



SKYRIDGE HIGH SCHOOL

Office Use Only
Student #:
Entry Date:

2018-2019 NEW STUDENT REGISTRATION

If you do not have **legal custody** of the student you are registering, including all Foreign Exchange Students, you must go to STUDENT SERVICES at the Alpine District Offices **BEFORE** you can enroll your student.

Alpine School District Offices
Student Services 2nd Floor
575 N 100 E
American Fork, UT 84003
(801) 610-8400

The following is required to enroll your student

- Complete New Student Registration Paperwork
 - Skyridge and Alpine District New Student Registration Forms
 - Guardianship Status Form
 - Custody Papers if applicable (not optional in cases of divorce or custody issues.) Copies must have a judge's signature
 - Computer and Internet Use Permission Slip
 - Request for Student Records
 - Student Health Form
- Proof of Residency (city utility bill, lease or purchase agreement). Residence with a separate family requires an additional form.
- Original Birth Certificate (original will be returned--small wallet copy cannot be accepted.)
- Copy of Immunization verification records and dates transferred on to pink card:

MUST HAVE



5 Dtap, DTP, DTP, DT	2 MMR	2 Varicella (Chickenpox)
1 Tdap (TD Booster)	3 Hepatitis B	9 th and 10 th need additional:
4 Polio	2 Hepatitis A	1 Meningococcal

Student Name _____

Date of Birth _____ Gender _____ Entering Grade _____

Address _____ Home Phone _____

Parent/Guardian _____ Phone _____ Relationship _____

Parent/Guardian _____ Phone _____ Relationship _____

Parent Email _____ Student Email _____

Last School Attended _____

Does student have any IEP, Special Ed., or 504 Accommodations? Yes _____ No _____

NEW STUDENT REGISTRATION FORM



575 N 100 E, American Fork, UT 84003
Phone: 801-610-8400

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

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

Male Female Grade _____ Has your child ever attended school in Alpine School District? Yes No

School Last Attended _____ Address _____

Student transferring 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 _____
(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						
Student's school-aged siblings:						
Schools siblings are/will be attending:						

Circle One

1. Yes No Has your child lived in the US for the last 3 years?
2. Yes No Do you have legal custody of the child you are registering?
3. Yes No Is the child you are registering a foster child/ward of the court?
4. Yes No Does this child have an Individualized Education Plan or is he/she receiving Special Education Services?
5. Yes No Are you living with friends or relatives?
6. Yes No Has your child ever been suspended/expelled from school?
7. Yes No Is this child receiving English language support?
8. Yes No Is English the primary language spoken in the home? If no, what language is spoken? _____
9. 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 - <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 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:

SKYRIDGE



REQUEST FOR STUDENT RECORDS

Student Name

Current Grade

Birthdate

The student named above is enrolled at Skyridge High School. Please send us his/her:

Complete Grade Transcript

Withdrawal Grades

Immunization Records

ELL Information

*If applicable, please send Special Ed/IEP records directly to:

Cody Fonnesbeck to address listed below

Any other information that might assist us in placement of student

Please Do NOT send entire student CUM Folder

Previous School Attended

Fax#

Address of Previous School

MAIL or FAX Transcripts to:

Leslie Smith, Registrar
Skyridge High School
3000 North Center
Lehi, UT 84043
Fax: 801-766-3580
Office: 801-610-8824
lesliesmith@alpinedistrict.org

Date 1st Request Sent: _____ Date 2nd Request Sent: _____
Federal Law 99.31 - No parent signature required for educational records sent to another educational agency.

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 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, 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 proper signed prescriber and parent authorization.

 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.



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 Name _____ **Gender** Male Female **Date of Birth** _____
Student Information

Name of Parent/Guardian _____

VACCINE	Record the month, day, & year vaccine was given.				
	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:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal

2. Conditional Admission date: _____
 3. 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: _____

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

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

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:** _____

Apply Online!

Free and Reduced School Meals Application
alpineschools.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.

*Paper applications are available at all school offices.
These will take up to 10 days to process.*



You can make online payments to your student's meal account quickly and securely using our free service. Simply log on to www.mypaymentsplus.com and register. In addition to making payments, you can view your student account balances, history, set up automatic payments and account balance alerts.



nutrislice

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 alpineschools.nutrislice.com to find out more!

NUTRITION SERVICES

MEAL CHARGE POLICY 2017-18

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 meal accounts, prior to meal service.

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 regarding meal charges. Please note - meal charging is a courtesy and should not be a regular practice.

- All students will be provided a regular school meal until their account reaches a negative \$15.00.
- Complimentary food items will be provided when a negative \$15.00 has been reached.
 - **For breakfast** – the student will be provided a fruit cup and a carton of 1% milk
 - **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 \$15.00.
- The Nutrition Services Office will send a collection warning letter to the parents of students that have reached the negative \$15.00, as an additional reminder that a payment is due, before being sent to collections.

Elementary Student Procedures - how parents and students are notified of low balances in meal accounts:

- The Nutrition Services kitchen team will inform students when they receive their meal, that the funds are gone and they are charging a meal (unfortunately our elementary meal system does not give a warning until funds are gone).
- Charge notice letters will be printed weekly by the kitchen team for all students that owe \$1.00 or more and distributed to teacher boxes to give to the students to take home to parents.
- A courtesy phone call from the kitchen team will be placed when a student owes \$5.00 or more.
- Charge notice letters will continue to be distributed weekly to teacher boxes to give to students, until a payment is made.
- Once a student reaches the \$15.00 charge limit, charge notices will be sent to patrons by the Nutrition Services Office requesting a payment – if a payment is not received the negative balance owed will be sent to a Collections Agency for collection.

Secondary Student Procedures - how parents and students are notified of low balances in meal accounts:

- The Nutrition Services kitchen team will inform students when they receive their meal, that their funds are getting low (\$5.00 or less) and will continue to inform the student if charges accrue.
- A courtesy phone call from the kitchen team will be placed when a student owes \$5.00 or more.
- Charge notice letters will be printed weekly by the kitchen team for all students that owe \$10.00 or more and will be mailed to the home of the student.
- Once a student reaches the \$15.00 charge limit, charge notices will be sent to patrons by the Nutrition Services Office requesting a payment – if a payment is not received the negative balance owed will be sent to a Collections Agency for collection.

We make every effort to request payment before a patron is referred to collections. We appreciate prompt responses to payment requests. MyPaymentsPlus.com is a **free** service and is a quick/efficient way to make payments to student meal accounts and check student balances.

Thank you for supporting school meals!