

Alpine School District
**NEW STUDENT
 REGISTRATION FORM**



575 N 100 E
 American Fork, UT 84003
 (801) 610-8400
 Fax: Directly to your school

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

SSN# _____ Date of Birth _____ Birth Place (City/State) _____
(optional)

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*

*If out of country, which country? _____ Entry date in USA _____

Father's Email _____ Mother's Email _____

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

Name of Parent or Legal Guardian _____

STUDENT LIVES WITH <i>(Write Names)</i>	DOB	Foster	Step	Circle Primary Phone #		
				HOME PHONE	CELL PHONE	WORK PHONE
Father						
Mother						
Guardian						
Other						

Circle One

- Yes No Has your child lived in the US for the last 3 years?
- Yes No Has your child attended school 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 the primary language spoken in the home English? If no, what language is spoken? _____

Who speaks the non-English language? _____

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 -	<input type="checkbox"/> NCLB	<input type="checkbox"/> Schedule	<input type="checkbox"/> Home Room	<input type="checkbox"/> Advisor	<input type="checkbox"/> Class List	ESL Y or N
Immunizations -	<input type="checkbox"/> Complete	<input type="checkbox"/> In Process	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> 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 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

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.

Please read carefully and select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student's Name: _____ (Birth Certificate Name)

1. _____ I am a foster parent or proctor parent.
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 through the court.*
3. _____ 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.
4. _____ The above named child lives with both parents and I am the parent (birth or adopted) of this child.
5. _____ 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 your student can enroll in school.

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



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](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: _____

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: _____



Ridgeline Elementary School
6250 West 11800 North
Highland, Utah 84003
801-610-8715

Dr. Ken Higgins, Principal

Fax: 801-492-0263

REQUEST FOR RECORDS

School Last Attended: _____

Address: _____

The following students have registered at Ridgeline Elementary. Please send all school records including special education records, confidential reports, psychological testing, and immunization records for the children listed below.

Name: _____ Grade: _____ Birth Date: _____

Name: _____ Grade: _____ Birth Date: _____

Name: _____ Grade: _____ Birth Date: _____

Name: _____ Grade: _____ Birth Date: _____

Has this student attended Alpine School District schools in the past?

If so, which school? _____ Year: _____

Send records to: **Ridgeline Elementary**
6250 West 11800 North
Highland, UT 84003

Parent 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: _____

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

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

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: _____

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/F	Grade	Teacher	Birth Date	List any Health Problems

Parent Information

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 name must be written below for non-custodial parent to check this student out.*

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 outlines 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.

RIDGELINE ELEMENTARY SCHOOL
TRACK REQUEST FOR THE 2017 - 2018 SCHOOL YEAR

Ridgeline Elementary is a modified-extended day school with two starting and ending times. This will allow us to have smaller language arts and math class sizes. Listed below are the times for each track. This form is to request tracks only. We do not take requests for teachers. Ridgeline Elementary has a dedicated, caring, and professional faculty who is positive towards children and contribute greatly to our school. Great care is taken in selecting great teachers. I have confidence in all of them.

TRACK A	
Grades 1 - 6	
Monday	8:00 am – 1:15 pm
Tuesday - Friday	8:00 am – 2:15 pm
TRACK B	
Grades 1 – 6	
Monday	9:15 am – 2:30 pm
Tuesday - Friday	9:15 am – 3:30 pm

KINDERGARTEN AM	
Monday - Friday	9:15 am – 12:00 am
KINDERGARTEN PM	
Monday	12:35 pm - 2:30 pm
Tuesday – Friday	12:35 pm – 3:30 pm

First Name	Last Name	Grade	Track Preference

If there is information we should be aware of that will assist us in placing your student, please let us know in the comment field.

Comments: _____

SCHOOL INFORMATION

SCHEDULE – TRACK A

8:00 School Begins
1:15 School Out – Monday
2:15 School Out – Tues-Fri

SCHEDULE – TRACK B

9:15 School Begins
12:00 A.M. Kindergarten Out
12:35 P.M. Kindergarten Begins
2:30 School Out – Monday
3:30 School Out – Tues-Fri

STUDENT CHECKOUT

Parents must come to the school office if they need to pick up their children during school hours. Teachers will allow students to leave the classroom, only after being contacted by the office. Please do not check students out of school early except in an emergency. It not only takes learning time from the student, but also disturbs the learning of the class.

TELEPHONE CALLS

Please keep classroom interruptions to a minimum by communicating necessary information before your child comes to school. Because of the large number of students attending Ridgeline, students will not be called to the office to answer the phone. Please do not call and ask to speak to your child except in an extreme emergency. Should your child become ill at school, they will be given assistance in contacting a parent.

WEDNESDAY COMMUNICATION

Information will be sent home via email and notes each Wednesday.

BREAKFAST/LUNCH

Breakfast is \$1.00

Lunch is \$1.75

Milk is \$.30

Lunch money should be paid in the lunchroom before school starts. It is preferred that you pay by month if possible. If you have any questions, please contact Lynette, our Lunch Manager at 801-610-8715, extension 218760.

DRESS CODE

If shorts or skirts are to be worn to school, they must be modest and clean. With the arms held at the sides, fingertips must touch the bottom of shorts or skirt. Students cannot wear hats, bare midriffs, tank tops, or sleeveless shirts or blouses (shirt sleeves must reach the outside edge of the shoulder). Clothing with obscene or inappropriate writing is not permitted at school, including advertising of alcohol and tobacco products. Flip-flops and shoes with skate wheels (Heelies) are not allowed!

We ask parents to monitor what students wear to school. When there is rain, lightning, or when the temperature is below 20° F, students have indoor recess. Recess will be held out-of-doors on all other days. Students need to be dressed appropriately for the colder days of fall and winter.

BUS INFORMATION

Bus schedules are posted on the front window of the school. If you have any questions, please contact the office at 801-610-8715.



*Ridgeline Elementary School
6250 West 11800 North
Highland, Utah 84003
801-610-8715*

Dr. Ken Higgins, Principal

Fax: 801-492-0263

ELECTRONIC COMMUNICATION

1. The breakfast/lunch menu is posted on the district website at <http://alpineschools.org>. Go to the *Family & Students* link, *Quick Links*, then select *Breakfast and Lunch Menus*.
2. You may login to Skyward to check your student's grades, attendance, etc., at the Ridgeline Elementary website, <http://ridgeline.alpineschools.org/>. Select the Skyward link. At the login page you may also select *Forgot Your Login/Password*. Follow the steps and the login credentials will be emailed to you.
3. You may make an online payment for breakfast or lunch meals at www.mypaymentsplus.com. Also, their telephone number is 877-237-0946.
4. You will receive weekly communication on Wednesdays via email and notes that will be sent home. This email will give you important information regarding upcoming activities at the school.

INSTRUCTIONS Sources of Income

Sources of Child Income	Examples(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Sources of Income for Adults	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from Work - Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442, or
 email: program.intake@usda.gov
 This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Bi-weekly 2x Month Monthly

Household Size Categorical Eligibility

Determining Official's Signature Date Confirming Official's Signature Date

Eligibility: Free Reduced Denied

Verifying Official's Signature Date