

# NEW STUDENT REGISTRATION FORM



575 N 100 E, American Fork, UT 84003  
Phone: 801-610-8400  
Please fax directly to 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 (Write Names)	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.

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

Table with 7 columns: Last Name, First Name, M/F, Grade, Teacher, Birth Date, List any Health Problems

Parent Information

Table with 5 columns: Name (please print name), Employer, Work Phone, Cell Phone, E-mail Address. Rows for 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)

Table with 5 columns: 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**

**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.        \_\_\_\_\_ 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 (legally married) 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 student can enroll.**

**\*\* 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 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.

The current policy, including rules and regulations, is found at:  
<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: \_\_\_\_\_



**- Student Media Release -**

Dear Parents,

Alpine School District seeks to promote the positive accomplishments of students. Accordingly, your child's projects, photo/video, comments, and name might be printed or posted on the web by the school, district, or external media. Please select all appropriate options. At any time you may update your preferences in Skyward.

Release for School and District Print Publications

Yes No The school/district may publish--in print format--my child's projects, photo/video, comments, and name.

Release for School and District Web/Social Media

Yes No The school/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).

Release for External Media

Yes No External media may broadcast my child's projects, photo/video, comments, and name (newspaper, television, radio, and so forth).

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# AUTHORIZATION TO RELEASE SCHOOL RECORDS



TO: TRAVERSE MOUNTAIN ELEMENTARY SCHOOL  
2500 W Chapel Ridge Road  
Lehi, Utah 84043  
(801) 610-8725 - Phone  
(801) 701-6280 - Fax

School Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Please send the cumulative records for:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Please include the following:  
(Check all that may apply.)

- Immunization Records
- Confidential Reports
- Psychological Testing

As parent or guardian of the above named student(s), I do hereby authorize the above named school to release cumulative files with all records and test results.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

# 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	Record the month, day, & year vaccine was given.				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTP, DTaP, DT, Td, Tdap</b> <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
<b>Tdap</b> (given after 7 years of age)					
<b>Polio (IPV or OPV)</b>					
<b>Haemophilus influenzae type b (Hib)</b>					
<b>Pneumococcal</b>					
<b>Measles, Mumps, and Rubella (MMR)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday</small>					
<b>Hepatitis B (HBV)</b>					
<b>Varicella (Chickenpox)*</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>					
<b>Hepatitis A (HAV)</b> <small>Must be received on or after the 1<sup>st</sup> birthday.</small>					
<b>Meningococcal</b>					

## 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](http://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: \_\_\_\_\_



**ALPINE SCHOOL DISTRICT**  
**STUDENT HEALTH INFORMATION SHEET**

STUDENT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ GRADE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_  
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 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 dependent/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 \_\_\_ 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, EPIPENS AND INSULIN). YOU CAN OBTAIN THE FORM FROM THE OFFICE.**

**IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR STUDENTS TO CARRY ANY MEDICATION. THE ONLY EXCEPTION TO THIS IS INHALERS, EPIPENS AND INSULIN WITH THE PROPER SIGNED PRESCRIBER AND PARENT AUTHORIZATION.**

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SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE NOTE: THE INFORMATION REQUESTED IS CONSIDERED TO BE ESSENTIAL FOR PLANNING A PROGRAM EACH YEAR WHICH 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.