



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:						
Schools 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

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.



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 \_\_\_\_\_

# Alpine School District

Student Computer & Internet Use Permission Form

School: \_\_\_\_\_ **ELEMENTARY**

Name: \_\_\_\_\_ Student Id #: \_\_\_\_\_

Recognizing the fundamental role technology plays in the 21<sup>st</sup> 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 contacting 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**

Last Name	First Name	M/E	Grade	Teacher	Birth Date	List any Health Problems

**Parent Information**

Name (please print name)	Employer	Work Phone	Cell Phone	E-mail Address
<b>Father:</b>				
<b>Mother:</b>				
<b>Legal Guardian:</b>				
<b>Step Father:</b>				
<b>Step Mother:</b>				

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 name 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):**

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.**



Home of the Hawks  
Reed Hodson Principal

10865 N. 6000 W.  
Highland, UT 84003  
Phone: (801) 610-8710  
Fax: (801) 763-7001

## REQUEST FOR PERMANENT RECORDS

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Student's Name	Birth date	Grade student will be going into

Please forward ALL records for the above named student(s) to **Highland Elementary**.

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 at the top of this page, the records and reports I have checked.

- Cumulative File (Please fax the Birth Certificate and Immunization)
- Psychologist Records (if any)
- Special Education Records (Please fax the current IEP if any)
- Speech Records (if any)
- Other Records (504, etc.)

\_\_\_\_\_  
Parent/Guardian Signature or School Official

\_\_\_\_\_  
Date

Office Use (Please drop the above students from Skyward. Thank you.)

Requested Records	Rec'd.	Excel	Skyward	A.L.L.	OOA	Special Ed. Records	
						Yes	No
1st							
2nd							