

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

Registration Information:

- **Kindergarten** - Students must be five years old on or before September 1st.
 - Once a complete registration packet is received, your child will be enrolled and their information will be entered in Skyward.
 - In early August you will receive information about signing up for a kindergarten assessment.
 - AM/PM sessions will not be assigned until after testing. At the testing appointment you will be given the opportunity to indicate your preference. Time preferences are considered but not guaranteed.
- **Preschool** - Students that will be four years old on or before September 1st will be included in the five-day a week program. Students that will be three on or before September 1st will be included in a two-day a week program on either Wednesday/Friday or Tuesday/Thursday class.
 - Once a complete registration packet is received, a preschool testing time will be assigned. Testing will take place in the spring for the coming school year.
 - Once testing is complete students will be notified by the school if their child is eligible for the preschool program.
 - Upon acceptance into the preschool program your child will be enrolled and their information will be entered into Skyward.
- **Grades 1-6**
 - Once a completed registration packet is received, your child will be enrolled and their information will be entered into Skyward.
 - Teacher information is made available through Skyward in August just before school begins.

The following items are needed to complete registration:

- ❖ Completed New Student Registration Packet
- ❖ Utah School Immunization Record or Exemption Certificate
 - You will need to copy dates of immunizations on the provided pink card
 - A current immunization document provided by the doctor or an immunization card.
 - A current exemption certificate may be used in place of immunization records.
- ❖ Birth Certificate
 - Please bring an original; the office will make a copy.
- ❖ Proof of Residency
 - Utility bill from the current month
 - Purchase/rental/lease agreement showing current occupancy
 - In the event none of these are available, a notarized affidavit declaring residency may be accepted.
- ❖ Custody Documentation
 - These documents will be required if they apply based on guardianship status. Please bring any custody documents with you; the office will make a copy of pertinent sections.



575 N 100 E, American Fork, UT 84003
Phone: 801-610-8400

NEW STUDENT REGISTRATION FORM

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

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

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

School Last Attended _____ Address _____

Student transferring 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 _____
(City) (State) (Zip)

Name of Parent or Legal Guardian _____

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

Circle One

1. Yes No Has your child lived in the US for the last 3 years?
2. Yes No Do you have legal custody of the child you are registering?
3. Yes No Is the child you are registering a foster child/ward of the court?
4. Yes No Does this child have an **Individualized Education Plan** or is he/she receiving Special Education Services?
5. Yes No Are you living with friends or relatives?
6. Yes No Has your child ever been suspended/expelled from school?
7. Yes No Is this child receiving English language support?
8. Yes No Is English the primary language spoken in the home? If no, what language is spoken? _____
9. 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

<i>Last Name</i>	<i>First Name</i>	<i>M/F</i>	<i>Grade</i>	<i>Teacher</i>	<i>Birth Date</i>	<i>List any Health Problems</i>

Parent Information

<i>Name (please print name)</i>	<i>Employer</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>E-mail Address</i>
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)*

<i>Name</i>	<i>Street</i>	<i>City, State, Zip</i>	<i>Phone</i>	<i>Relationship</i>

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.

Alpine School District

Student Directory Information and Media Release

Student Name:

Student Id #:

Alpine School District strongly believes in protecting student data and student data privacy. Additionally, it recognizes students in various venues and desires to appropriately promote the positive accomplishments of students. This document discloses the fashions in which data may be shared and gives you a way to control how your student's data are made available in local publications and the general media.

District or School Level Applications and Services

To protect student privacy, Alpine School District enters into a legally binding privacy agreement with providers receiving student information for the purposes of delivering educational or operational services. In order to operate and provide services, essential systems receive student data regardless of the permissions below. A list of these essential district applications can be viewed [here](#).

Directory Information Release

Under the Family Educational Rights and Privacy Act (FERPA), Alpine School District defines Directory Information that can be disclosed or published without parental consent for each instance of sharing. Directory Information facilitates school publications and operational activities such as yearbooks, graduation or other programs, honor roll lists, class photos, etc. Parents can opt out of allowing the school or district to share Directory Information. Alpine School district defines Directory Information to include the following:

- Student First Name
- Student Last Name
- District Student Email
- Student Grade Level
- Past and Present School(s) attended
- Student Degree, Honors, Awards, Activities, Sports
- Student Photo

Declining the Directory Information provision restricts Alpine School District from disclosing any or all of the types of information designated above as Directory Information from your child's education records.

I Understand that the above information may be provided to outside entities for the purposes described above.

I Decline (I understand my student's information will not be included in publications such as graduation programs, extracurricular programs, honor rolls, or with providers such as photographers, ring manufacturers, etc...) This opt out needs to be done within five days of the beginning of the

school year, or at the date of first enrollment. Checking this box after that timeframe does not guarantee the restriction of Directory Information during that school year.

School and District Web/Social Media Release

Student information is sometimes requested by external media (newspaper, TV, radio, and so forth). Schools also use social media and the internet to publish student accomplishments and highlight student achievement. As such, Alpine School District requires parental/guardian permission in order for this information to be released or shared. Media release information includes Directory Information and also the following additional information:

- Student work or projects
- Student comments
- Student ideas
- Video of students

I Agree (The school or 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).

I Decline (The school or district may not publish my child's projects, photos/video, comments, name to the media or to the internet.)

This form will be kept in Skyward and may be viewed in the student's profile.

Parent/Guardian Signature

Date

Alpine School District

Student Computer & Internet Use Permission Slip

Student Name:

Student Id #:

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.

Acceptable Use Policy

The current policy, including rules and regulation, is found in the Internet/Wide Area Network Acceptable Use Policy or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

Parental Permissions

By accepting this agreement below:

- I grant permission for my child to use district and school computers and devices and the Alpine School District wide area network/Internet in ALL the following ways:
 - Internet services
 - Online educational applications
 - Student productivity tools including email, cloud storage, and productivity applications
 - Other software and services
- I recognize that the purpose of a student email is for communication for educational purposes, and for use in account creation for educational applications. Accordingly, I grant consent to my student's teachers in Alpine School District to disclose the following subset of Directory Information to software application providers, under the terms of the provider's privacy agreement:
 - Student first name
 - Student last name
 - Student district generated email

Applications used by the teachers which contain the above student information will be communicated to parents through teacher disclosure statements or other methods.

I accept these conditions. I have read and accept the conditions above for computer use, application use, and student data disclosure.

I decline these conditions. I understand that my student will not be able to use district computer or devices, applications, and district internet services.

Parent/Guardian Signature

Date:



ALTERNATIVE LANGUAGE SERVICES

Home Language Survey

(To be completed by the parent/guardian)

Purpose: This Home Language Survey identifies a student whose home language is not English or who comes from a home where a language other than English is spoken. The student may be tested on the skills of listening, speaking, reading, and writing in English in order to determine if language support services are necessary. Your child is entitled to these language support services as a civil right.

This information cannot be used for immigration matters or reported to immigration authorities.

School _____ Registration date _____ Student ID # _____
mm/dd/yyyy

Student Name _____ Grade _____ Birthdate _____
First Last

Country of Birth _____ Location of last school _____

If the student was not born in the United States, what date was the student enrolled in a U.S. School? _____

HOME LANGUAGE QUESTIONS:

- 1) What was the first language that the student learned to speak?
2) What language does the student most frequently speak at home?
3) What languages does the student currently understand or speak?
4) What language do adults in your home most frequently use when speaking with the student?
5) If available, in what language would you prefer to receive information from the school?
6) Does the student come from a refugee background? YES NO
7) Native American Question: Is the student's English language influenced by the Tribal Language through a parent, grandparent, relative or guardian? YES NO
8) Did you move into the area with the intent to work in agriculture? YES NO

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____



**Voluntary Student Housing Questionnaire
McKinney-Vento Assistance Act Eligibility**

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 public education as provided to other students and to ensure that all homeless children and youths have an opportunity to meet the same 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 this Act.

Submission of any false or misleading information is an offense under Section 73.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Section 25.003 (3)(d).

Student Name: _____ **Student ID#:** _____ **Date of Birth:** ____/____/____
School: _____ **Grade:** _____ **TODAY'S DATE** _____

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

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

The answers to the following questions can help determine the services this (these) student(s) may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435

- Is this student's home a Temporary Living arrangement other than rent? YES NO
- Is this a temporary living arrangement due to a loss of housing or economic hardship or similar? YES NO
- As a Student, are you living with someone other than your parent or legal guardian? YES NO

If you answered **YES** to any of the above questions, please complete the remainder of this form.
If you answered **NO** to all of the above questions, you may STOP HERE.

Where is the student currently living? (Please check one)

- 1. With more than one family in a house or apartment
- 2. In a motel or hotel due to lack of alternative adequate accommodations
- 3. In a shelter or Transitional Housing (through community agency)
- 4. In a location not designed for sleeping accommodations such as a car, park, or campsite
- 5. Living in a place without adequate facilities (no heat, electricity, water, etc.)

If you answered "YES" above, please briefly describe your situation: _____

Name of person completing this form AND relation to student: _____ / _____

Signature: _____ Phone Number: (____) _____

Name of Parent(s)/Legal Guardian(s) _____

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

For School Staff Only: Forward questionnaire to District McKinney-Vento Liaison Sonia Molina-Openshaw, Student Educational Equity Dept. via FAX (801) 610-8408 or email to: smolinaopenshaw@alpinedistrict.org

For further McKinney-Vento questions, call Sonia @ Office (801) 610-8567 or Office Mobile 801-899-5354

FOR ALPINE SCHOOL DISTRICT USE ONLY:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> REFUSAL OF SERVICES	Rev 1-6-2020
ANALIS RUIZ, STUDENT EDUCATIONAL EQUITY DIRECTOR SIGNATURE: _____				DATE: _____
SONIA MOLINA-OPENSHAW, ASD MCKINNEY-VENTO LIAISON SIGNATURE: _____				DATE: _____

**ALPINE SCHOOL DISTRICT
STUDENT HEALTH INFORMATION**

Student's Name _____ Birth Date _____ Sex _____
Address _____ City _____ Grade _____
Home Phone _____ Cell Phone _____ Other Phone _____
Parent/Guardian: _____
Parent/Guardian email: _____
Student lives with: _____ both parents _____ Mother _____ Father _____ Other _____

MEDICAL HISTORY

Family Doctor _____ Phone _____
Current Medical Diagnosis (if any) _____

YES	NO	HAS YOUR CHILD EVER HAD (if yes, please describe)
_____	_____	Any Serious Allergies (Please specify to what and how serious)? _____
_____	_____	Asthma or Breathing Problems (how serious)? _____
_____	_____	Orthopedic or Bone Problems? _____
_____	_____	Heart Disease or Murmur? _____
_____	_____	Kidney Disease? _____
_____	_____	Seizures (type and frequency)? _____
_____	_____	Diabetes (insulin dependant? On an insulin pump?) _____
_____	_____	Serious or Chronic Disease (i.e. Leukemia, transplant)? _____
_____	_____	Has your child had the Chickenpox disease? _____
_____	_____	Serious Accident/Injury? _____
_____	_____	Vision Exam? Date _____ By Whom _____ Results _____
_____	_____	Other Health Concerns? _____

MEDICATION

Is student on special medication that may need to be administered during school?
Yes*** (See below) _____ No _____ If yes, what type(s) and reason: _____

***If yes, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, epinephrine injectors, and insulin). You can obtain the form from the office.

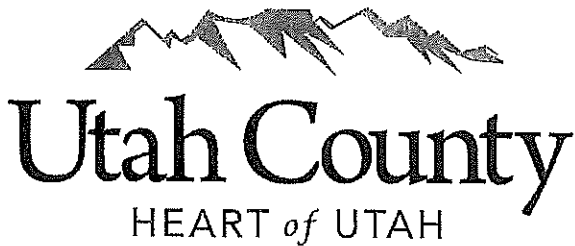
IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-6 STUDENTS TO CARRY ANY MEDICATION with the exception of inhalers, epinephrine injectors and insulin with proper signed prescriber and parent authorization.

With parent permission 7-12 grade students may now carry and administer one dose of easily identified non-prescription, over-the-counter medication.

Signature of Parent/Guardian

Date

PLEASE NOTE: The information requested is considered to be essential for planning a program each year that will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.



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 Kindergarten Students:

For kindergarten attendance for 2018/2019 school year, 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 Chicken pox disease instead of the vaccine.

*** As a NEW requirement starting July 1, 2018, a NEW appropriate Utah Department of Health Exemption form must be obtained and put on file at school for those children who claim exemption to immunization for religious or personal reasons. The module and form will be available after July 1, 2018. For Medical Exemption, a letter from the physician stating which immunization(s) the student may be exempt from due to a medical condition is sufficient. ***

Immunizations are available from your personal physician or from the Utah County Health Department according to 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.

2018-2019 School Year

Utah School Registration Immunization Requirements

Utah State Law requires that all students must submit a completed immunization record to the school BEFORE THE FIRST DAY OF SCHOOL ATTENDANCE. THESE REQUIREMENTS ARE IN EFFECT FOR THE 2018-2019 SCHOOL YEAR IN ALL UTAH PUBLIC AND PRIVATE SCHOOLS. A student must have proof of the following immunizations for school enrollment or submit one of the three exemptions listed below.

Preschool	K-3rd Grades	4th ^d -6th Grades	7th-10th Grades	11th-12th Grades
<p>4 DTP/Dtap/DT</p> <p>3 Polio (PPV)</p> <p>1 MMR</p> <ul style="list-style-type: none"> (mumps, measles, rubella) <p>3 Hepatitis B (HBV)</p> <p>2 Hepatitis A (HAV)</p> <p>1 Varicella (chickenpox)</p> <ul style="list-style-type: none"> History of disease OK, parent must sign pink immunization card <p>HBV..</p> <ul style="list-style-type: none"> doses adequate for age <p>Prevnar (Pneumonia)</p> <ul style="list-style-type: none"> doses adequate for age, including one dose of Prevnar 13 	<p>5 DTP/Dtap/DT/Tdap</p> <ul style="list-style-type: none"> 4 doses ok if 4th given after 4th birthday 3 doses ok if 3rd given after 7th birthday <p>4 Polio (PPV)</p> <ul style="list-style-type: none"> last dose must be given after 4th birthday or 5 required 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (chickenpox)</p> <ul style="list-style-type: none"> history of disease ok - parent must sign pink immunization card <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> 4 doses ok if 4th given after 4th birthday 3 doses ok if 3rd given after 7th birthday <p>4 Polio (PPV)</p> <ul style="list-style-type: none"> last dose must be given after 4th birthday or 5 required 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> last dose must be given after 6 months of age or 4 doses required <p>1 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> history of disease OK, parent must sign pink immunization card <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> 4 doses ok if 4th given after 4th birthday 3 doses ok if 3rd given after 7th birthday <p>1 Tdap (tetanus, diphtheria, pertussis)</p> <p>4 Polio (PPV)</p> <ul style="list-style-type: none"> 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> Last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> history of disease OK, parent must sign pink immunization card <p>2 Hepatitis A (HAV)</p> <p>1 Meningococcal</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> 4 doses ok if 4th given after 4th birthday 3 doses ok if 3rd given after 7th birthday <p>1 Tdap (tetanus, diphtheria, pertussis) given after age 7</p> <p>4 Polio (PPV)</p> <ul style="list-style-type: none"> 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <p>1 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> history of disease OK, parent must sign pink immunization card if student is 13 years or older when receiving 1st dose then 2 doses required) <p>2 Hepatitis A (HAV)</p>

(1st dose MMR, Varicella and Hepatitis A must be given AFTER 1st birthday to be valid dose)

EXEMPTIONS

MEDICAL	PERSONAL & RELIGIOUS
<p>A letter from the physician stating which immunization(s) the student may be exempt from due to a medical condition is sufficient.</p>	<p>*As a NEW requirement starting July 1, 2018, all new students, students entering into Kindergarten and 7th grade a NEW appropriate Utah Department of Health Exemption form must be obtained and put on file at school for those children who claim exemption to immunization for religious or personal reasons.</p>

Results of a completed TB test (PPD) given in the U.S. within 90 days or results of a chest x-ray taken within the last year must be presented before school attendance begins by all students who have moved in from a foreign country (except Canada) or who have been out of the country for 6 months or more. A TB test given within the last five years is also required for all entering Kindergarten who were born in a foreign country (except Canada). If BCG (a immunization) was given within the last year, the student must wait one year from the date of the BCG to receive a PPD, but they may attend school during that time period until the PPD can be given.

A child may be allowed to attend school "conditionally" if at least one dose of each required immunization series has been completed and the child is currently on schedule to finish the rest. The remaining immunizations must be completed on schedule for the child to remain in attendance.



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	Vaccine Information				
	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:

1. ALL REQUIREMENTS MET date: _____

Adequately Immunized
Or Exemption was granted for:

Medical (Expires* on: _____)

Religious

Personal

2. Conditional Admission date: _____

3. 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:** _____

Apply Online!

Free and Reduced Meal Application

alpineschools.org/nutrition/ **click on the orange box for Free & Reduced App**

The advantage to applying online is that your application is processed within 12 hours. You will receive a letter within 3 to 5 days to let you know if you have been approved.

We do not send out emails to notify you.

*Paper applications are available at all school offices and at the Nutrition Services Office
759 E. Pacific Dr., American Fork, UT 84003*



You can make online payments to your student's meal account quickly and securely using our free service. Simply log on to www.mypaymentsplus.com and register. In addition to making payments, you can view your student account balances, history, set up automatic payments and account balance alerts.

The school kitchens can accept cash or checks for meal payments, but not credit cards.



Check out our digital school menus!

Using our website, you can easily view more information about what is on the school menu for breakfast and lunch each day. You will be able to see an image and description for each food item, as well as nutrient and allergen information.

This information is also available on our mobile app so you can get information when you need it, where you need it!

Go to our website at alpineschools.nutrislice.com to find out more!



Greenwood Elementary School

50 East 200 South
American Fork, Utah 84003
Phone: (801) 610-8708
Fax: (801) 756-8536

Request for School Records

School last attended: _____
Address _____
City, State _____
Phone _____ Fax _____

The following student(s) has/have registered at Greenwood Elementary.

Please send all school records, including special education (IEP), ELL file, birth certificate, and immunization records for the child/children listed below.

Thank you.

<u>Student's Name</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission for the release of these records granted by:

_____ Date
School Official, Parent or Guardian