

Springside Elementary Summer Hours

Wednesdays 8 AM – 11 PM

Closed for Pioneer Day

Springside Enrollment Information

Please bring completed forms along with the required documentation for enrollment.

Please complete the following forms:

- New Student Registration
- Race and Ethnicity
- Guardian Status Form
- Health Form
- Utah Health Dept Immunization Pink Card
- Request for Records
- Speech and Hearing Survey (Kindergarten Only)

All Students will need the following documentation:

- **Birth Certificate-** Original certified birth certificate.
- **Immunization Record**
- **Proof of Residency-** Two forms of residency dated within 60 days showing the guardian's name are required.
Existing Home- Acceptable proof includes: utility bills, pay stubs, bank statements, major credit card statements, rental agreement and closing statement.
Homes Under Construction- The must currently be under construction and parent must provide the building permit and builder contract.
Living with Friends and Relatives- If living with a friend or relative a Living with Another Family Form must be completed and notarized by both parties. Please contract the school office for more information.
- **Custodial Documentation-** If biological/adoptive parents are no longer married or there are any issues of guardianship, a copy of the custodial rights signed by a judge must be provided at the time of enrollment.

*Please note that some situations require additional forms/documentation prior to enrollment.

Contact our office with any questions or concerns.

Jennifer McKenna 801-610-8732

jmckenna@alpinedistrict.org



NEW STUDENT REGISTRATION FORM

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

Date of Birth _____ Birth Place (City/State or Country) _____

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*

Enrollment Date in First USA School _____ *If out of country, which country? _____

Father's Email _____ Mother's Email _____

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

Name of Parent or Legal Guardian _____

STUDENT LIVES WITH <i>(Write Names)</i>	DOB	Foster	Step	<i>Circle Primary Phone #</i>		
				HOME PHONE	CELL PHONE	WORK PHONE
Father						
Mother						
Guardian						
Other						
Student's school-aged siblings:						
Schools siblings are/will be attending:						

Circle One

- Yes No Has your child lived 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 this child receiving English language support?
- Yes No Is the primary language spoken in the home English? If no, what language is spoken? _____
 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

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 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.**

**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.

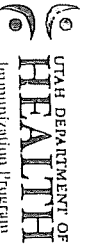
IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-6 STUDENTS TO CARRY ANY MEDICATION with the exception of inhalers, epinephrine injectors and insulin with proper signed prescriber and parent authorization.

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.



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	1 st	Record the month, day, & year each vaccine was given.	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Perussis, aP-acellular Pertussis)						
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:

- Exemption was granted for:
 - Medical reason (Expires* on: _____)
 - Religious belief
 - Personal belief

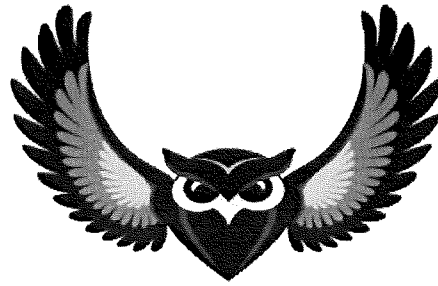
*If the medical exemption is temporary, enter date.
- Proof of Immunity (history of disease):

This student has proof of immunity for the following antigen (s):

 - MMR
 - Haemophilus influenza 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.

Springside Elementary



Phone: (801)610-8732
Fax: (801)854-5505
susanburt@alpinedistrict.org
694 S. Highpoint Dr.
Saratoga Springs, UT 84045

Name of Last School: _____

City and State: _____

Fax #: _____ Phone#: _____

Please send all school records including CUM folder with birth certificate, and immunizations records, special education (IEP), and any other records regarding the child listed below. Thank you.

Name: _____ Grade: _____ Birthday: ___/___/___

To expedite enrollment, please fax the following to us as soon as possible:

- *Birth Certificate *Immunization Record *Special Education Information*
- *Legal Documents *Withdrawal Form*

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.

School official or Parent/Guardian Signature

Date:

1st Request: _____ 2nd Request: _____

Pre-Kindergarten Speech and Hearing Survey

Child's Name _____ Birthdate _____

Parent's Name _____ Date _____ Phone _____

This information will be very helpful in planning an optimal educational program for your child. Please complete the following checklist. You may make additional comments, if desired, on the bottom of this form.

Yes No

HEARING

_____ _____ Child's hearing is believed to be normal
If not, please explain _____

_____ _____ Child has history of ear infections.

SPEECH AND LANGUAGE

_____ _____ Child has difficulty saying many sounds.
Please list _____

_____ _____ Child has difficulty speaking in sentences.

_____ _____ Child talks very little.

_____ _____ Child has a voice problem: pitch, volume,
quality; i.e. hoarseness, harshness, nasality.

_____ _____ Child has excessive episodes of stuttering.

_____ _____ In your opinion, is your child's speech and language development
appropriate for his/her age?

_____ _____ Child may need some help from the speech-language pathologist.

Additional comments about your child's speech or hearing. _____

Apply Online!

Free and Reduced Meal Application

alpineshools.org/nutrition/ **click on the orange box for Free & Reduced App**

The advantage to applying online is that your application is processed within 12 hours.

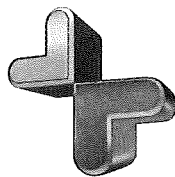
You will receive a letter within 3 to 5 days to let you know if you have been approved.

You can also call Nutrition Services at 801-610-8037 or 801-610-8038 the following day to find out if you qualified.

Paper applications are available at all school offices.

These will take up to 10 days to process.

Easy Online Meal Payments



MyPaymentsPlus™
K12 eManagement Solution

You can make payments to your student's meal account quickly and securely using MyPaymentsPlus.

Simply log on to www.MyPaymentsPlus.com and register to pay

CHARGE POLICY

In order to provide students and parents in the Alpine School District with the best possible service and accountability for school meals, the following procedures are in place for meal charges:

All students will be provided a regular meal until their account reaches a negative \$25.00.

Complimentary food items will be provided when a negative \$25.00 has been reached.

For Breakfast – the student will be provided a fruit cup.

For Lunch – the student will be provided a cheese sandwich and a carton of 1% milk.

The complimentary food items will continue to be provided until a payment has been made to bring the balance under the negative \$25.00.

The Nutrition Services Office will send a collection warning letter to the parents of students that have reached the negative \$25.00.

Nutrition Services is committed to providing meals to all students, however, there is a responsibility on the part of parents and students to assure that there are funds in the meal account.



Check out our digital school lunch menus!

Using our website, you can easily view more information about what is on the school menu for breakfast and lunch each day. You will be able to see an image and description for each food item, as well as nutrient and allergen information.

This information is also available on our mobile app so you can get information when you need it, where you need it!

Go to our website at alpineshools.nutrislice.com to find out more!