



HOOPER ELEMENTARY SCHOOL

5500 South 5900 West
Hooper, Utah 84315
(801) 452-4320



Dave Gerstheimer
Principal

Susan Childress
Secretary

Dear Parents,

It is that time of year to start gathering information from the new students registering for Kindergarten, for the up-coming 2017-2018 school year. We are extremely excited to meet these children. We have a GREAT school with a GREAT staff.

There are important items parents need to be aware of when registering your children. The State of Utah requires immunizations for all children entering Kindergarten. No Child will be permitted to enter school without written verification of immunization. You will need to make an appointment with your doctor and dentist to complete these examination forms and to complete all immunizations required by state law for school entrance.

Enclosed are the required forms that need to be completed and turned in before or at our **Kindergarten Roundup on Wednesday, March 22, at 1:45 p.m.** Tables will be set up by the office to turn in the following completed items at the roundup:

- **Hooper Registration Forms**
- **Certified Birth Certificate**-issued by the Vital Statistics Department of the county in which your child was born. To enter Kindergarten the child's 5th Birthday must be on or before September 1, 2012.
- **Immunization Record**-No child will be permitted to begin Kindergarten without providing verification of immunization.
- **Proof of Residency**-2 forms to verify the address of residence (utility bill, driver's license, rental agreement)
- **Medical Examination Report**-to be completed by medical doctor
- **Referral to Dentist form**-to be completed by a dentist
- **Student Medical Information**-to be completed by parent/guardian
- **Permission to Share Immunization Information form**

These items may be turned in before or at the meeting on March 22, 2017. All forms and copies must be turned in for class placement.

Hooper Elementary will be having Kindergarten Roundup on **Wednesday, March 22, 2017**. We invite all parents and new Kindergarten students to attend.

1:45-2:15 p.m. - Registration

2:30 p.m. - Meeting in Gym

An opening orientation will be held in the gym. The Kindergarten teachers will then take the children to the Kindergarten rooms for activities while the principal and other staff members will discuss and demonstrate activities and suggestions for parents to do with their children during the summer to prepare for Kindergarten.

Eligible bus students will have preference for AM Kindergarten. Students that walk will attend the afternoon session. If you have a personal need (babysitter, or work schedule) to have your child attend a different session, we need to know by May 1, 2017. No changes will be made after this date.

For your information, an immunization clinic is being offered through the Weber County Health Department (Monday through Friday from 8:30 AM-12:00 PM and 1:00 PM to 4:30 PM). The cost is \$15.00 per shot without insurance. If you are interested in getting a physical at the health department, please call 801-399-7250 to make an appointment (price based on income).

We are looking forward to many exciting years of education with you and your child.

Sincerely,



David Gerstheimer
Principal Hooper Elementary
801-425-4320

Kindergarten Enrollment Preference

Student Name

First

Last

My kindergarten student qualifies to ride the bus.

_____ yes _____ no

My preference for a Kindergarten session:

_____ morning _____ afternoon _____ doesn't matter

Please be aware that, due to bus schedules, all bussed students will have preference for the AM session and students that walk will be attending the PM session. **All requests for enrollment session changes will be considered and accommodated if possible.** If your child attends PM Kindergarten, there is no bus service to school.

Weber School District 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.

Student Legal Last Name		Legal First Name		Middle Name		Preferred Last Name		Preferred First Name		Birth Date		Place of Birth		Grade			
Student Home Phone		Student Cell Phone		Social Security No.		Gender ___ Female ___ Male		Native Language		School Last Attended		Address		If Born Outside U.S. what Country	Date Entered U.S. Schools		
Ethnicity (Choose one) ___ Hispanic/Latino ___ Not Hispanic/Latino				Race (Choose one or more, regardless of Ethnicity) ___ Asian ___ Black ___ Caucasian ___ Pacific Islander ___ American Indian/Alaskan Native				Tribal Affiliation (if AI/AN)		Restrict Directory ___ Yes ___ No							
Student Lives With								Special Programs Student Currently Receives									
___ Father ___ Mother ___ Legal Guardian ___ Stepfather ___ Stepmother ___ Grandparent ___ Foster Parent ___ Other _____								___ 504 ___ ESL ___ Spec. Ed/Resources ___ Title 1 ___ ELL ___ Speech/Communication									
Primary Parent/Guardian Information																	
Last Name						First Name		Middle Name		Relationship to Student				Active Duty Military			
Residence Address						City		State		Zip		Emergency Contact ___ Yes ___ No		Branch: _____ Rank: _____			
Mailing Address						City		State		Zip		Federally Employed ___ Yes ___ No		Employed at Federal Facility			
Home Phone		Cell Phone		Employer		Phone		Ext		<input type="checkbox"/> Hill AFB <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> Alliant Tech <input type="checkbox"/> Forrest Serv Bldg <input type="checkbox"/> ATK AF Plant #78 <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Job Corps Miltry Sp <input type="checkbox"/> ANG Facility <input type="checkbox"/> VA Hosp <input type="checkbox"/> NG Facility <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Fed Office Bldg, SLC <input type="checkbox"/> Fed Depot, Clrld <input type="checkbox"/> Fed Bldg, Ogden <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Little Mtn Test Annex <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Hercules Powder, Plant 81, Magna <input type="checkbox"/> Other _____ <input type="checkbox"/> Contractor at HAFB							
Additional Guardian Information																	
Last Name						First Name		Middle Name		Relationship to Student				Active Duty Military			
Residence Address						City		State		Zip		Emergency Contact ___ Yes ___ No		Branch: _____ Rank: _____			
Mailing Address						City		State		Zip		Federally Employed ___ Yes ___ NO		Employed at Federal Facility			
Home Phone		Cell Phone		Employer		Phone		Ext		<input type="checkbox"/> Hill AFB <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> Alliant Tech <input type="checkbox"/> Forrest Serv Bldg <input type="checkbox"/> ATK AF Plant #78 <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Job Corps Miltry Sp <input type="checkbox"/> ANG Facility <input type="checkbox"/> VA Hosp <input type="checkbox"/> NG Facility <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Fed Office Bldg, SLC <input type="checkbox"/> Fed Depot, Clrld <input type="checkbox"/> Fed Bldg, Ogden <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Little Mtn Test Annex <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Hercules Powder, Plant 81, Magna <input type="checkbox"/> Other _____ <input type="checkbox"/> Contractor at HAFB							
Legal Guardian (if student does not live with a parent) Information																	
Last Name						First Name		Middle Name		Relationship to Student				Active Duty Military			
Residence						City		State		Zip		Emergency Contact ___ Yes ___ No		Branch: _____ Rank: _____			
Mailing Address						City		State		Zip		Federally Employed ___ Yes ___ No		Employed at Federal Facility			
Home Phone		Cell Phone		Employer		Phone		Ext		<input type="checkbox"/> Hill AFB <input type="checkbox"/> Fed Admin Bldg <input type="checkbox"/> Alliant Tech <input type="checkbox"/> Forrest Serv Bldg <input type="checkbox"/> ATK AF Plant #78 <input type="checkbox"/> Ft Douglas <input type="checkbox"/> Army Resv Ctr <input type="checkbox"/> Job Corps Miltry Sp <input type="checkbox"/> ANG Facility <input type="checkbox"/> VA Hosp <input type="checkbox"/> NG Facility <input type="checkbox"/> Tooele Army Depot <input type="checkbox"/> IRS <input type="checkbox"/> FAA Bldg <input type="checkbox"/> Fed Office Bldg, SLC <input type="checkbox"/> Fed Depot, Clrld <input type="checkbox"/> Fed Bldg, Ogden <input type="checkbox"/> UT Defense Depot <input type="checkbox"/> Little Mtn Test Annex <input type="checkbox"/> Dugway Proving Grds <input type="checkbox"/> Hercules Powder, Plant 81, Magna <input type="checkbox"/> Other _____ <input type="checkbox"/> Contractor at HAFB							

Other School-Age Children in the Home

Name	Gender	Birth Date	School	Relationship to Student
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ Male	_____	_____	_____
_____	___ Female ___ 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
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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/index.php?option=com_content&view=article&id=1523:kindergarten-registration-packet&catid=88:elementary-education

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 action.

Student Signature Date

Parent/Guardian Signature Date

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?
Yes No

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 _____

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

School Office: This form is to go to your counseling department for further ESL testing and registration.

THIS FORM MUST BE COMPLETED FOR EVERY STUDENT WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH OR WHO COMES FROM A HOME WHERE A LANGUAGE OTHER THAN ENGLISH IS SPOKEN

Weber School District
Home Language Survey (HLS)

Note: Federal and State regulations require schools to determine the language(s) spoken and understood by each student in order to provide appropriate instruction. This form must be completed for every student who speaks a language other than English or who comes from a home where a language other than English is spoken. This does not include students or parents who have learned a foreign language by taking classes or by other means.

Student's Full Name _____ Grade _____ Birthdate ____/____/____

Student's Country of Birth _____

If student was not born in the United States, date first enrolled in a U.S. school. ____/____/____

- 1. Has your child attended a school in the U.S. for more than three years? ___ Yes ___ No
 - 2. What language or languages did your child use when he/she first began to talk? _____
 - 3. What language or languages does your child speak with you at home? _____
 - 4. What language or languages do you (parents or guardians) use when you speak to your child? _____
 - 5. Do the adults in your home (parents, guardians, grandparents or other adults) speak to each other in a language other than English? ___ Yes ___ No
If yes, what language? _____
- What language do you prefer for school-to-home communication? ___ English ___ Other (please specify) _____

Note: If there is another language at home other than English, students will automatically be tested for English language development services.

Parent/Guardian Signature _____ Date _____

**WEBER SCHOOL DISTRICT
VERIFICATION OF ADDRESS**

So that school officials can make an appropriate student placement and provide a safe school environment, the guardian (natural parent with custodial rights or adult granted custodial rights by the court or the school district) must provide the information requested below.

STUDENT NAME _____

ADDRESS _____

PHONE NUMBER _____

GUARDIAN NAME _____

PROOF OF RESIDENCY: (Provide two forms or Residence Disclosure if applicable)

- _____ Utility Bill
- _____ Driver's License
- _____ Lease agreement or rent receipt
- _____ Other (Please specify)

RESIDENCE DISCLOSURE: If student and parent(s)/guardian(s) move in with another family in the school's boundary, the Residence Disclosure form and Homeless Student Identification form (if applicable) should be used. The home owner/renter may be asked to provide two forms of proof of residency (as listed above) to establish residency in the school boundary.

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)

I hereby certify that I reside at the address stated. I also certify that I have accurately provided all requested data and have not knowingly given any false or misleading information.

Guardian's 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)

Parent/Guardian Disclosure	
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: _____

Home Owner/Renter Disclosure*	
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.

**WEBER SCHOOL DISTRICT KINDERGARTEN
MEDICAL EXAMINATION REPORT**

This information is for OFFICIAL USE ONLY and will not be released to unauthorized persons.

STUDENT'S NAME _____ DOB _____ DATE: _____

DEAR PARENT: Please complete the other side of this form prior to child's physical examination. We request ~~W~~his completed form be **returned to the school at the time of registration**. A current immunization history is required before your child can enter school.

TO THE PHYSICIAN: PLEASE USE THIS FORM IN REPORTING THE MEDICAL EXAMINATION REQUESTED. **THE VISION SCREENING REQUIREMENT IS A STATE MANDATE. THIS FORM WILL BE REVIEWED BY THE NURSE AND USED BY THE SCHOOLS.**

PHYSICAL EXAM: Ht. _____ Wt. _____ Vision R _____ Vision L _____ Hgb. Or Hct. _____ Ua. _____

TB Skin Test(optional): Date Given _____ Date Read _____ Results _____

CHECK EACH ITEM:								
	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin			Chest, Lungs			Neurologic		
Head			Heart			Gross Motor Coord.		
Eyes			Abdomen			Fine Motor Coord.		
Ears			Orthopedic			Blood Pressure		
Nose			Extremities			Pulse		
Tonsils			Back-Posture					
Throat						Nutrition		
Dental								
Neck								

STATE LAW REQUIRES ALL IMMUNIZATION DATES FOR THE FOLLOWING;	1 ST M / D / YR	2 ND M / D / YR	3 RD M / D / YR	4 TH M / D / YR	5 TH M / D / YR	6 TH M / D / YR
DPT/DT - 4 doses, 5 th dose required if 4 th dose given prior to 4 th birthday						
Polio- 4 doses - IPV, if the third dose of polio is given on/after the fourth birthday, a fourth dose is not needed.						
Haemophilus Influenzae b (Hib)						
Pneumococcal						
MMR - 2 doses after 1 st birthday - 1 month intervals						
Hepatitis A. - 2 doses (both after 1 st birthday)						
Hepatitis B. - 3 doses						
Varicella (Chicken Pox vaccine) 2 doses						
Date of Chicken Pox Disease:	Parent Signature:					

SIGNIFICANT HEALTH CONDITION _____

MEDICATION: _____

PHYSICAL FINDINGS & RECOMMENDATIONS: _____

PHYSICIAN'S SIGNATURE _____ DATE _____
Print or Stamp: Name: _____ Address: _____

**WEBER SCHOOL DISTRICT
KINDERGARTEN
Dental Exam (Recommended)**

STUDENT'S NAME _____ SCHOOL _____ GRADE _____

ADDRESS _____ City _____ State _____ Zip _____

PHONE _____

Dear Dentist:

Please fill in the following blanks:

- | | | |
|--|------------------------------|-----------------------------|
| Have all defects been corrected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is child receiving Fluoride Prophylaxis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is child's dentition development normal for age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. D. S.

Date _____