

WEBER HIGH SCHOOL POLICIES SIGNATURE PAGE 2018-2019

This is a required page for registration completion.

STUDENT NAME _____ GRADE _____

*** Please check appropriate item(s):**

- I have read through the demographic page and there are NO changes needed.
- I have included the demographic page with changes made that I was not able to change through MyWeber(Portal).
- Is there a governing parent plan/custody plan in place for this student? Yes No (If Yes, please provide plan.)

Acceptable Use Policy, Attendance/Citizenship Policy, Dress Policy, Cell Phone Policy, Eligibility Policy

In this online packet you have accessed copies of the Weber School District Attendance/Citizenship Policy, the WSD Acceptable Use Policy for Computer Network Communications, the Weber High Dress and Cell Phone Policy, and the Weber High Eligibility Policy. Please read each one carefully and review and discuss them as needed, then initial in the appropriate spaces and sign below. **THIS FORM, INCLUDING ALL REQUIRED SIGNATURES, MUST BE RETURNED AT THE TIME OF REGISTRATION.**

Weber School District Attendance/Citizenship Policy

I have read the Attendance/Citizenship Policy as described by the Weber School District and agree to abide by its provisions. I understand that attendance credit is part of the Weber School District graduation requirement and is based on absences and tardies. The student and parent have control over these attendance expectations.

_____ (Initial here)

Weber School District Acceptable Use Policy for Computers

I have read the Weber School District Acceptable Use Policy and agree to abide by its provisions. I understand that violation of the Use provisions stated in the policy may constitute revocation of network privileges FOR THE REMAINDER OF THE SCHOOL YEAR and may also warrant disciplinary action including suspension from school. I understand that although district administrators have taken reasonable precautions to ensure that controversial material is eliminated from the Internet Services provided by the district, students must take responsibility to be vigilant to avoid restricted areas. I hereby give permission to issue an account for my student.

_____ (Initial here)

Weber High Eligibility Policy

I have read the Weber High Eligibility Policy and agree to abide by its provisions. I understand that failure to comply with the provisions of this policy will limit the student's participation in "out of class activities" including any UHSSA-sponsored activities such as athletics, forensics and performing arts.

_____ (Initial here)

Weber High Dress Policy and Cell Phone Policy

I have read the Weber High Dress Policy and Cell Phone Policy. I understand the expectations and agree to abide by those documented provisions.

_____ (Initial here)

Weber High Discipline and Conduct Policy

I acknowledge receipt of Weber High Discipline and Conduct Policy. I understand where I can access this policy if I have further questions. I understand the expectations and consequences under this policy for failing to comply with expectations.

_____ (Initial here)

Student Signature Date

Parent/Guardian Signature Date

Weber High School

REGISTRATION FEE CHECKLIST

RETURN THIS FORM COMPLETED TO THE SCHOOL IF PAYING WITH CASH OR CHECK

Student Name: _____		Grade: _____	
(Please print full name)			
REQUIRED FEES			
Student Activity			\$30.00
Instructional Supplies			\$35.00
Computers & Technology Fee			\$18.00
Mailing Costs			\$7.00
TOTAL REQUIRED FEES			\$90.00
OPTIONAL FEES			
	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	\$8.00	X =	
P.T.S.A. Membership – Parent/Parents	\$8.00	X =	
P.T.S.A. Donation		=	
TOTAL OPTIONAL FEES			
TOTAL FEES PAID			
MAKE CHECK OR MONEY ORDER PAYABLE TO WEBER HIGH SCHOOL			
Are you applying for a Fee Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach fee waiver application with appropriate verification (1040 TAX FORM) to this form.			

FEES MAY BE PAID ONLINE AT WWW.MYWEBER.WSD.NET (Parent Portal)

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

Weber School District Student Information Form

Revised 1.26.18

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 purpose noted in the law or rule. This information will not subject you to any unfair or discriminatory treatment

Student's Full Legal Name		Last	First	Middle	Preferred Last Name	Preferred First Name	Birth Date	Place of Birth	Grade	
Student Home Phone	Student Cell Phone	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Native Language	School Last Attended	Address		If Born Outside U.S. What Country	Date Entered U.S. Schools	
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"/> Asia <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native				Tribal Affiliation (if A/IAN)			
Student Lives With					Special Programs Student Currently Receives or Have Received					
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____ Is there a governing parent plan/custody plan in place for this student? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please provide plan)					<input type="checkbox"/> 504 Accommodations <input type="checkbox"/> Title 1 <input type="checkbox"/> Speech/Communication <input type="checkbox"/> Special Ed/Resource <input type="checkbox"/> English Language Learners <input type="checkbox"/> Other _____					
Primary Parent/Guardian Information										
Last Name				First Name		Middle Name		Relationship to Student		Active Duty Military
Residence Address				City	State	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	Rank:
Mailing Address				City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed at Federal Facility ___ Hill AFB ___ Ft Douglas ___ Fed Office Bldg ___ Contractor at HAFB ___ VA Hospital ___ Forest Serv Bldg ___ ANG Facility ___ FAA Bldg ___ Tooele Army Depot ___ IRS ___ UT Defense Depot ___ Fed Depot ___ Federal Bldg ___ Army Resv Ctr ___ Dugway Proving Grds ___ Fed Admin Bldg ___ NG Facility ___ Other: _____	
Home Phone	Cell Phone	Employer		Phone	Ext					
Additional Parent/Guardian Information										
Last Name				First Name		Middle Name		Relationship to Student		Active Duty Military
Residence Address				City	State	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	Rank:
Mailing Address				City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed at Federal Facility ___ Hill AFB ___ Ft Douglas ___ Fed Office Bldg ___ Contractor at HAFB ___ VA Hospital ___ Forest Serv Bldg ___ ANG Facility ___ FAA Bldg ___ Tooele Army Depot ___ IRS ___ UT Defense Depot ___ Fed Depot ___ Federal Bldg ___ Army Resv Ctr ___ Dugway Proving Grds ___ Fed Admin Bldg ___ NG Facility ___ Other: _____	
Home Phone	Cell Phone	Employer		Phone	Ext					
Additional Parent Information (Complete this section for non-enrolling parent if parents are divorced)										
Last Name				First Name		Middle Name		Relationship to Student		Active Duty Military
Residence Address				City	State	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	Rank:
Mailing Address				City	State	Zip	Federally Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed at Federal Facility ___ Hill AFB ___ Ft Douglas ___ Fed Office Bldg ___ Contractor at HAFB ___ VA Hospital ___ Forest Serv Bldg ___ ANG Facility ___ FAA Bldg ___ Tooele Army Depot ___ IRS ___ UT Defense Depot ___ Fed Depot ___ Federal Bldg ___ Army Resv Ctr ___ Dugway Proving Grds ___ Fed Admin Bldg ___ NG Facility ___ Other: _____	
Home Phone	Cell Phone	Employer		Phone	Ext					

Other School-Age Children in the Home

Name	Sex	Birth Date	School	Relationship to Student
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	_____	_____

Emergency Contacts: (Please include at least two people authorized to check out student if parent/guardian is unavailable)

Name	Relationship	Phone (w/area code & ext.)	Alternate Phone (w/area code & ext)	Permission to Check Out
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclosure Statement

Weber School District Policies and Procedures

On the school web site are the following Weber School District Policies: WSD Attendance & Truancy Policy, WSD Acceptable Use for Computer Network Communications, FERPA, Student Discipline Policy (including Safe School Policy), and Locker Agreement. <http://wsd.net>

Also on the school web site are school policies: Class Change Policy, Eligibility, Sexual Harassment, Cell Phone/Electronic Devices and Dress Code Policies.

Please read each one carefully and review and discuss them.

I have read all policies and agree to abide by all provisions. I understand that I am ultimately responsible for my child's actions and, where applicable, agree that any violation of these policies may result in appropriate disciplinary actions.

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date

Additional Information

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

Is the student coming from an alternative school such as a diversion program, wilderness program, detention center, treatment program or hospital, a longer-term suspension/expulsion from any school or a drop out status? No Yes

Parent/Guardian Information Signature

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 _____	Has any student information changed since last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

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 _____

Weber High School

Locker Assignment Form

Dear Students and Parents,

If you want a locker and know who you want to locker with, please [email abballif@wsd.net](mailto:abballif@wsd.net) **your name and grade along with your locker partner's name and grade** (your locker partner must be in the same grade as you) **OR** you can fill out this Locker Assignment Form and return it to the Main Office at Weber High no later than **July 31, 2018**. Again, your locker partner **must** be in the same grade as you. By completing this form, your locker number and combination will be printed on your class schedule when you pick it up. Failure to email OR return this form will result in standing in the locker assignment line on schedule pick up day.

Name: _____ Grade: _____

Locker Partner

Name: _____ Grade: _____