

Alpine Online School

Alpine Online School
 575 N 100 E
 American Fork UT 84003
 Phone: (801) 471-8900
 Fax: (801) 610-8408

Enrollment Forms Packet (EFP)

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit certain document to complete the enrollment for your student. You can fax, scan and email, or mail the required paperwork. (Please send copies, do not mail the original documents.)

Fax: 801-610-8408

Please use a cover page and write
 Attn: Alpine Online School

Scan and Email:

gjackson@alpine.k12.ut.us

Mail:

Alpine School District
 c/o Alpine Online School
 575 N 100 E
 American Fork UT 84003

Required For?	Item	Description	Provided by?
Required for all students	Proof of Age	Birth Certificate	Provided by you
	Proof of Residency	Utility bill showing your name and service address or Mortgage statement/Rental Contract including the signature page	Provided by you
	Release of Student Records	By filling out this form, you are giving our school permission to request your student's official records from their previous school after the approval process. If your child is enrolling in Kindergarten or was exclusively homeschooled, please indicate it on the form. Fill out the top portion and sign the form.	Provided in this packet
	Immunization or Exemption Form	Current immunization record or an immunization exemption form available at your local health department.	Provided by you
Required for a student with an IEP or other Special Education needs	IEP	A copy of your student's current Individualized Education Plan (IEP).	Provided by you
Required for a student with a 504 plan	504 Accommodation Plan	A copy of your student's current 504-accommodation plan.	Provided by you

Release of Student Records

Alpine Online Program has enrolled the following student for the 2012-2013 academic year. Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ Student's Social Security Number: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: _____

Prior Public School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: _____ School's Phone: _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: Alpine School District
c/o Alpine Online
575 N. 100 E
American Fork, UT 84003

Student's Name: _____ Student's Home Phone: _____