

Welcome to Greenwood Elementary!
We are excited to have you join our school.

- Our school website is - greenwood.alpineschools.org
- We are on Facebook - <https://www.facebook.com/Greenwood-Gators-212163208803515>

The following forms are needed to complete registration:

- New Student Registration Packet
- Utah School Immunization Record (filled out with the dates of immunizations)

****Your student cannot start school without complete immunizations or an Exemption Form signed by the Health Department.**

As per State Law R396-100-9:

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

- Completed Immunization Records from your Health Care Provider
(Dates must be copied onto the pink district form.)
- Birth Certificate
(Original is required. We can copy this for you.)
- Proof of Residency
(Lease/Purchase Agreement or utility bill)
- Custody Documentation
(If applicable)

**Our summer hours are Wednesdays from 9:00a.m.-12:00p.m.
Please call our office at 801-610-8708 with any questions.**





INFORMATION

Kindergarten Registration

FIRST DAY OF SCHOOL PREPARATION

- ✓ Label all personal items
- ✓ Discuss and practice plans for drop-off and pick-up
- ✓ Review a school-day routine
- ✓ Practice full name, address and phone number
- ✓ Arrive on time
- ✓ Leave your child promptly, with a positive attitude
- ✓ Ask how the day went and what was the best thing that happened



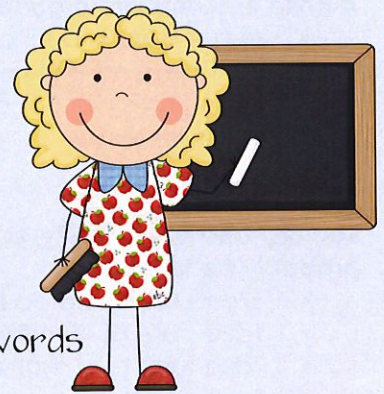
EFFECTIVE PARENT/TEACHER COMMUNICATION

- Attend assessments and parent conferences
- Provide current phone numbers
- Read teacher and school communications
- Ask questions about how your child is doing and how you can help at home

Kindergarten Pre-assessment

Before school starts, your child's teacher will make an appointment to meet you and your child. They will help your child feel at ease in their new classroom, and will assess things such as:

- Letter names
- Letter sounds
- Writing their name
- Identifying numbers
- Identifying rhyming words
- Counting and matching one-to-one



This information will help the teacher plan instruction that is just right for each child. It will also give you a chance to ask questions and help your child feel comfortable in a new situation.

DOCUMENTS REQUIRED FOR REGISTRATION

- Birth Certificate
- Proof of Residency
- Immunization Records



Kindergarten Registration

The beginning of OUR school years!





What should my child be able to do?

Kindergarten children come to school with very different levels of development. Teachers expect students to be performing at different levels and will be ready to help every student succeed.

A child entering kindergarten will probably:

- Prefer a fairly routine schedule
- Be independent in eating, dressing and sleeping
- Be independent at going to the bathroom and washing hands

Socially and emotionally, a child in kindergarten will probably be learning to:

- Work alone and do tasks for themselves
- Take care of own things, such as coat
- Take turns and share
- Finish tasks
- Use self-control
- Follow simple instructions



Physically, most kindergarteners will be:

- Learning to snap fingers, whistle and wink
- Maturing in large and small muscle control
- Extremely active for short periods, separated by longer periods of quiet

In terms of language and general knowledge, most kindergartners are learning or able to:

- Hold and use a pencil, crayons and scissors
- Say their full name, address and phone number
- Write their name
- Count
- Identify and name shapes and colors
- Notice similarities and differences
- Carry on a conversation

Kindergarten Transportation

How will your kindergarten student get to school?

Alpine School District is dedicated to ensuring your child's safe travel between home and school. In order to do this, we ask that all parents complete an online form indicating if your child will travel by bus or other means.

Please complete this form at:

English - <http://tinyurl.com/z6reaq9>

Spanish - <http://tinyurl.com/j7jl7o6>

Or scan this QR code:



English



Spanish

Bus students will receive backpack tags at school that will indicate the correct bus stop. The tag will help teachers and bus drivers ensure that your child rides the correct bus.





NEW STUDENT REGISTRATION FORM

Student's Name _____
(Last) (First) (Middle) (Known As)

Date of Birth _____ Birth Place (City/State or Country) _____

Male Female Grade _____ Has your child ever attended school in Alpine School District? Yes No

School Last Attended _____ Address _____

Student transferred from: Circle One WITHIN DISTRICT OUT OF DISTRICT OUT OF STATE OUT OF COUNTRY*

Enrollment Date in First USA School _____ *If out of country, which country? _____

Father's Email _____ Mother's Email _____

Student's Home Address _____
(Street) (City) (State) (Zip)

Name of Parent or Legal Guardian _____

STUDENT LIVES WITH <i>(Write Names)</i>	DOB	Foster	Step	<i>Circle Primary Phone #</i>		
				HOME PHONE	CELL PHONE	WORK PHONE
Father						
Mother						
Guardian						
Other						
Student's school-aged siblings:						
Schools siblings are/will be attending:						

Circle One

- Yes No Has your child lived in the US for the last 3 years?
- Yes No Do you have legal custody of the child you are registering?
- Yes No Is the child you are registering a foster child/ward of the court?
- Yes No Does this child have an **Individualized Education Plan** or is he/she receiving Special Education Services?
- Yes No Are you living with friends or relatives?
- Yes No Has your child ever been suspended/expelled from school?
- Yes No Is this child receiving English language support?
- Yes No Is the primary language spoken in the home English? If no, what language is spoken? _____
 What is the native language of this student? _____

I attest by this signature I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.

Parent/Guardian Signature _____ Date _____

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

OFFICE USE ONLY

Teacher _____ Track _____ Student # _____ Date Enrolled _____ Start Date _____
 Skyward - NCLB Schedule Home Room Advisor Class List ESL Y or N
 Immunizations - Complete In Process Birth Certificate Proof of Residency Legal Docs
 Administrator Approval _____

Federal Legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

ETHNICITY: Is this student Hispanic/Latino?

Yes Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No Not Hispanic/Latino

RACE: What is this student's race? (Choose one or more)

American Indian or Alaska Native (a person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment)

If checked, please indicate which Tribe or Band _____

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Phillipine Islands, Thailand and Vietnam)

Black or African American (a person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

I understand that the district is required to report the above information for all students, but I refuse to declare a race for my student. I understand that district personnel will do their best to determine my child's race and report that determination.

Parent's Last Name

Student's Last Name

Home Address

City

Home Phone

ALPINE SCHOOL DISTRICT
EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contracting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. Registration is not complete without this signed form. List your students attending this school, oldest first.

Student Information

Table with 7 columns: Last Name, First Name, M/F, Grade, Teacher, Birth Date, List any Health Problems

Parent Information

Table with 5 columns: Name (please print name), Employer, Work Phone, Cell Phone, E-mail Address. Rows for Father, Mother, Legal Guardian, Step Father, Step Mother.

Alpine School District requires a legal guardian or a person authorized by the guardian to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student, we will not be able to release them. Non-custodial parent's names must be written below for non-custodial parent to check this student out.

Local Emergency Contacts (the individuals listed below are authorized to check out my student from School)

Table with 5 columns: Name, Street, City, State, Zip, Phone, Relationship

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.

Physician's Name: _____ Phone: _____

Is there information on file preventing certain individuals from checking this student out? Yes ___ No ___

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

Signature of Parent or Legal Guardian

Relationship to the Student

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.

Please notify the school office of any changes regarding this information.

PRE-KINDERGARTEN SPEECH AND HEARING SURVEY

Child's Name _____ Birthdate _____

Parent's Name _____ Date _____ Phone _____

This information will be very helpful in planning an optimal educational program for your child. Please complete the following checklist. You may make additional comments, if desired, on the bottom of this form.

HEARING

YES NO

- Child's hearing is believed to be normal. If not, please explain.

- Child has a history of ear infections.

SPEECH AND LANGUAGE

- Child has difficulty saying many sounds. Please list:

- Child has difficulty speaking in sentences.

- Child talks very little.

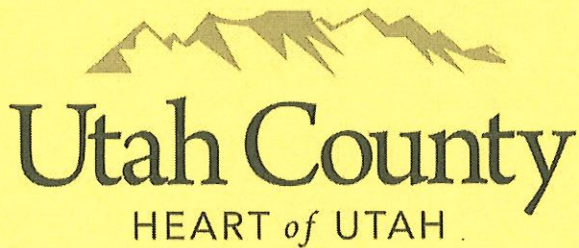
- Child has a voice problem—pitch, volume, quality (hoarseness, harshness, nasality).

- Child has excessive episodes of stuttering.

- In your opinion, is your child's speech and language development appropriate for age?

- Child may need some help from the speech-language pathologist.

Please list any additional comments about your child's speech or hearing.



UTAH COUNTY HEALTH DEPARTMENT

Ralph L. Clegg, E.H.S., M.P.A.
Executive Director

Eric S. Edwards, M.C.H.E.S., M.P.A.
Deputy Director

Dear Parents of New Kindergartners:

For kindergarten attendance, Utah State law requires the following immunizations for the protection of your child and others from communicable diseases:

5 DTaP	4 Polio	2 MMR	3 Hepatitis B
2 Hepatitis A		2 Varicella (Chickenpox)	

The 5th DTP and 4th Polio immunizations need to be given after the child's 4th birthday, the first MMR and Chickenpox vaccines must be given after the first birthday. Parents may sign the appropriate box on the pink immunization card indicating their child has had the Chickenpox disease instead of the vaccine.

**For a Personal or Religious Exemption from immunizations for your child, you must obtain a waiver at the Utah County Health Dept. (cost of \$25) and return a copy of the waiver to the school. For a Medical Exemption from immunizations, a waiver must be signed at a physician's office and a copy of that waiver returned to the school before attendance begins at the school.

*** The complete dates of the required immunizations or the correct exemption waiver must be submitted to the school before a child may begin to attend school.** Immunizations are available from your personal physician or from the Utah County Health Department per the schedule below. Please bring your records of previous immunizations for your child to your doctor or the health department clinic.

<u>Location/Days of Health Dept. Clinics</u>	<u>Address</u>	<u>Hours</u>
Provo Mon, Tues, Fri.	151 S. University Ave	8:00 to 5:00
Provo Wed.	151 S. University Ave	8:00 to 7:00
Provo Thurs.	151 S. University Ave	9:00 to 5:00
American Fork Mon. thru Fri.	599 S. 500 E. Suite 2	8:00 to 5:00
Payson each Tuesday	WIC 910 E. 100 N.	4:00 to 7:00

A physical examination, including vision screening, and a dental examination are strongly recommended for entering kindergarten students. Utah County Health Dept. Wellness Clinic performs physicals for \$30. Appointments can be made by calling 801-851-7031. Physical and dental exams and immunizations are advised in the Spring and early Summer to avoid crowds in the fall.



- Student Media Release -

Dear Parents,

Alpine School District seeks to promote the positive accomplishments of students. Accordingly, your child's projects, photo/video, comments, and name might be printed or posted on the web by the school, district, or external media. Please select all appropriate options. At any time you may update your preferences in Skyward.

Release for School and District Print Publications

Yes No The school/district may publish--in print format--my child's projects, photo/video, comments, and name.

Release for School and District Web/Social Media

Yes No The school/district may publish — in electronic format — my child's projects, photo/video, comments, and name. I understand that this information will be available on the Internet (please note that this does not replace the district's Acceptable Use Policy or imply permission to use Internet services).

Release for External Media

Yes No External media may broadcast my child's projects, photo/video, comments, and name (newspaper, television, radio, and so forth).

Child's Name

Child's Grade

Parent/Guardian Signature

Date



Alpine School District

Elementary Student Computer & Internet Use Permission Slip

School: _____

Name: _____ Core Teacher (if applicable): _____
(Last, First, Middle)

Student ID #: _____ Date: _____

Recognizing the fundamental role technology plays in the 21st Century, Alpine School District supports and encourages the appropriate and responsible use of technology in student learning. Alpine School District will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

The current policy, including rules and regulations, is found at:
<http://policy.alpinedistrict.org/policy/5225> Internet
Wide Area Network Acceptable Use Rule or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, I acknowledge I have read and reviewed with my student the rules and regulations associated with the Alpine School District Acceptable Use policy. Furthermore, I acknowledge these rules and regulations apply to both district and personal devices while on school property.

Parent/Guardian's Signature: _____ Date: _____
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As the parent/guardian of the student, I grant permission for my child to use the Alpine School District network in all the following ways: Internet services, Student Email, Google docs and Other Services. This permission shall remain in effect unless changed explicitly by a guardian.

Parent/Guardian's Signature: _____ Date: _____
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ALTERNATIVE LANGUAGE SERVICES
Home Language Survey

To ensure that all students receive the education services they need, the law requires us to ask questions about students' language backgrounds. Responses to the questions below will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them.

School _____ Registration date _____
mm/dd/yyyy

Student Name _____

Student school ID number _____
First Last Grade _____

Birthdate _____ Gender _____ Country of Birth _____
M/F

Location of last school _____

Name of Parent/Legal Guardian _____

HOME LANGUAGE QUESTIONS:

- 1) What was the first language that the student learned to speak? _____
- 2) What is the language currently most often spoken by the student? _____
- 3) What is the primary language used in the home, regardless of the language spoken by the student? _____
- 4) What language does the primary caregiver speak to your child? _____
- 5) If available, in what language would you prefer to receive information from the school? _____
- 6) **Native American Question:** Is the student's English language influenced by the Tribal Language through a parent, grandparent, relative or guardian? _____ YES _____ NO

Person completing this form _____

Parent/Guardian Signature _____

Alpine School District
Voluntary Student Information Questionnaire
McKinney-Vento Assistance Act



This questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11431, et. seq. The Act requires that all homeless children and youths have equal access to the same free and appropriate public education as provided to other children and youths and to ensure that all homeless children and youths have an opportunity to meet the same challenging state standards to which all students are held. The term "homeless children and youth" means *individuals who lack a fixed, regular, and adequate nighttime residence*. Please answer the questions below to determine if the student is included in this definition and is therefore eligible for the rights and services provided under the McKinney-Vento Homeless Assistance Act.

Student Name: _____ Student ID#: _____ Date of Birth: _____
 School: _____ Grade: _____

Submission of any false or misleading information is a violation of state law and may void this application and agreement.

- | | | |
|-----|-----|--|
| Yes | No | |
| ___ | ___ | Is the student sharing housing with other persons due to loss of housing, economic hardship, or similar reason? |
| ___ | ___ | Is the student living in a motel or hotel due to lack of alternative adequate accommodations? |
| ___ | ___ | Is the student living in an emergency or transitional shelter? |
| ___ | ___ | Is the student living in a car, park, temporary trailer park, campground, public space, abandoned building, substandard housing, bus or train station, or similar setting? |
| ___ | ___ | Is the student living in a primary nighttime residence that is a public or private place, not designed for or ordinarily used as regular sleeping accommodations for human beings? |
| ___ | ___ | Is the student a migratory child/youth that meets one or more of the conditions described herein? |
| ___ | ___ | Is the student abandoned in the hospital? |
| ___ | ___ | Is the student awaiting foster care placement? |
| ___ | ___ | Is the student seeking an unaccompanied child/youth (not in the physical custody of a parent or guardian) living in one or more of the above described conditions? |

IF YOU ANSWERED YES, PLEASE BRIEFLY DESCRIBE: _____

Signature or person completing the form AND relation to student: _____

Address: _____ Phone Number: _____

List all school-age students UNDER YOUR CARE who qualify based on the yes/no questions stated above:

Name	School	Grade	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTIFY THE SCHOOL IF YOUR LIVING STATUS CHANGES. ALL INFORMATION IS VERIFIED ANNUALLY.

PRINCIPAL'S SIGNATURE _____ DATE: _____

ONCE SIGNED, PLEASE FAX THIS FORM TO STUDENT SERVICES → FAX 801-610-8519

Questions concerning this questionnaire or a homeless situation should be directed to Alpine School District Student Services
 575 N 100 E, American Fork, UT 84003, (801) 610-8518, FAX (801)610-8519
shayes@alpinedistrict.org

FOR ALPINE SCHOOL DISTRICT USE ONLY:

Rev 12-2-2016

APPROVED DENIED STUDENT SERVICES DIRECTOR SIGNATURE/DATE: _____



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

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: _____

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Rev. 12/2014
www.immunize-utah.org
 (801)-538-9450

* If a student has history of the chickenpox disease, parent must sign to the right.

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: _____