

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 Philippine 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.

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS FORM**

Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.

Select the statement below which best describes your relationship to the student whom you wish to register in Alpine School District. A separate form must be completed for each child you are registering.

Student's Legal Name: _____

1. _____ The above named child lives with both parents (legally married) and I am the parent (birth or adopted) of this child.

 2. _____ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody by a court.*

 3. _____ I am the birth parent of this child but was never married to the mother/father.

 4. _____ I am not the parent (birth or adopted) of this child. I am a relative or friend. (Please choose one of the following)
 - a. _____ I have been awarded legal guardianship of this child through the court. **
 - b. _____ I have not been awarded legal guardianship of this child through the court.

 5. _____ I am a foster parent or proctor parent.

 6. _____ None of the above statements describe my relationship to this child. (Please describe your relationship to this child)
- _____
- _____

Your Name: _____
(Please print)

Your Signature: _____ Date _____

(By signing this document, I attest that the above information is true and correct. I acknowledge that any falsification of information makes me subject to penalty of law).

* To assist us in complying with court orders, you **must** provide us with a copy of the most recent **legal court documents before the student can enroll.**

** Verification of court order or DCFS placement must be provided prior to child being enrolled.

**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.

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:

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.

Yes No

HEARING

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

_____ _____ Child has 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; i.e. hoarseness, harshness, nasality.

_____ _____ Child has excessive episodes of stuttering.

_____ _____ In your opinion, is your child's speech and language development
appropriate for his/her age?

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

Additional comments about your child's speech or hearing. _____



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIIS ID _____ PIN _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th		
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>							
Tdap							
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>1st dose must be received on or after the 1st birthday.</small>							
Meningococcal Conjugate (ACWY)							

Immunization record received for this student is from: A statewide registry

Student's former school

Legally responsible individual of the student

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program
immunize.utah.gov
(801)-538-9450

Authorized Signature: _____ Date: _____

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).



HIDDEN HOLLOW ELEMENTARY

Alpine School District
7447 N Hidden Valley Pkwy.
Eagle Mountain, UT 84005
Phone: (801) 610-8721
Fax: (801) 789-7806
Keith Conley, Principal

REQUEST FOR PERMANENT RECORDS

School Last Attended Address City State ZIP

Student's Name	Birth Date	Grade

Please forward ALL records for the above name student(s) to the school listed above.

In compliance with the Family Education Rights and Privacy Act of 1974 which requires consent for the release of certain information, I hereby give consent for you to release, to the school listed above, the records and reports I have initialed:

- Cumulative file including immunization records, birth certificate, etc.
- Special Education Records
- Psychological Records
- Other Records as Indicated _____

Signature of Parent/Guardian

Date Records Requested