular school day.

### **FEE WAIVER PROCEDURE**

Fees, as established by the Weber School District Board of Education, will be waived in accordance with the Utah State Board of Education House Bill 183. Fee waivers are for students whose parents or legal guardians verify evidence of inability to pay. Inability to pay is presumed for those who are in state custody, foster care, receiving public assistance with dependent children, supplemental security income, and etc. Qualifying for free or reduced lunch does not qualify a student for a fee waiver.

Even if the student has qualified for free or reduced lunch, the parent has to qualify each year through the school for a fee waiver.

Each building principal shall designate an administrator to handle and process fee waivers. A student desiring a fee waiver will provide to that administrator proof of state assistance or verifying the need for the waiver.

1. A student must apply at the school for a fee waiver by filling out the Fee Waiver application (Grades 7-12) and attach copies of the prior month's pay stub or copies of the previous year's income tax return according to the directions on the application.
2. All fee payments will be suspended until the school has determined if the student is eligible.
3. The administrator will check the provided documentation with the eligibility scale and make a decision to accept or reject.
  - When checking income tax forms look at the line with Total Adjusted Income for verification.
  - When checking pay stubs, look carefully at how they are paid for verification.
4. The administrator will give written notice of that decision on the Fee Waiver Decision and Appeal Form. That decision can be appealed to the school principal. The principal's decision may be appealed to the district office designee.
5. All documentation shall be destroyed immediately after the decision is made. The form can be kept in the student's file, but not the documentation. Schools may transfer fee waiver information with the student when he/she transfers to another school.
6. Cases by case determinations shall be made for those who do not qualify for one of the standards; for example, those who have extenuating circumstances (loss or substantial reduction of income, extraordinary medical expenses, etc.) or are not reasonably capable of paying fees.
7. Alternatives for payment, in lieu of fee waivers, can be arranged with a student according to the individual circumstances (i.e. tutoring of students, janitorial work, assisting teachers before and after school, installment payment plan). Parents are given the opportunity to review proposed alternatives to fee waivers.
8. Students who have been granted waivers or provisions in lieu of fee waivers shall not be treated differently from other students or identified to persons who do not need to know.

### **Elementary Students**

Students in grades kindergarten through six are to be provided, free of charge, and without deposits and rental fees, all educational supplies used in the instruction process.

1. Student supplies must be provided for elementary students. A student may, however, be required to replace supplies provided by the school which are lost, wasted, or damaged by the student through careless or irresponsible behavior.

### **Secondary Students**

1. Students will furnish their own gym clothing with no specificity other than color or type.
2. Schools may sell student supplies at a fair market price to students in grades 7-12.
3. Fees will be charged as outlined above on the fee schedule. All fees can be fee waived upon proper qualification. This includes textbook rentals, student activity fees, class fees, participation fees, etc.
4. Parents and guardians will be notified of the fee schedule prior to the beginning of the school year. New students will receive notice upon intent to register.



## COMMUNITY SERVICE OBLIGATIONS

State law requires a school district to provide alternatives in lieu of fee waivers (except for textbooks), "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines. Your student will have several options from which to choose in completing the community service requirement. Those options include:

- Community service at the school, such as tutorial assistance to other students, or service outside of regular school hours as a student aide to school staff;
- Community service in the community; or
- When special needs require community service in the home.

Students may not provide community service to their own employers, nor may they fulfill a community service requirement by working for a commercial establishment other than a facility such as a nursing home or hospital where volunteer services are commonly provided.

Community service requirements must be appropriate to the age, physical condition, and maturity of the student; must be conducted in such a way that students are not subjected to embarrassment, ridicule, or humiliation; and must not provide direct private benefit to school employees or their families. In addition, community service requirements must avoid excessive burdens on students and families and give proper consideration to a student's educational and transportation needs and other responsibilities. If circumstances arise which make it too difficult for a student to complete a community service assignment, notify the school principal immediately to determine what adjustments should be made. Failure to complete a community service assignment may result in denial of fee waivers.

Community service hour requirements will be computed using a formula based upon not less than the minimum hourly wage. For example, if a fee-waiver eligible student is assessed \$100 for school fees and the school policy is based upon a \$5 per hour community service credit, then the student may be required to perform up to 20 hours of community service. **Community service students will not be considered to be employees of those for whom they provide the service, and no money will be paid to the students or to the school in return for community service.**

Regular employees who work in places where students perform community services may not be replaced, nor may their hours be reduced, as a result of the students' community service activities. Community service is intended to supplement existing services, not replace that which is already being done by others.

(Name of student) \_\_\_\_\_ agrees to complete \_\_\_\_\_ hours of community service (describe briefly) \_\_\_\_\_

\_\_\_\_\_ to be completed before \_\_\_\_\_ (date). This will satisfy the student's obligation for \_\_\_\_\_ (amount) of school fees.

### SIGNATURES:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School administrator: \_\_\_\_\_ Date: \_\_\_\_\_

If a parent/guardian feels that community service has been unreasonably or unfairly required, the parent may appeal that decision using a form available from the school district.

If you have questions, first talk to your school or school district representative listed below. If you still need help, contact one of the other agencies listed:

Send to printer no. \_\_\_\_\_  
Ask for: \_\_\_\_\_

**District telephone no.: 801-476-7878**

**Ask for: Bill Grilz**

Utah Legal Services, Inc.  
254 West 400 South, 2nd Floor  
Salt Lake City, Utah 84101  
801-328-8891 (Salt Lake Area)  
or 1-800-662-4245 (other areas)

Utah State Office of Education, Inc.  
330 West 500 South  
Salt Lake City, Utah 84101  
801-521-2035 (Salt Lake area)  
or 1-800-331-5627 (other areas)

Utah State Office of Education  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, Utah 84114-4200  
801-538-7830

USOE 4/17/06

Fill out only if needed.

**FEE WAIVER APPLICATION (GRADES 7-12)**

**Please read the School Fees Notice before completing the application!  
All information on this application will be kept confidential**

**SECTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER.**

Name of student: \_\_\_\_\_ SSN: \_\_\_ - \_\_\_ - \_\_\_ (not required but expedites the process)

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade level: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please check if applicable: (attach supporting documents for each category that applies)

\_\_\_\_\_ Student is eligible based on income verification. (See Section D, Page 2 of 2)

\_\_\_\_\_ Student receives (SSI)\* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES)

\_\_\_\_\_ Family receives TANF (currently qualified for financial assistance or food stamps)

\_\_\_\_\_ Student is in Foster Care (under Utah or local governmental supervision)

\_\_\_\_\_ Student is in State Custody

**\*Please note: Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.**

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. **Please note that costs for yearbooks, class rings, letter jackets, school pictures and similar items are not fees and will not be waived. Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.**

Fee Description Amount Fee Description Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please give this application to the Principal, Assistant Principal, or the School Fee Counselor when you have finished filling it out.** All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. **The school shall require you to present proof of eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." State law also requires that school districts provide alternatives in lieu of fee waivers, "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community or home service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

**I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

**Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)**

**LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.** Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12.

**THE LAST INCOME TAX RETURN OR THE LAST THREE PAY STUBS, OR BOTH, IF AVAILABLE, OF EACH HOUSEHOLD MEMBER ARE REQUIRED TO BE ATTACHED TO THIS FORM.**

Line	Earnings from work (before deductions) Job 1 Monthly	Pension/Retirement/Social Security Monthly	Welfare/Alimony/Child Support Monthly	Other income (SSI, etc.) Monthly	Total by Adult Monthly Income
1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
6	\$	\$	\$	\$	\$
7	\$	\$	\$	\$	\$
8	\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household \_\_\_\_\_

**Section C. EXAMPLES OF INCOME**

Earnings from Work	Pension/Retirement/Social Security	Welfare/Alimony/Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm.	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

**Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2015 to June 30, 2016 (Subject to change by the state)**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$15,301	\$1,276	\$638	\$589	\$295
2	\$20,709	\$1,726	\$863	\$797	\$399
3	\$26,117	\$2,177	\$1,089	\$1,005	\$503
4	\$31,525	\$2,628	\$1,314	\$1,213	\$607
5	\$36,933	\$3,078	\$1,539	\$1,421	\$711
6	\$42,341	\$3,529	\$1,765	\$1,629	\$815
7	\$47,749	\$3,980	\$1,990	\$1,837	\$919
8	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023
For each additional family member, add:					
	\$5,408	\$451	\$226	\$208	\$104

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody of foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department.



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

### 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](http://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](http://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 4<sup>th</sup> dose was given after the 4<sup>th</sup> 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 7<sup>th</sup> grade entry. The Tdap vaccine must be given after 7 years of age.
- **4 doses of Polio** – 3 doses are acceptable, if the 3<sup>rd</sup> dose was given after the 4<sup>th</sup> birthday.
- **2 doses of Measles, Mumps, and Rubella** – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of measles containing vaccine must be given on or after the 1<sup>st</sup> birthday.
- **3 doses of Hepatitis B** – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry.
- **2 doses of Varicella (chickenpox)** – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> 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 1<sup>st</sup> dose of Hepatitis A must be given on or after the 1<sup>st</sup> birthday.
- **1 dose of Meningococcal** – required for students prior to 7<sup>th</sup> 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.