

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
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.

Distrito Escolar de Alpine
Información de Salud - Estudiantil

Nombre del estudiante _____ Lugar de nacimiento _____ Sexo _____
Dirección _____ Ciudad _____ Grado _____
Número de teléfono _____ Teléfono celular _____
Padres/guardians: _____
El estudiante vive con: _____ Ambos Padres _____ Madre _____ Padre _____ Otro _____

Historia Clínica

Médico de Familia _____ Teléfono _____
Diagnóstico médico actual (en su caso) _____

Sí	No	¿Ha tenido su hijo? (en caso sí, describa)
_____	_____	¿Cualquier alergia? (Por favor, diga qué y cómo graves) _____
_____	_____	¿Asma o problemas respiratorios? _____
_____	_____	¿Problemas ortopédicos o de hueso? _____
_____	_____	¿Las enfermedades del corazón o un soplo? _____
_____	_____	¿Enfermedad renal? _____
_____	_____	¿Convulsiones? (tipo y frecuencia) _____
_____	_____	¿Diabetes? (dependiente de la insulina o una bomba de insulina) _____
_____	_____	¿Enfermedades crónicas graves? (como leucemia, trasplante) _____
_____	_____	¿Su niño ha tenido la varicela? _____
_____	_____	¿Accidente o lesión grave? _____
_____	_____	¿Examen de la vista? Fecha _____ Por los cuales _____ los resultados _____
_____	_____	¿Otros problemas de salud? _____

Medicación

¿El estudiante toma medicación especial que puede ser necesario dar en la escuela?
Sí _____ No _____ ¿En caso afirmativo, qué tipo y la razón? _____

En caso afirmativo, el formulario de autorización de medicamento estudiantil debe ser completado por el padre y el médico y regresado a la escuela antes de que cualquier administración de medicamento. Esto incluye todos los medicamentos de ventas libres y recetadas (incluyendo los inhaladores, Epipens, y la insulina). Puede obtener el formulario en la oficina.

Es contra las reglas del Distrito Alpine que un estudiante (K-6) lleve cualquier medicamento. La única excepción a esto es inhaladores, Epipens, y la insulina con la propia autorización firmada de padres y médico.

Con permiso de los padres, los estudiantes de grado 7-12 pueden llevar y administrar una dosis de medicamento (sin receta y fácilmente identificado).

Firma de Padres o Guardián _____

Fecha _____

Nota: La información solicitada se considera esencial para la planificación de un programa cada año que satisfaga las necesidades de su hijo. Esta información se mantendrá confidencial y solamente las personas que trabajan directamente con su estudiante (es decir, maestros, administradores, enfermeras) tendrán acceso a esta información.

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

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

Parent Information

Name (please print name)	Employer	Work Phone	Cell Phone	E-mail Address
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)

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.

**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.**



Request For Student Records

Parent Name

Previous School Name

Previous School Address

Previous School Fax #

Student's Name

Birth date

Grade

Student's Name	Birth date	Grade

Please forward ALL records for the above named student(s) to Mountain Trails Elementary.

In compliance with the Family Education Rights and Privacy Act. Of 1974 which requires 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 certificates, custody documents etc.
- () Special Education records
- () Other records as indicated _____

Signature

Date

PLEASE FORWARD ALL RECORDS TO:

**Mountain Trails Elementary
3951 N. Wood Road
Eagle Mountain, Utah 84005
801-610-8724
Fax: 801-789-6080**

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. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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).

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	1st	Record the month, day, & year each vaccine was given.	2nd	3rd	4th	5th
DTaP, DTP, 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						

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.
Immunization record received for this student is from:

- a statewide registry
- student's former school
- legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.
Authorized Signature: _____ **Date:** _____

SCHOOL USE ONLY:

1. Exemption was granted for:
 - Medical reason (Expires* on: _____)
 - Religious belief
 - Personal belief
 - *If the medical exemption is temporary, enter date.
 2. Proof of Immunity (history of disease):
 This student has proof of immunity for the following antigen (s):
 - MMR
 - Haemophilus influenzae type b (Hib)
 - Polio Pneumococcal
 - Tdap Varicella (Chickenpox)
 - DTaP Meningococcal
 - Hepatitis A Hepatitis B
- *If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

INSTRUCTIONS: This form must be completed for enrollment in a school. A school is defined as any public or private, elementary or secondary school through grade 12, preschool, child care program, nursery school, or kindergarten. A student is defined as an individual who attends a school. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- 5 doses of DTaP/DTpP/DTdap – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
 - 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
 - 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles-containing vaccine must be given on or after the 1st birthday.
 - 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
 - 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday.
 - 1 dose of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
 - 1 dose of Meningococcal – required for students prior to 7th grade entry. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7th grade school entry.
- b. Children enrolled in preschool, child care program, or nursery school must be appropriately immunized for their age for the following diseases:
Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).
- c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Immunization Record Received For This Student: Check the appropriate box. In Utah, the statewide immunization registry is called USIIS (Utah Statewide Immunization Information System). Legally responsible individual of the student is defined as the student's parent, the student's legal guardian, an adult brother or sister of a student who has no legal guardian, or the student, if the student is an adult, or is a minor who may consent to treatment under consent of minor to treatment. (Section 26-10-9)

When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist. Written proof is required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

School Use Only:

1. Exemption: If the student has an exemption, check the box for the type of exemption. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, enter expiration date.

Exemption Procedures:

Students claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module at www.immunize-utah.org or in-person consultation at a local health department. A copy must be presented to the school or child care official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. The school or child care program must attach the copy to this record.

Medical Exemption: For a medical exemption from required immunizations, the legally responsible individual of the student must provide to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

2. Proof of Immunity (history of disease): If the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. **If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen. The document must be attached to this record.**

Maintaining a List of Students' Immunization Status: Utah School Immunization Law requires schools and child care facilities to maintain a current list of all enrolled students, including: 1) students who have a valid and complete immunization record, 2) students who are exempt from receiving the required vaccines, and 3) students who are allowed to attend school under conditional enrollment status.

Alpine School District 2018-19 AB Calendar

August/September				
M	T	W	TH	F
20 A	21 B	22 A	23 B	24 A
27 B	28 A	29 B	30 A	31 B
3 A	4 B	5 A	6 B	7 A
10 A	11 B	12 A	13 B	14 A
17 B	18 A	19 B	20 A	21 B
24 A	25 B	26 A	27 B	28 A

October				
M	T	W	TH	F
1 B	2 A	3 B	4 A	5 B
8 A	9 B	10 A	11 B	12 A
15 B	16 A	17 B	18 A	19 B
22 B	23 A	24 B	25 A	26 B
29 A	30 B	31 A		

November				
M	T	W	TH	F
			1 B	2 A
5 B	6 A	7 B	8 A	9 B
12 A	13 B	14 A	15 B	16 A
19 B	20 A	21 B	22 A	23 B
26 B	27 A	28 B	29 A	30 B

December				
M	T	W	TH	F
3 A	4 B	5 A	6 B	7 A
10 B	11 A	12 B	13 A	14 B
17 A	18 B	19 A/B	20 B	21 A
24 B	25 A	26 B	27 A	28 B
31 A				

January				
M	T	W	TH	F
	1 B	2 A	3 B	4 A
7 A	8 B	9 A	10 B	11 A
14 B	15 A	16 B	17 A	18 B
21 B	22 A	23 B	24 A	25 B
28 A	29 B	30 A	31 B	

February				
M	T	W	TH	F
				1 A
4 B	5 A	6 B	7 A	8 B
11 A	12 B	13 A	14 B	15 A
18 B	19 A	20 B/A	21 A	22 B
25 A	26 B	27 A	28 B	

March				
M	T	W	TH	F
				1 A
4 B	5 A	6 B	7 A	8 B
11 B	12 A	13 B	14 A	15 B
18 A	19 B	20 A	21 B	22 A
25 B	26 A	27 B	28 A	29 B

April				
M	T	W	TH	F
1 B	2 A	3 B	4 A	5 B
8 A	9 B	10 A	11 B	12 A
15 B	16 A	17 B	18 A	19 B
22 A	23 B	24 A	25 B	26 A
29 B	30 A			

May				
M	T	W	TH	F
		1 B	2 A	3 B
6 A	7 B	8 A	9 B	10 A
13 B	14 A	15 B	16 A	17 B
20 A	21 B	22 A	23 B	24 A
27 B	28 A	29 B	30 A	31 B

1st Term
August 20 - October 17

2nd Term
October 23 - Dec. 19

3rd Term
January 3 - March 8

4th Term
March 11 - May 30

Trimester 1
August 20, 2018 - November 16, 2018

Trimester 2
November 19, 2018 - March 1, 2019

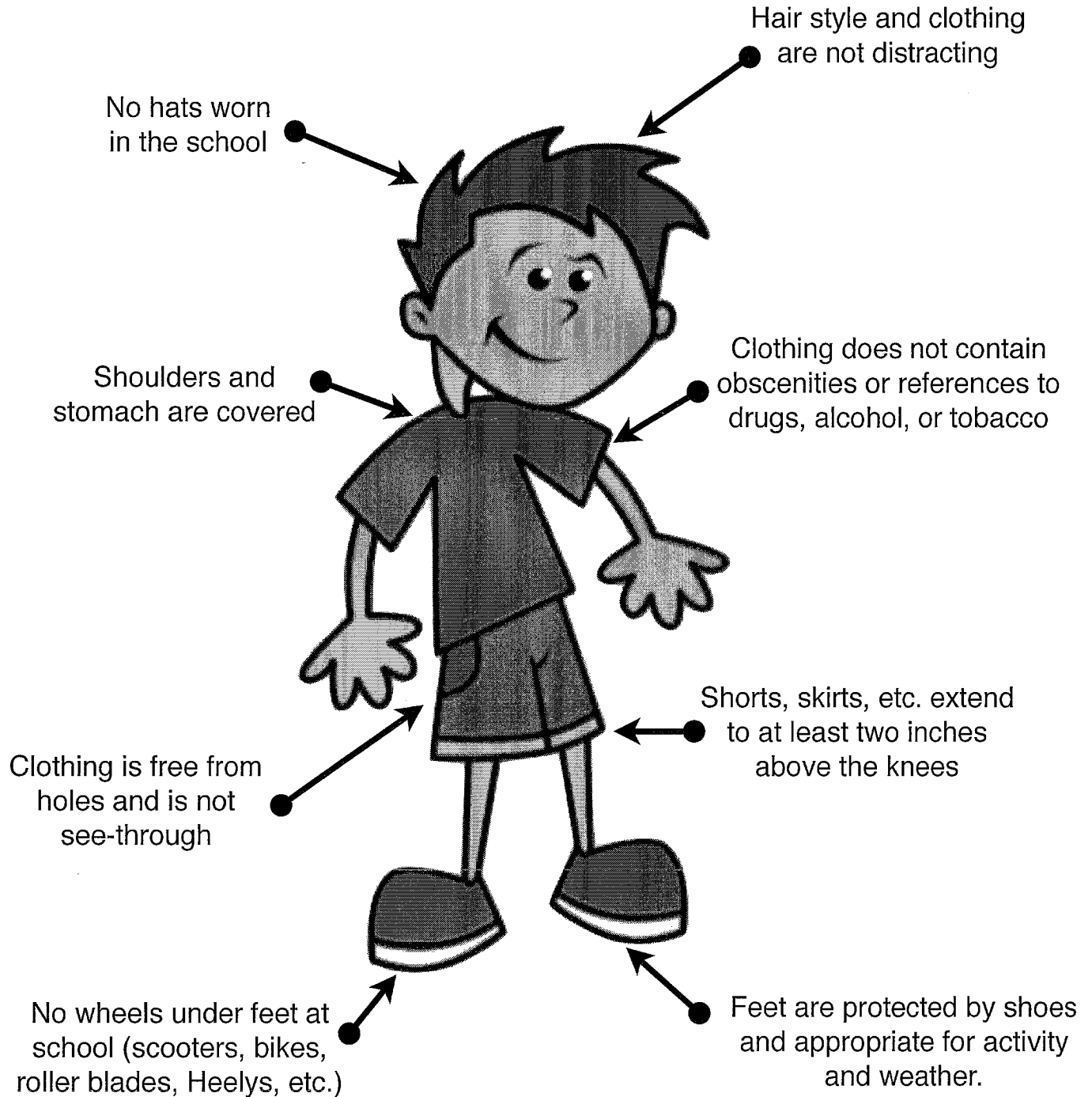
Trimester 3
March 5, 2019 - May 30, 2019

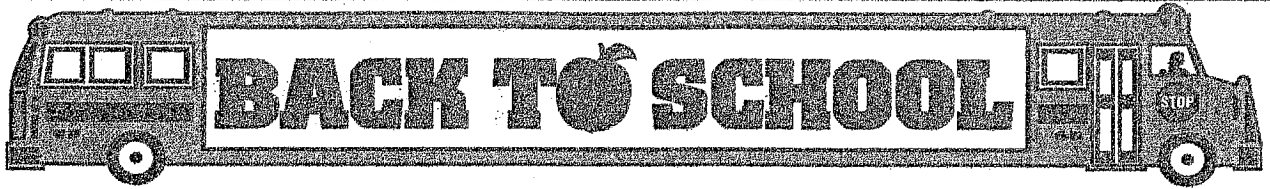
HS Activity Moratorium dates can be found at: uhsaa.org/calendar/Moratorium.php

August 15- Professional Development
 August 16-17- Teacher Contract Days
 August 17 - 7th/10th Grade Day (optional)
 August 20- First Day of School
 September 3- Labor Day
 October 18-19- Fall Break
 October 22- Professional Development
 November 21- Teacher Comp. Day
 November 22-23- Thanksgiving Break
 Dec. 19- A/B (Secondary attend all 8 periods)

Dec. 20 through Jan. 2- Christmas Break
 January 21- Martin Luther King Day
 February 18- Washington-Lincoln Day
 Feb. 20- HS ACT Test (JH attend all 8 periods)
 March 4- Professional Development
 April 1- Snow Make-up Day
 April 2- Teacher Comp. Day
 April 3-5- Spring Break
 May 27- Memorial Day
 May 30- Last Day of School

Mountain Trails Elementary Dress Code





Field Trip Permission Request

During the course of the school year, your child may have the opportunity to participate in various field trips. Field trips provide a means of extending the learning environment beyond the classroom walls.

In order to facilitate the process of granting permission for your child to participate in these experiences, please sign this form at the bottom of this page and return it to school. One form is needed per student.

Teachers will notify you of upcoming field trips.

Teacher _____

I, _____ grant permission for my child _____ to participate in any field trips this year. I understand that I will be given prior notice of any field trip.

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:

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 childs 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

WELCOME BACK MOUNTAIN TRAILS FAMILIES!

It's going to be a wonderful year in the library! I am excited for students to begin checking out books as soon as possible! The books in our library belong to the students of the school and it is every student's responsibility to make sure that the books are returned in the same condition that they left the library. Please review with your child the 7 big rules for caring for library books.

Remember: Books are due back at the library weekly! (Even if you haven't finished reading it yet. A book can be renewed but only if the book is in hand. Otherwise it is overdue and you will get an overdue notice.)

- 1 The most dangerous things for library books are **pets and babies** (anyone not old enough to attend MTES).
- 2 **Never eat and drink** around library books.
- 3 Always use a **bookmark** to save your place.
- 4 Turn pages from the **top corner** and with your whole hand. 15-20 books get ripped per day! Proper page turning could solve so much of this problem.
- 5 **Never write, draw, or make any marks** in library books.
- 6 **Never leave a book outside!** There are lots of dangerous things for books out there.
- 7 **Please don't try to repair books** yourself. Regular tape is terrible for our library books. I buy special paper tape for repairs. If you notice a tear, let me know and I will take care of it.

Finally, please sign below **acknowledging that you are financially responsible** if your child's library book does become lost or damaged while they have it checked out.

Parent Signature

Date

Student Signature