

Ogden School District



STUDENT CUM FILES

Procedures with regard to, and
Items to include in,
Student CUM files

(Suggestions to make the student CUM files more informative
for our schools, as well as transfer schools).

Table of Contents

- File Must Include: Slide 4
- FERPA Slide 5
- Registration Slide 6
- CUM File Label Slide 7
- Year-end Procedures Slide 8
- Transfers/Withdrawals Slide 9
- Student Record Retention Slide 10
- Website Links Slide 16
- Illustrations Slides 17-28

ASK YOURSELF ONE QUESTION:

What items would I want, or need, to have in the file of a transfer student coming into my school?

- Birth certificate
- Immunizations
- Behavior notes
- Court directives
- Special Ed records (kept with Special Ed teacher or Special Ed District Office)
- Attendance profile
- Special health issues
- Testing – IPT, End of Level, and others
- Report card

These items should also be included in files sent to other schools for their use, as well as information given where to find a special file (i.e. Special Ed Files).

Files Must Include:

- Birth certificate or an acceptable alternative
- Registration card/sheet (See illustration 1 & 2) for current year which may include home, emergency and physical information, as well as language survey, federal employment, etc. Keep the first year, then send the information to the family the next year requesting they correct any incorrect information on the card (*Use the OCSD Report "Student Registration Demographics" - Illustration 3*).
- Current immunization records or request for personal exemption
- Copy of Report Card
- Test Results (See Student Record Retention Schedule *Slides 10-15*)
- Code of Conduct Violations
- Special Medical Needs – medication requirements, health issues, health-related incident documentation (for future law suits)
- Death certificate or obituary of deceased student
- Record of home visits
- Any special court directives – guardianship, no contact orders, etc.
- Please include some sort of flag for special circumstances – PHLOTE designation, homeless, health issues, no contact orders – on a special colored sheet to bring attention to the need (See Illustrations 4 & 5).
- Not only paper documents, but SIS entries, should be created so that the electronic database is accurate.
- Accurate transfer information – date files sent, new school name & address

FERPA

- Student files, and all that they contain, are considered confidential.
- The records secretary should know at all times where these files are.
- A good rule is to have personnel who need to review the records, do so in the records area.
- For further information please check out the following website:

<http://www.ed.gov/policy/gen/guid/fpco/pdf/ferparegs.pdf>

Registration

Procedure to follow with regard to CUM files for registering students:

- Birth Certificate - or a suitable substitute within 30 days (*State Code 53A-11-503*)
- Registration Form Completed (*See Illustrations 1 & 2*) or use the OCSD Report “*Student Registration Demographics*” for returning students (*See Illustration 3*)
- Current Record of Immunizations
- Determine if the student has been in the district in prior school years.
- Request file from District Office or previous school if student attended in the district previously so that duplicate files are not created.
- Check SIS for a previous account – use abbreviated spelling or a variety of spellings in your search. (i.e. “Gal” for “Gallegos” or “Adr” for (Adrienne”)
- If not previously in the district create a new SIS file and file folder – blue for boys, yellow for girls – with a Student CUM label (*See Slide 7*) containing full, legal student name (from birth certificate), birthdate and SIS Student ID number.
- Do not use nicknames while setting up an account in SIS. Use the special field for nicknames. Official names should be used because of the statewide file search (SSID).

CUM File Label

- **Login to Windows SIS and click on the OCSD reports**
- **Select your school**
- **Click on the “Enrollment” report**
- **Select “All Students”, a single student or a grade range**
- **Click on “Student CUM Labels” report**
- **Click on “Preview”**
- **Print label/s**

Doe, Johnny Michael
Birth: 2/29/2160
ID: 1000000000

(Sample Label)

Year-end Procedures

- Remember that the current year information – attendance, grades, immunizations, behavior incidents, medical – will not be accessible to you once the June-July rollover occurs in SIS. Much of this information is inaccessible to most users in the district once that has occurred. If copies are not printed and put into the student CUM file at the end of each school year, it becomes more difficult and time-consuming to access it in the future, if at all. Please print out the Student Profile for each student and place in the file.
- Much of this information may not be included in a CUM file because it is locked in SIS. When a transfer school requests copies of a student's file, they may not receive much of this information, unless it has been copied at the end of each school year.
- This becomes especially important at the high school level. All transcripts **MUST** be printed **EACH** year on **ALL** students – active, transfers or dropouts. By law, we must have copies of these records permanently.

(Utah State Archives, School District Schedule 22, Item 22-30)

Transfers/Withdrawals

Include the following:

- “**Student Attendance Detail Report**” from SIS - Attendance for the length of stay in the school (*illustrations 6 & 7*)
- “**Profile Report**” in SIS – this contains items such as -Attendance, Behavior, Medical, Transcript - which would be of value to the transfer school. (*illustrations 8 & 9*)
- “**Student Checkout Form**” – which allows you to customize entries for all contingencies – teachers sign out, media center sign out, cafeteria sign out, special ed or ESL sign out, transfer school and address, date file copied and sent to transfer file, etc. (*illustrations 10 & 11*)
- Withdraw student from SIS
- Provide copies of birth certificate, immunizations, withdrawal form and a copy of the last report card.
- Copy the documents in the file and forward to the Transfer School, being sure to document the date sent and to what school in the file. The auditors asked for this information during our last audit. Be sure your documentation is accurate at the school, and is included in the CUM file.

Student Record Retention

Special Ed Files

- Medicaid Billings retain for 5 years after issues resolved or decision made then transfer to State Archives with authority to weed.
- Scram Reports retain for 5 years after issues resolved or decision made then transfer to State Archives with authority to weed.

*(Utah School Districts General Retention Schedule – Schedule 16 –
Special Education Records)*

Student Record Retention

Elementary Records

- Non-Transferred Student Files of students who did not transfer but did not return to the school – send to District Student Records and retain for five years.
- Student CUM files retain until students transfer to Middle School or to transferred elementary school.
- Medication administration and dispensing records should be retained for 7 years after the student leaves elementary school and then destroy.
- Student Injury Reports retain for 7 years or until 2 years after resolution of any claim or litigation then destroy.
- Student Withdrawal Records – The official copy is retained by the school, a copy is included in the CUM file which is sent to the district, a copy is given to the parents and a copy is sent to the transfer school – to include student profile information, whether student is receiving additional school services, indication fees are paid, tests, report card copy. These are retained for 2 years then destroyed.

(Utah School Districts General Retention Schedule – Schedule 20 – Elementary School Records <http://archives.utah.gov/recmanage/grs/sdgrs20.htm>)

Student Record Retention

Middle/Junior High Records

- Non-Transferred Student Files of students who did not transfer but did not return to the school – send to District Student Records and retain for five years.
- Student CUM files retain until students transfer to High School or to transferred middle/junior school.
- Medication administration and dispensing records should be retained for 7 years after the student leaves elementary school and then destroy.
- Student Injury Reports retain for 7 years or until 2 years after resolution of any claim or litigation then destroy.
- Student Withdrawal Records document student school transfer requests. The student's records are copied and sent to the receiving school, a copy is given to the student. This should include address and telephone of school transferring, student's name, birthdate, date, Utah state identification number, last date attended, parent's name and new address, if available, new school, whether student receives any additional services, indication whether fees paid, books returned, CUM folder completed; and if parent was given copies of immunization records and academic progress. Place copy in student CUM file and send file to the District Student Records Office. School copy should be retained for one year then can be destroyed.

(Utah School Districts General Retention Schedule – Schedule 21 – Junior High School Records <http://archives.utah.gov/recmanage/grs/sdgrs21.htm>)

Student Record Retention

High School Records

- Official Transcripts – These records are the official record of school attendance and high school graduation. They are used to document graduation from high school and to verify classes attended and credits earned. They are used for college admission and employment. They also include the transcripts of students who did not graduate, but attended classes in the district (grades 9-12). They are part of the Student Cumulative File until they are weeded after graduation. Retention is permanent.
- Non-Transferred Student Files of students who did not transfer but did not return to the school – Retain for 3 years after graduation, pull Official Transcript then destroy.
- Student CUM files retain until students for 3 years after graduation or student leaves the school, then destroy provided the Official Transcript has been pulled.
- Medication administration and dispensing records should be retained for 4 years after the student leaves elementary school and then destroy.
- Student Injury Reports retain for 4 years then destroy.
- Student Withdrawal Records document student school transfer requests. The student's records are copied and sent to the receiving school, a copy is given to the student. This should include address and telephone of school transferring, student's name, birthdate, date, Utah state identification number, last date attended, parent's name and new address, if available, new school, whether student receives any additional services, indication whether fees paid, books returned, CUM folder completed; and if parent was given copies of immunization records and academic progress. Place copy in student CUM file and send file to the District Student Records Office. School copy should be retained for one year then can be destroyed.

*(Utah School Districts General Retention Schedule – Schedule 22 – High School Records
<http://archives.utah.gov/recmanage/grs/sdgrs22.htm>)*

Student Record Retention

- End of Levels Tests – until student graduates
- SATs – until student graduates
- IPT Tests – only the cover containing the test results needs to be retained.
- Attendance Rolls – Retain for 3 years and destroy if information has been transferred to cumulative card or is in electronic database.
- Student Discipline Files – Retain until student leaves the school then destroy.
- Demographics (Student Information Card) – Retain until superseded or until end of school year and destroy
- Student Registration Records – Retain 1 year or until resolution of all litigation or conflicts, then destroy.

Student Record Retention

Report Cards

Elementary

Until the new SIS Elementary Gradebook is ready, a copy of each year's hand written report card is to be maintained in the file. Once the new SIS Elementary Gradebook is available, the Elementary secretaries will be able to create PDF files of the current report cards, burn that file to CD and maintain the record for future reference.

Secondary

All final report cards and/or transcripts should be printed and added to the students' CUM files. All secretaries have computers capable of running, and licensed to use, the PDF reporting software from Hewlett Packard. This software will allow you to create a PDF file of all report cards, save that file to a CD, and have it on hand for future reference and printing. The link from which to download the software is:

<http://h18007.www1.hp.com/support/files/hpcpqdt/us/download/22684.html>

Secondary must maintain, indefinitely, a transcript for ALL students who have attended the school for any length of time, dropouts included.

Website Links

- <http://www.ed.gov/policy/gen/guid/fpco/pdf/ferparegs.pdf>
- FERPA (Federal Law 99.31)
- <http://www.le.state.ut.us/~code/TITLE53A/53A0C.htm>
- Birth Certificate Required/alternative
- <http://www.le.state.ut.us/~code/TITLE53A/TITLE53A.htm>
- State System of Education
- <http://www.archives.utah.gov/>
- Utah State Archives
- <http://archives.utah.gov/recmanag/grs/sdlist.htm>
- School District General Retention Schedule
- <http://archives.utah.gov/recmanag/grs/schoolgrs.pdf>
- Utah School Districts - General Retention Schedule in .pdf
- <http://archives.utah.gov/recmanag/grs/sdgrs17.htm#17-17>
- School District - Student Records
- <http://archives.utah.gov/recmanag/grs/sdgrs20.htm#20-39>
- Elementary School Records
- <http://archives.utah.gov/recmanag/grs/sdgrs21.htm#21-17>
- Middle/Junior High Records
- <http://archives.utah.gov/recmanag/grs/sdgrs22.htm>
- High School Records
- <http://www.helpforschools.com/ELLKBase/legal/index.shtml>
- PHLOTE - English Language Learner Resource

Illustrations



Student Registration Form - English

OGDEN CITY SCHOOL DISTRICT STUDENT REGISTRATION FORM

Student's Last Name: _____ **First Name:** _____ **Middle:** _____
Grade: _____ **Sex:** M ___ F ___ **Date of Birth:** _____ **SS#:** _____
 Has child attended Ogden City Schools before? Yes ___ No ___ **School he/she last attended:** _____
Ethnicity: American Indian/Alaskan ___ Asian ___ African Am. ___ Caucasian ___ Hispanic ___ Pacific Islander ___
 In what country was student born (If USA, leave blank): _____ **Date entered U.S.:** _____
Home Address: _____ **City/State:** _____ **Zip:** _____
Mailing Address (if different): _____ **City/State:** _____ **Zip:** _____
Home Phone: _____ **Does your child have an IEP?** ___ **504 Plan?** ___ **Other?** ___

Father's Last Name: _____ **First Name:** _____ **Lives w/child?** Yes ___ No ___
Home Address: _____ **City/State:** _____ **Zip:** _____
Mailing Address (if different): _____ **City/State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ **Pager:** _____
Work Address: _____ **Work Phone:** _____ **Occupation:** _____

Mother's Last Name: _____ **First Name:** _____ **Lives w/child?** Yes ___ No ___
Home Address: _____ **City/State:** _____ **Zip:** _____
Mailing Address (if different): _____ **City/State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ **Pager:** _____
Work Address: _____ **Work Phone:** _____ **Occupation:** _____

Guardian Last Name: _____ **First Name:** _____ **Lives w/child?** Yes ___ No ___
 If Guardian (other than parent), please indicate relationship to child:
 Stepfather ___ Stepmother ___ Sibling ___ Court Appointed Guardian ___ Uncle/Aunt ___ Grandparent ___ Relative ___ Other ___
Home Address: _____ **City/State:** _____ **Zip:** _____
Mailing Address (if different): _____ **City/State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ **Pager:** _____
Work Address: _____ **Work Phone:** _____ **Occupation:** _____

Emergency Contacts (other than parent): (Please provide at least one emergency contact)
Last Name: _____ **First Name:** _____
Address: _____ **Home Phone #:** _____ **Work Phone #:** _____
Relationship: Stepfather ___ Stepmother ___ Sibling ___ Uncle/Aunt ___ Grandparent ___ Relative ___ Friend/Neighbor: ___ Other ___
Last Name: _____ **First Name:** _____
Address: _____ **Home Phone #:** _____ **Work Phone #:** _____
Relationship: Stepfather ___ Stepmother ___ Sibling ___ Uncle/Aunt ___ Grandparent ___ Relative ___ Friend/Neighbor: ___ Other ___

Unless authorized by the custodial parent, the child will not be released to anyone other than parents, a sibling that lives in the same home, and persons listed on this page.

 Parent or Guardian Signature Date

Home Language Survey Information:

1. What is the language spoken most often by the student? _____
2. What is the language spoken most often in your home? _____
3. What was the first language the students learned to speak? _____
4. What is the language spoken most often by caregivers other than parents? _____
5. Has the student attended school in which the language of instruction was not English? Yes ___ No ___
6. If yes to question #5, how many years? _____ What language? _____
7. Has student received ESL services in a previous school? Yes ___ No ___

For School Use Only

• This information is recorded on SIS under: Enrollment, Student Editor (select student), Misc. tab.
 • Question #1 (this survey) = Home Lang
 • Question #2 (this survey) = Primary Lang
 • If questions #1 or 2 are not English, the student is PHLOTE
 • If any other two items indicate other than English, student should be assessed.
 • If "Yes" student must be assessed for English Language Proficiency.
 • PHLOTE: Yes ___ No ___

Please mark any of the following that may apply. This information helps the district determine if the student is eligible for additional services.

- ___ ZH1. Lives with another family because of a loss of housing or economic hardship.
- ___ ZH2. Lives in a motel or hotel.
- ___ ZH3. Lives in a shelter (emergency, transitional, or domestic violence).
- ___ ZH4. Lives in a car, park, campground, or public place.
- ___ ZH5. Lives in a residence without running water, electricity, heat, etc.
- ___ ZH6. Seeks enrollment without accompanying parent (not to include youths in foster care).

For School Use Only

- This information is recorded on SIS under: Services/Programs, Program History, Final, Student, and Add.
- Select ZIP code from pull-down box and click OK.
- Enter entry date (if date is not known use date registration date)
- Enter Status (must be active)
- Leave all remaining boxes blank
- Click save

Has the student's family moved to seek agricultural work in the last 3 years? Yes ___ No ___

Health Information:

Family Physician: _____ **Phone:** _____ **Release to another doctor if not available?** Yes ___ No ___
Address: _____ **City/State:** _____ **Zip:** _____
Family Dentist: _____ **Phone:** _____ **Release to another dentist if not available?** Yes ___ No ___
Address: _____ **City/State:** _____ **Zip:** _____
Hospital/Insurance: Preferred hospital: _____ **Policy #:** _____ **Provider:** _____
Glasses/contacts: ___ **Hearing Aid:** ___ **Physical Problems:** ___ **Daily Medicine:** ___ **Health Problems:** ___
Required assistance: Transportation: ___ Wheelchair: ___ Adult Assistance: ___ Special Equipment: ___

In case of an ACCIDENT or SERIOUS ILLNESS, I request the school to take whatever action seems appropriate. If the school is unable to reach me, or the contact person(s), I hereby authorize the school to call our physician or dentist and follow his/her instructions. If it is impossible to contact the physician, the school administration may take whatever arrangements they deem necessary.

Parent or Guardian Signature: _____ **Date:** _____

Please list other children in your family (18 years or younger):

Name	Gender	Age	Birth Date	School Currently Attending
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

If you do not want your student's name or photograph to appear in any publication of the school (recognitions on the school or district web site, videos of school activities, school phone book, etc.) you must notify the school principal in writing.

I certify that I am the legal guardian or custodial parent of this student. I certify that I have read and understood the information on this registration form, that the information entered is correct, and that I will notify the school of any changes to the information herein.

Parent or Guardian Signature: _____ **Date:** _____

The district is requesting this information to better serve the needs of our students 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 purposes noted in the law or rule. This information will not subject you to unfair or discriminatory treatment.

For School Use Only

Teacher: _____ **Special Programs:** Special Education: _____ **ESL:** _____
 Is student eligible for busing? Yes ___ No ___ **Lives within 1 1/2 miles:** ___ **More than 1 1/2 miles:** ___ **Pickup Bus #:** ___ **Dropoff Bus #:** ___
Fee Waiver requested: Yes ___ No ___ **Lunch Qualification:** Free ___ Reduced ___ Paid ___ **Immunizations Record:** Yes ___ No ___
Exemption registered: Yes ___ No ___ **Emergency Immigrant:** ___ **Refugee:** ___ **Homeless:** ___ **Student is PHLOTE:** Yes ___ No ___

Date referred for English Language Proficiency testing: _____ **Principal's signature:** _____

Student Registration Form - Spanish

FORMULARIO DE INSCRIPCIÓN DEL DISTRITO ESCOLAR DE LA CIUDAD DE OGDEN

Apellido (s) del alumno: _____ Primer nombre: _____ Segundo nombre: _____
 Grado: _____ Sexo: M ___ F ___ Fecha de nacimiento: _____ SS#: _____
 ¿Ha asistido a alguna de las escuelas del Distrito Escolar de la Ciudad de Ogden? Si ___ No ___
 Nombre de la escuela a la cual asistió el año pasado: _____
 Grupo étnico: Nativo americano/De Alaska ___ Asiático ___ Afroamericano ___ Caucásico ___ Hispano ___ Isleño del pacífico ___
 ¿Es el alumno ciudadano estadounidense? Si ___ No ___ En caso de que la respuesta sea no, ¿en qué país nació?: _____
 Fecha de ingreso a E.U.: _____
 Domicilio particular: _____ Ciudad/Estado: _____ Código postal: _____
 Domicilio para recibir correspondencia (en caso de que sea diferente al domicilio particular): _____
 Ciudad/Estado: _____ Código postal: _____
 Teléfono particular: _____ ¿Tiene su hijo (a) IEP? ___ ¿Plan 504? ___ ¿Otro? _____

Apellido del padre: _____ Primer nombre: _____ ¿Vive con el alumno? Si ___ No ___
 Domicilio particular: _____ Ciudad/Estado: _____ Código postal: _____
 Domicilio para recibir correspondencia (en caso de que sea diferente al domicilio particular): _____
 Ciudad/Estado: _____ Código postal: _____
 Teléfono particular: _____ Teléfono celular: _____ Biper: _____
 Domicilio del trabajo: _____ Teléfono del trabajo: _____ Ocupación: _____

Apellido de la madre: _____ Primer nombre: _____ ¿Vive con el alumno? Si ___ No ___
 Domicilio particular: _____ Ciudad/Estado: _____ Código postal: _____
 Domicilio para recibir correspondencia (en caso de que sea diferente al domicilio particular): _____
 Ciudad/Estado: _____ Código postal: _____
 Teléfono particular: _____ Teléfono celular: _____ Biper: _____
 Domicilio del trabajo: _____ Teléfono del trabajo: _____ Ocupación: _____

Tutor del alumno: _____ Primer nombre: _____ ¿Vive con el alumno? Si ___ No ___
 En caso de tener tutor (diferente al padre o la madre), sírvase indicar el parentesco con el niño:
 Padrastro ___ Madrastra ___ Hermano/hermana ___ Tutor asignado por un tribunal ___ Tío/tía ___ Abuelo/abuela ___ Pariente ___ Otro ___
 Domicilio particular: _____ Ciudad/Estado: _____ Código postal: _____
 Domicilio para recibir correspondencia (en caso de que sea diferente al domicilio particular): _____
 Ciudad/Estado: _____ Código postal: _____
 Teléfono particular: _____ Teléfono celular: _____ Biper: _____
 Domicilio del trabajo: _____ Teléfono del trabajo: _____ Ocupación: _____

Contactos para caso de emergencia (aparte de los padres), sírvase proporcionar por lo menos uno
 Apellido: _____ Primer nombre: _____
 Domicilio particular: _____ Teléfono particular: _____ Teléfono del trabajo: _____
 Parentesco: _____
 Padrastro ___ Madrastra ___ Hermano/hermana ___ Tío/tía ___ Abuelo/abuela ___ Pariente ___ Amigo(a)/Vecino (a): ___ Otro ___

Apellido: _____ Primer nombre: _____
 Domicilio particular: _____ Teléfono particular: _____ Teléfono del trabajo: _____
 Relationship: _____
 Padrastro ___ Madrastra ___ Hermano/hermana ___ Tío/tía ___ Abuelo/abuela ___ Pariente ___ Amigo(a)/Vecino (a): ___ Otro ___

El alumno no podrá ser entregado a otra persona que no sean los padres, uno de sus hermanos que vivan en la misma casa o las personas indicadas anteriormente, a menos que haya autorización del padre o la madre que tenga la tutela legítima.

Firma del padre, madre o tutor _____ Fecha _____

Información para estudio del idioma en el hogar:
 1. ¿Qué idioma habla el alumno con mayor frecuencia? _____
 2. ¿Qué idioma se habla con más frecuencia en su casa? _____
 3. ¿Cuál fue el primer idioma que el alumno aprendió a hablar? _____
 4. ¿Qué idioma hablan con más frecuencia las personas encargadas de cuidar al alumno aparte de sus padres? _____
 5. ¿Ha asistido el alumno a alguna escuela en la cual el idioma de instrucción no era inglés? Si ___ No ___
 6. ¿En caso de haber contestado si a la pregunta #5, ¿por cuántos años? ___ ¿Qué idioma? _____
 7. ¿Ha recibido el alumno servicios de ESL en otra escuela? Si ___ No ___

Para uso administrativo

• This information is recorded on SIS under: Enrollment, Student Editor (select student), Misc. tab.
 • Question #1 (this survey) = Home Lang.
 • Question #2 (this survey) = Primary Lang.
 • If questions #1 or 2 are not English, the student is PHLOTE.
 • If any other two items indicate other than English, student should be assessed.
 • If "Yes" student must be assessed for English Language Proficiency.
 • PHLOTE: Yes ___ No ___

Favor de marcar lo que aplique a su situación. Esta información es usada por el distrito para determinar si el alumno cubre los requisitos para recibir servicios adicionales.

___ ZH1. El alumno vive con otra familia debido a la pérdida de vivienda o problema económico.
 ___ ZH2. Vive en un hotel o motel.
 ___ ZH3. Vive en un asilo (por emergencia, transición o violencia doméstica).
 ___ ZH4. Vive en un automóvil, parque, campamento o lugar público.
 ___ ZH5. Reside en una vivienda que no tiene agua potable, electricidad, calefacción, etc.
 ___ ZH6. El alumno pide inscribirse sin uno de sus padres (no incluir niños bajo tutela del estado)

¿Se ha mudado la familia del alumno en busca de trabajo agrícola en los últimos tres años? Si ___ No ___

Información médica:
 Médico de cabecera: _____ ¿Puede enviarse a otro médico si su médico de cabecera no está disponible? Si ___ No ___
 Teléfono: _____ Dirección: _____ Ciudad/Estado: _____ Código postal: _____
 Dentista de su preferencia: _____ ¿Puede enviarse a otro dentista si su dentista no está disponible? Si ___ No ___
 Teléfono: _____ Dirección: _____ Ciudad/Estado: _____ Código postal: _____
 Hospital/Seguro médico: Hospital de su preferencia _____ Póliza #: _____ Aseguradora: _____
 Anteojos/lentes de contacto ___ Aparato para sordera ___ Problemas físicos ___ Medicamentos diarios ___ Problemas de salud: _____
 Necesita ayuda de: Transporte: _____ Silla de ruedas: _____ Supervisión adulta: _____ Equipo especial: _____

En caso de ACCIDENTE o ENFERMEDAD GRAVE, solicito al personal de la escuela tomar la decisión que a su ver sea la más adecuada, si no pueden ponerse en contacto conmigo o con la (s) persona (s) autorizada (s) anteriormente, por este medio les autorizo para llamar a nuestro médico o dentista y seguir sus instrucciones. En caso de no poder localizar al médico, la administración escolar podrá tomar las medidas que juzgue convenientes.

Firma del padre, madre o tutor: _____ Fecha: _____

Favor de proporcionar información de los miembros de su familia (menores de 18 años):

Nombre	Sexo	Edad	Fecha de nacimiento	Escuela a la que asiste actualmente
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

Si no desea que el nombre o la fotografía de su hijo (a) aparezca en publicaciones escolares (reconocimientos del sitio en la red de la escuela o del distrito, videos de actividades escolares, directorio telefónico escolar, etc.) deberán notificarlo por escrito al director de la escuela.

Certifico que soy el tutor legal o tengo la tutela de este alumno; que he leído y entiendo la información en este formulario de inscripción, que la información que proporciono es correcta y que notificaré a la escuela cualquier cambio en la misma.

Firma del padre, madre o tutor: _____ Fecha: _____

El distrito solicita la presente información para prestar un mayor servicio a las necesidades de nuestros alumnos según autorización de PL 94-142, Título IV de la Ley de los Derechos Civiles y la Norma Administrativa R227-716 (1 a 5). Esta información será tratada confidencialmente y será usada solamente de acuerdo con las especificaciones de la ley o norma. Esta información se le expedirá a discriminación o trato injusto.

Para uso administrativo

Teacher: _____ Special Programs: Special Education: _____ ESL: _____
 Is student eligible for busing? Yes ___ No ___ Lives within 1 1/2 miles ___ More than 1 1/2 miles ___ Pickup Bus #: ___ Dropoff Bus #: ___
 Fee Waiver requested: Yes ___ No ___ Lunch Qualification: Free ___ Reduced ___ Paid ___ Immunizations Record: Yes ___ No ___
 Exemption registered: Yes ___ No ___ Emergency Immigrant ___ Refugee ___ Homeless ___ Student is PHLOTE: Yes ___ No ___

Date referred for English Language Proficiency testing: _____ Principal's signature: _____

Illustration 2

Student Registration Demographics

STUDENT REGISTRATION DEMOGRAPHICS
Bonneville Elementary School

Student ID: 1000*****
 Student's Last Name: S First Name: Aspen Middle: P
 Grade: 2 Sex: M F Date of Birth: 11/16/1997 Advisor: Palmer, Catherine
 Has child attend Ogden City Schools before? Yes No School he/she last attended: E
 Ethnicity: American Indian/Alaskan Asian Black Caucasian Hispanic Pacific Islander
 Home Address: 757 Adams Ave City/State: Ogden, UT Zip: 84404
 Mailing Address (if different): _____ City/State: _____ Zip: _____
 Home Phone: (801) 393 - 0765

Type: Family Member Relationship: Mother
 Last Name: Smith First Name: Crystal
 Home Address: 757 Adams Ave City/State: Ogden, UT Zip: 84404
 Phone: (801) 393 - 0 Phone Type: Residence

Type: Family Member Relationship: Stepfather
 Last Name: Lee First Name: Paul
 Home Address: 757 Adams Ave City/State: Ogden, UT Zip: 84404
 Phone: (801) 393 - 5 Phone Type: Residence

Type: Emergency Relationship: Grandfather or Grandmother
 Last Name: Ell First Name: Lisa
 Home Address: _____ City/State: _____ Zip: _____
 Phone: (801) 393 - 2 Phone Type: Residence
 Phone: (801) 629 - 9 Phone Type: Work

Type: Emergency Relationship: Grandfather or Grandmother
 Last Name: ***** First Name: Petra
 Home Address: _____ City/State: _____ Zip: _____
 Phone: (801) 479 - 2 Phone Type: Residence

Sample Student File Special Notices

STUDENT FILE SPECIAL NOTICES

Student Name: _____ **Date of Birth** _____

Student SIS ID # _____

Special Education **Eligibility Date:** _____ **Eligibility Category** _____

504 **Eligibility Date:** _____

ELL **Eligibility Date:** _____

Medical Condition: _____

Other: _____

Comments:

Sample Phlote Alert

! Portfolio Alert !

THIS IS A PHLOTE STUDENT

Upon Records' Transfer, a copy of the Student Portfolio **MUST** be provided for the receiving school.

**A PORTFOLIO IS REQUIRED FOR
THIS STUDENT**

Student Attendance Detail Report

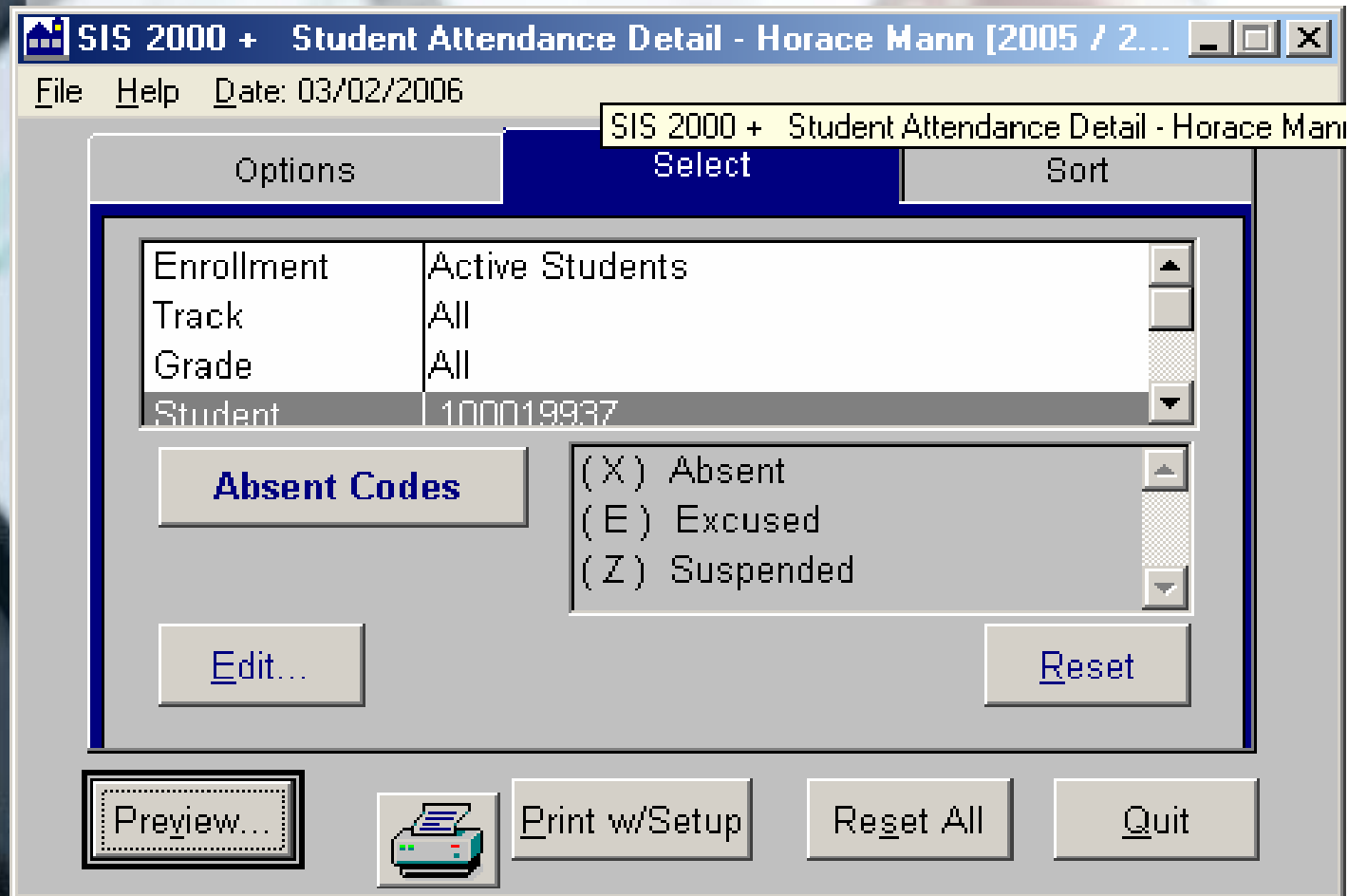


Illustration 6

Sample Student Attendance Detail Report

STUDENT ATTENDANCE DETAIL REPORT				
Track: A 152 05/08				
ID:		MONIQUE		Grade: 4
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08/22	08/23	08/24	08/25	08/26
08/29	08/30	08/31	09/01	09/02
09/05	09/06	09/07	09/08	09/09
09/12	09/13	09/14	09/15	09/16
09/19	09/20	09/21	09/22	09/23
09/26	09/27	09/28	09/29	09/30
10/03	10/04	10/05	10/06	10/07
10/10	10/11	10/12	10/13	10/14
10/17	10/18	10/19	10/20	10/21
10/24	10/25	10/26	10/27	10/28
10/31	11/01	11/02	11/03	11/04
11/07	11/08	11/09	11/10	11/11
11/14	11/15	11/16	11/17	11/18
11/21	11/22	11/23	11/24	11/25
11/28	11/29	11/30	12/01	12/02
12/05	12/06	12/07	12/08	12/09
12/12	12/13	12/14	12/15	12/16
12/19	12/20	12/21	12/22	12/23
12/26	12/27	12/28	12/29	12/30
01/02	01/03	01/04	01/05	01/06
01/09	01/10	01/11	01/12	01/13
01/16	01/17	01/18	01/19	01/20
01/23	01/24	01/25	01/26	01/27
01/30	01/31	02/01	02/02	02/03
02/06	02/07	02/08	02/09	02/10
02/13	02/14	02/15	02/16	02/17
02/20	02/21	02/22	02/23	02/24
02/27	02/28	02/29	02/28	

Total Absences: 2 Total Tardies: 0 Membership: 119 / 119 Days

ATTENDANCE CODES

L :Lagged E :Excused
 S :Suspended Y :Early
 P :Parent Excused B :Blat

A :Absent . :Present E :Excused
 A :Activity H :Home/Hospital
 I :In School Suspension - :No Scheduled Classes

Student Profile Report

SIS 2000+ Student Profile - Horace Mann [2005 / 2006]
File Help Date: 03/02/2006

Student Name	M/F	Birthdate	Age	Grade	Group
ses Rosario [10001]	M	08/22/1995	10	5	Currently active students

Track/School/Year	Advisor	Entry	Exit
A 132 2005/06	Ardizzone, Vincent	08/22/2005	

Address: 226 35th St
Ogden, UT 84401

Phone: (801) 612-9264
Registration Date: 20000928
Graduation Year: 2013

Unlisted
Message

Ogden
132
132
135
87

General
Transcript

Print Find List Delete Edit Add Save Quit

Illustration 8

Sample Student Profile Report

03/02/2006 14:53:13 Page 1

Student Profile
-----s Rosario [100]-----

BIRTHDATE: 08/22/1995 AGE: 10 GENDER: M GRADE: 5
TRACK: A 132 2005/06 ENTRY DATE: 08/22/2005 EXIT DATE:
ADVISOR: Ardizzone, Vincent

<<<< GENERAL INFORMATION >>>>

ADDRESS: ;

NICKNAME: REGISTRATION DATE: 20000928
ETHNICITY: Hispanic GRADUATION YEAR: 2013
HOME LANGUAGE: <Unset> RESIDENT DISTRICT: Ogden
PRIMARY LANGUAGE: Spanish RESIDENT SCHOOL: 132
CITIZENSHIP: <Unset> CHOICE SCHOOL: 132
COUNTRY: <Unset> BUS PICKUP: 135
 BUS DROPOFF: 87

<<<< ACTIVITY INFORMATION >>>>

No Activity Information Available

<<<< ATTENDANCE INFORMATION >>>>

Date	Attendance Description	Period
02/16/2006	Excused	1
12/16/2005	Absent	1
12/08/2005	Absent	1
11/11/2005	Tardy	1

<<<< BEHAVIOR INFORMATION >>>>

No Behavior Information Available

<<<< HEALTH INFORMATION >>>>

No Health Information Available

<<<< SCHEDULE INFORMATION >>>>

Term	Cycle	Period	Course	Teacher	Room
YT	Cycle Day 1	1	Fifth Grade	Ardizzone	

<<<< TESTING INFORMATION >>>>

Date	Grade	Test	Subtest	Score	Pass
04/16/2003	4	IPT English	Reading - 04-06	43	N
04/16/2003	2	IPT English	Writing - 02-03	13	N
04/09/2003	4	IPT English	Oral - 00-06	79	N
04/12/2002	1	IPT English	Oral - 00-06	35	N
03/16/2001		IPT English	Oral - 00-06		22


<<<< TRANSCRIPT INFORMATION >>>>

No Transcript Information Available

SIS Student Locator Card/Schedule

The screenshot shows a software window titled "SIS 2000+ Student Locator Card/Schedule". The interface includes a "TRACK" dropdown menu set to "A 132 05/06" and an unchecked checkbox for "Display Locker Combination". Below this, there are "Grades" fields for "From" (0) and "To" (5), and "Term(s) for Report:" with checkboxes for 1, 2 (checked), and 3. A "Sort By:" section offers radio buttons for "Grade & Name" (selected), "Student Name", "Mailing Address", and "Period", along with a "Term" dropdown set to 2. A checked checkbox for "Student Check Out Form" is present. A section for "Selected Students Only" includes "Find" and "Remove" buttons and a search input field. Below this is a "School Fees/Notes Input Field" with text boxes for "Parent/Guardian checking student out:" and "TRANSFERRING TO:". At the bottom, there are buttons for "Preview", a printer icon, "Print w/Setup", and "Quit".

Sample Student Check-Out Form



STUDENT CHECK-OUT FORM
HORACE MANN
 (801) 737-7600

(100028432) ADAMS, SHAUNTAE
 Second Grade Girl
 Birth Date 03/03/1996

Misty Weber
 735 Taylor
 Ogden UT 84404

Home Phone (801) 317-4803
 Contact Phone (801) 317-4803

Track : A 132 0506 **TRIP #:** 2

Period	Class	Title	Teacher	Room	Teacher's Signature
1	0626-1	SECOND GRADE	Lea		

Additional Signatures:

Media Center _____

Registrar _____

Locker Check _____

Special Education/IEP _____

Other (specify) _____

Other (specify) _____

Parent/Guardian checking student out _____

TRANSFERRED TO: _____

Media Center _____ Lunch Manager _____

Principal _____ Student Records _____

Special Education _____ ESL _____

Yearbook _____ Receipt # _____

03/02/2008

CLARK COUNTY APP CLARK COUNTY CLARK COUNTY REVISED 3/2008 12/16/04 Page 1

A hand is shown writing on a document with a pen, viewed through a magnifying glass. The background is a light blue gradient.

For questions or clarification, please contact:

Ogden School District Student Records

2444 Adams

Ogden, UT 84401

801.737.8817

Prepared by Karen Winters, District Student Records, March 2006