

Thunder Ridge Elementary
264 N 750 W
Saratoga Springs, UT 84045



Mrs. Carla Jensen, Principal
Kathy Loveridge, Lead Secretary

Phone: 801-610-8727
Fax: 801-766-2311

Request for Information

Authorization is given to: _____ Former School
_____ Address
_____ City, State & Zip
Phone: _____
Fax: _____

to furnish Thunder Ridge Elementary School the information listed below concerning the following student(s):

Name	Birth Date	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

- If checked: please fax birth certificate and immunizations as a student is waiting to attend Thunder Ridge and this is needed before we can put them in a classroom.
- If checked: please fax the most current IEP within 24 hours.
- If checked: Secretary, please drop from Skyward as soon as possible and then send records when you can.

Please send:

- ____ Cumulative Records
- ____ Health Records/Medical Forms {Health Plan, if applicable}
- ____ Testing Records
- ____ Special Education Records
- ____ All of the above forms

Parent or School Official Signature

For School Use only:

1st Request
2nd Request
3rd Request

Received on : _____

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 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:



Student Media Release

Student Name: _____

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

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.

HEARING

YES NO

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

- Child has a 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 (hoarseness, harshness, nasality).

- Child has excessive episodes of stuttering.

- In your opinion, is your child's speech and language development appropriate for age?

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

Please list any additional comments about your child's speech or hearing.

**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 and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIIS ID _____ PIN _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th			
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
Tdap								
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>1st dose must be received on or after the 1st birthday.</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry

Student's former school

Legally responsible individual of the student

Authorized Signature: _____ Date: _____

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program
immunize.utah.gov
(801)-538-9450

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), USIIS ID, and PIN (a number that is given to an individual or a dependent's legal guardian, to obtain access to their immunization records in USIIS). The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
*NOTE - The USIIS ID, PIN, and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or 801-538-9450.