

Welcome to Mountain View High School "Home of the Bruins"

665 West Center  
Orem, Utah 84057

Guidance Center Office 801-227-2401  
Guidance Center FAX 801-227-2460

Please call for an appointment and allow at least one hour for registration process.

**BIRTH CERTIFICATE REQUIRED**

**UNOFFICIAL TRANSCRIPT and WITHDRAWAL FORM** Needed for proper placement.  
If school is in session, bring a completed withdraw form from your transfer school with complete address.  
If transferring within Alpine School District, student only needs withdraw form while school is in session  
**RESOURCE students are required to bring a copy of their current IEP and psychological evaluation.**  
**ESHS students need to be current on credit and cleared by MVHS Administration.**

**IMMUNIZATIONS:**(State Law) Verification of immunizations is **REQUIRED** at time of registration.  
**ALL students- 5 DTP (one Tdap after age 7), 4 IPV/OPV Polio, 2 MMR (after age 1), 3 Hepatitis B, Varicella (chicken pox) If age 13 at time of first dose, two doses needed (4 wks apart).**  
**In addition for the Class of 2015- 2 Hepatitis A**  
**TB (Tuberculosis) required for: All foreign students, U.S. students- abroad for 6 months or longer (TB test must be taken in the USA within the last 90 days- takes 3 days to be read- results required)**  
**Also proof of TB required if birth place is not USA/Canada and have been in the USA less than 5 years.**  
For immunizations or questions, call Utah County Health Department at 801-851-7043 located at 151 South University Ave Suite #1900 in Provo Hours- M,T,F 8a-4:30p; W- 8a-7p; TH 9a-4:30p

**GUARDIANSHIP: Completed papers REQUIRED at time of registration.**

- A. Student living with legal custodian parents- No papers needed. **HOWEVER** in divorce cases, paperwork needs to show who is the legal physical custodian parent. When student lives with non-custodial parent, Power of Attorney papers need to be completed. Papers available at \*Alpine School District or MVHS.
- B. Student not living with legal custodian parents- Call \*Alpine School District to establish guardianship. Foreign exchange students need to clear through \*Alpine School District.
- C. Foster/State Care students- Call 227-7827 for clearance form. Located at 1581 W 1000 S, Orem

**BOUNDARY:** (west of State Street and south of 400 N. Orem) Completed papers **REQUIRED** at registration. **If in SPORTS, please ask about sports eligibility.**

- A. MVHS boundaries: **Bring address verification where you physically live- rental agreement or utility bill (not driver license or check)** Are you living with another family? Notarized ASD form required
- B. Out of MVHS area but within Alpine School District **OR** Out of Alpine School District area: **Request for Out-of-Area Transfer** form is available in MVHS Guidance Center

**\*Alpine School District Student Services @ 575 N. 100 E. American Fork, Utah  
Phone 756-8474 or 756-8486**

**New Student- Please visit the following offices:**

**Guidance Office-** Register, Schedule, A/B  
calendar, bell schedule, map + bus schedule

**Attendance Office-** Locker, Parking, Attendance  
Meet Advocate

**Financial Office-** Fees, ID picture card

**Lunch Office-** ID# and information

**Skyward Website:**

**Check your student's grades and attendance:**

**[www.alpineschools.org](http://www.alpineschools.org) Parents/Students+Skyward**

**or [www.mountainview.alpinedistrict.org](http://www.mountainview.alpinedistrict.org)**

**Click 'GRADES'**

**Login/username: Check at the Guidance Office**

**Password: Check at the Guidance Office**

If needed, the following persons can help you:

**Administration: (Main Office)**

Peter Glahn A - F

Belinda Talonia G - O

Mike Ericksen P - Z

**Counselor: (Guidance Office)**

Joyce Harrison A,B,C,D,U,X,Y,Z

Tim Blatter E - J

Rodger Smith K - Q

George Young R,S,T,V,W

**Advocate: (Attendance Office)**

Check at Office A - F

Check at Office G - O

Ruth Chatterley P - Z

# Mountain View High School New Student Information

For Office Use: JH TB RS LR

Student # \_\_\_\_\_

Date of Entry \_\_\_\_\_

New  Previous \_\_\_\_\_

BC T-WD IMM-TB G B-OOA LW

Student Legal Name (Birth Certificate Name) \_\_\_\_\_

First

Middle

Last

Grade  10  11  12

Male  Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Social Security Number \_\_\_\_\_ (optional)

NAMES of Legal Guardian student lives with	Foster	Step	Home Phone	Guardian Cell Phone	Work Phone
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Guardian					
<input type="checkbox"/> Other					

Guardian E-Mail Address \_\_\_\_\_

(Providing an email address grants permission for ASD to contact via email)

Student Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

If your parent/legal guardian cannot be reached, please list a family member of neighbor:

Name \_\_\_\_\_ Phone \_\_\_\_\_

School last attended \_\_\_\_\_ Date of withdrawal \_\_\_\_\_

Address of school above \_\_\_\_\_

(This is important for requesting records) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your student ever attended school in Alpine School District?  Yes  No School \_\_\_\_\_ Grade \_\_\_\_\_

Student transferred from:  Within the district  Out of the district  Out of State

Out of country What country? \_\_\_\_\_ Entry Date \_\_\_\_\_

Circle Yes or No:

Yes No Has your student been living in the U.S. for the last 3 years?

Yes No Has your student been attending school in the U.S. for the last 3 years?

Yes No Is the primary language in the home one other than English? If yes, what language is spoken? \_\_\_\_\_

Who speaks the non-English language? \_\_\_\_\_

Yes No Do you have a health problem that we should be aware of at this time? List \_\_\_\_\_

Yes No Do you have legal custody of the student you are registering?

Yes No Are you living with friends or relative?

Yes No Is the student you are registering a foster student /ward of the state?

Yes No Does your student have an Individualized Education Plan or is the student receiving Special Education Services?

If yes, parent/guardian needs to bring a copy of the current IEP and testing to MVHS before placement in IEP classes.

Yes No Has your student ever been suspended/expelled from school?

If yes, explain \_\_\_\_\_

**I hereby certify that the information is true and correct to the best of my knowledge. Any falsification of the information above may result in the cancellation of the transfer or opportunity to attend school in Alpine School District.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Enrollment  Approved  Denied Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

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

The question above relates to ethnicity, not race. Please mark one or more boxes to indicate your student's race.

**Race:** What is your student's race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, 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. I understand that district personnel will do their best to determine my child's race and report that determination.

**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.**

Please read carefully and select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student's Name: \_\_\_\_\_ (Birth Certificate 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 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 your student can enroll in school.

\*\* Verification of court order or DCFS placement must be provided prior to child being enrolled.

Today's Date

Parent's Last Name \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Home Address (please check if new ) \_\_\_\_\_

City \_\_\_\_\_

Home Phone (please check if new ) \_\_\_\_\_

Alpine School District

**EMERGENCY & RELEASE INFORMATION**

Occasionally a student may become ill or have an accident while at school. This may necessitate contacting 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**

Last Name	First Name	M/F	Grade	Birth Date	List any Health Problems

**Parent Information**

Name	Employer	Cell Phone	E-mail Address
Father:			
Mother:			
Legal Guardian:			
Step Father:			
Step Mother:			

Alpine School District requires a **legal guardian or a person authorized by the guardian** to release the student 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 name must be written below for non-custodial parent to check this student out.**

**Emergency Contacts (the individuals listed below are authorized to check out my student from school)**

Name	Phone	Relationship to Student

*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.

**Parent/Guardian: Please complete this as soon as possible so students can access the internet for educational purposes and student information is updated.**

**Parent/Guardian Skyward Login  
Parent/Guardian Skyward Password**

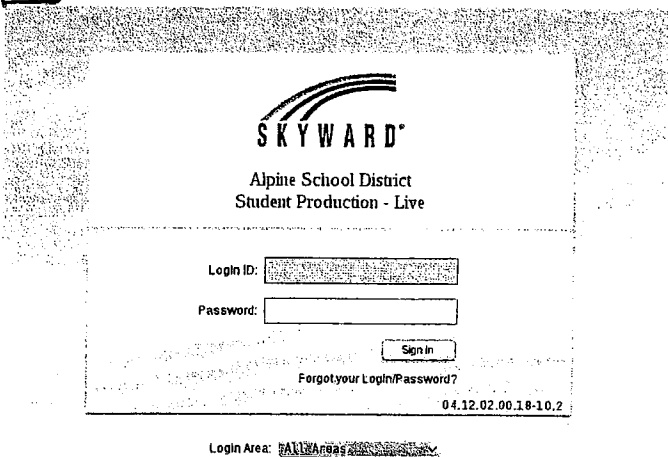
Go to [www.mvhs.alpineschools.org](http://www.mvhs.alpineschools.org) Click on Skyward

Use your Skyward login and password to update your student's Acceptable Use Policy (AUP). Tutorial is below or a larger one is on the district website [www.alpineschools.org](http://www.alpineschools.org) that you can link to. The AUP will open up electronically on August 1st.

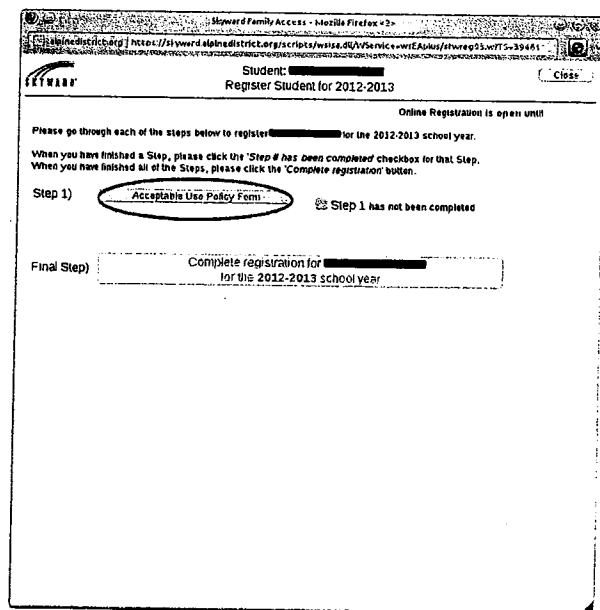
Please check and update your student's information: Name, Address, Phone, Parent Email, etc.  
Please call 801-227-2401 to notify the office of changes. Thank you for your time completing the above.

**Online Student Information Update**

**Step 1:** Login to Skyward. Your school should have a link to Skyward on their school site.

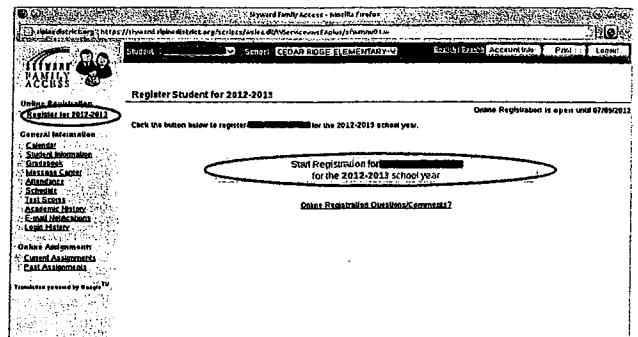


**Step 3:** This screen shows the items involved in the online registration process. There may be just the Acceptable Use Policy Form or there may be other forms you must fill out online. If you don't see a form here that you expect, it is not part of this on-line process. Click on 'Acceptable Use Policy Form'



**Step 2:** After logging in, select the student you wish to register by clicking on the 'down arrow' located in the top navigation bar. Click on the button labeled "Start Registration for <Student Name> for the 2012-2013 school year".

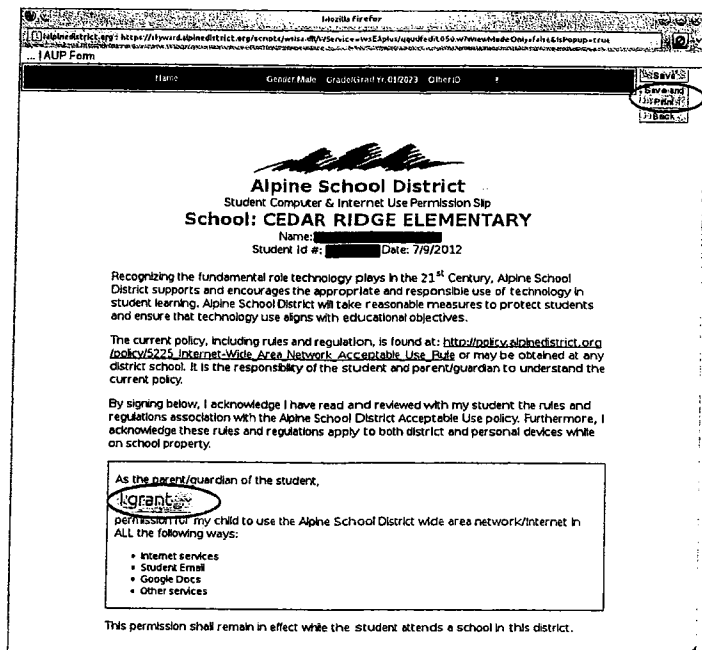
The link to registration is also located on the left blue bar and is labeled "Register for 2012-2013". Note: If you don't see any of this either you do not have access (Online Registration may be closed). If you have questions, please contact your school.



**Step 4:** By granting permission in the AUP (Acceptable Use Policy), the identified student will receive a student district email account, access to Google Docs, filtered access to the internet and other internet related services. When you don't grant explicitly your student will not have access to this. Please take the time to review the policy.

Select 'I grant' (to accept the AUP) or 'I revoke' (to decline the AUP and related services)

After you have filled out this form click the button labeled "Save and Print" in the upper right hand corner. If you don't see it you may have to adjust your browser. This will create a pdf that you can then print for your records.



check back

**Step 5** Check the box next to the step you completed to mark it completed. This will make the next step available, if applicable.

**Step 6** Click on the button labeled "Complete registration for <Student Name> for the 2012-2013 school year" to complete registration.

**Step 7** This page will let you review the registration process and allow you to verify one more time all the information collected during the registration process.

Click on the button labeled "Complete Online Registration" to complete the registration process.

**Step 8** When you have finished registering your student this screen will show you have finished the registration process. If you have any questions, please call your local school. If applicable, select another student and complete the AUP for them.



## **Mountain View High School**

665 West Center Street  
Orem, Utah 84057  
Phone 801-227-2400 FAX 801-227-8764  
Principal- Blaine G. Edman

## **“Home of the Bruins”**

MVHS Mascot: Bruin Bear  
Colors: Cardinal Red and Gold  
[www.MVHS.alpine.k12.ut.us](http://www.MVHS.alpine.k12.ut.us)  
Asst. Principals- Michael Ericksen, Peter Glahn,  
Belinda Talonia

**Mission Statement:** *Lifelong learning for a changing society* Engage - Achieve - Contribute

**Administration/Main Office- 227-2400 Main Hall Office Hours- 7 a.m. to 4 p.m. during school**

### **Attendance Office- 227-2402 Attendance, Emergency Forms, Lockers, Parking**

**Permits-** Located in south hall. Attendance Office hours 7 a.m.- 3:30 p.m. Call **PROMPTLY** if student is absent. MVHS has a 24 hour voice mail to leave messages. Emergency forms are very important for emergency numbers and insurance waiver. Please fill out and have signed by parent/guardian as students enter MVHS. **Lockers for new students** will be assigned in the Attendance Office. **Parking permits** are available with parent signature. Vehicles parked without permit or parked in the wrong area will receive a ticket/fine. **Attendance: Please be aware of our attendance policy. Please ask for the guidelines.**

### **Financial Office- FEES Office hours- 7:15 a.m.- 1 p.m (closed 4<sup>th</sup> period); 2:15 a.m.- 3:30 p.m.**

However, the financial office is closed to students during classes. **Located in south hall (under stairs)**  
**Pay fees starting August 8-15 (8am-2pm) or anytime** in the financial office or **pay online** at [payonline@myschoolfees.com](mailto:payonline@myschoolfees.com) Phone, year activity calendar and policy handbooks are available.

### **School Lunch- Number and Accounts- Cafeteria located in north hall**

**Lunch number** is the same as student's MVHS ID number and is required to eat school lunch. New students need to take their MVHS ID number to the cafeteria to be entered in the lunch computer system. **Lunch accounts** can be paid after August 21 in the cafeteria (morning preferred). Student can also pay daily. Choices are hot lunch, salad bar, pizza, Hogi Yogi, Chick-Fila and other items. Prices vary. Free/Reduced lunch forms available. (English or Spanish) **Students can bring their own lunch and sit in the lunch or commons area.** MVHS has an open campus. Student leaving MV campus need to return on time for 4th period.

### **School Map, A/B Calendar, Holidays, Bell and Bus Schedule- Guidance Office**

Find classes. Ask questions. Bus transportation areas are west of I-15 freeway and south of 1200 South.  
**Call the district transportation at 763-7072 for information on bus schedules.**

### **School Pictures, MVHS I.D., Yearbook- All grades need to take pictures for ID/Activity Card**

**School pictures/I.D.** will be taken the first week of school. Check for retake days during school time. After retakes, picture ID can be taken in Copy Room-Main Office. Picture packet information available. Pictures taken at school will be their yearbook picture. Seniors have special information. If questions, call Scott Adams/LifeTouch Photography at 1-800-626-0321 (SLC). **Yearbook pictures** will be taken at school at the times above. Contact yearbook advisor for questions.

### **Skyward- Internet Progress Reports on Your Student**

Check your student's grades and attendance at [www.alpineschools.org](http://www.alpineschools.org) and click on Skyward Family Login or [www.mountainview.alpinedistrict.org](http://www.mountainview.alpinedistrict.org) and click 'GRADES'.

Check on your student's login and password at the guidance office.

**(More information on back)**

# Guidance Office- 227-2401 ; FAX 227-2460 Office Hours 7 a.m. -3:30 p.m.

Counselors are assigned by last name.

Joyce Harrison A,B,C,D,U,X,Y,Z  
Tim Blatter E - J

Counselors Hours 7:15 a.m. - 2:45 p.m.

Rodger Smith K - Q  
George Young R,S,T,V,W

Check with your counselor on the following: **Course Description booklet available**

**Testing-** PSAT (Oct.--11th grade); PLAN (Sept-10th free); SAT; ACT (in March-11th free); AP (Tests in May)  
NCAA registration available for student athletics in the Guidance Office. CEB 450-280. NCAA ACT code-9999

**UVU College Credit Classes-** UVU; Distant Learning; Concurrent Enrollment

**MATC-** Computer Tech 1&2, Medical Asst, Dental Asst, Auto classes & MANY other classes;

(Semester) Physical Therapy, Cert.Nursing Asst., Chef Prep, EMT and **MANY other classes**

**Intern Experience-** See Karsten Walker Room 127

**AP Classes-** Studio Art, Calculus AB and BC, English Literature and Language, Environmental Science, French, Govt.Comp/Pol., Music, Psychology, Spanish, Statistics, US History, World History, European History

**Academies-** Art, Business, Early Childhood, Health Occup., Justice/Civic Occup., Science/Engineering, Technology

**Scholarships-** Seniors, check for scholarships often in the scholarship box. (some apply to juniors) University/College

Applications and Scholarships are online- Web Sites available. Early Graduates-Centennial Scholarship

**Selective Service (males turning 18 )** [www.sss.gov](http://www.sss.gov) or forms in Guidance Office

**Register to Vote -** for students turning 18 [www.co.utah.ut.us/dept/clerk/election](http://www.co.utah.ut.us/dept/clerk/election) or forms in Guidance Office

**Need to make up credit or get ahead?** East Shore High School, BYU Independent Study, Electronic High School, Extended Year(summer), College credit, any accredited source. Check with counselor prior to registration

**Grading Scale:** 4 terms per year; 8 classes per year (4 on A day, 4 on B day); .25 credit per class per term

All subjects and grades are included in the cum GPA and class rank and receive equal weight.

GPA is on a 4 point scale. H= Honors, AP= Advanced Placement

## Graduation Requirements for Alpine School District/MVHS:

1.50 Arts	2.00 Science Core	1.0 U.S. History
1.00 Career Tech	1.00 Science App. ASC	.50 each World Geog+Civiliza
4.00 English-3+ EE-1	1.5 Physical Education	.50 each Choice + Gov/Citizen
.50 Health	.50 Computer Tech	<u>9.5 Electives</u>
2.00 Math Core	.50 Financial Literacy	<b>28.00 Total</b>
1.00 Math App. AMC		

## MVHS Clubs-

Best Buddies	Fly Fishing	Mock Trial Club	Snow Riders
Chess	French	Model UN	Swing Dance
CLAMS	Ham Radio	Multi Cultural	Thespians
DECA	HOSA	N.Honor Society	VICA
FBLA	Jazz Band	Orchesis	
FCCLA	Math/Science	RADS	

## MVHS Activities and Sports-

A Cappella	Drama	RADS	Tennis- B/G
Baseball	Drill Team	Soccer- B/G	Track -B/G
Basketball- B/G	Football	Softball	Volleyball- G
Cheerleading	Golf	Sterling Scholars	Wrestling
Cross Country B/G	Instrumental Music	Student Council	Yearbook
Dance/Orchesis	Newspaper	Swimming- B/G	

Regular Flex Day (Tuesday - Friday)  
 Schedule 1  
 A1/B1 ..... 7:45 - 9:05  
 A2/B2 ..... 9:10 - 10:30  
 A3/B3 ..... 10:35 - 11:55  
 Flex ..... 11:55 - 12:20  
 LUNCH ..... 12:20 - 12:50  
 A4/B4 ..... 12:55 - 2:15

Collaborative Day (Monday)  
 Alternate Schedule 1A  
 A1/B1 ..... 7:45 - 8:55  
 A2/B2 ..... 9:00 - 10:15  
 A3/B3 ..... 10:20 - 11:30  
 LUNCH ..... 11:30 - 12:00  
 A4/B4 ..... 12:05 - 1:15  
 TEACHER WORK TIME ..... 1:15 - 1:45  
 TEACHER COLLABORATION 1:45 - 2:45

Alternate Flex Day  
 Schedule #2  
 A1/B1 ..... 7:45 - 9:05  
 A2/B2 ..... 9:10 - 10:30  
 Flex ..... 10:30 - 10:55  
 A3/B3 ..... 11:00 - 12:20  
 LUNCH ..... 12:20 - 12:50  
 A4/B4 ..... 12:55 - 2:15

Beginning of Day Assembly  
 Schedule 3  
 Report to A1/B1 ..... 7:45 - 7:55  
 ASSEMBLY ..... 8:45 - 9:55  
 A1/B1 ..... 10:00 - 11:15  
 A2/B2 ..... 11:20 - 12:30  
 A3/B3 ..... 12:30 - 1:00  
 LUNCH ..... 1:05 - 2:15  
 A4/B4

Assembly after 1st Period Schedule 4  
 A1/B1 ..... 7:45 - 8:51  
 Report to A2/B2 ..... 9:00 - 10:00  
 ASSEMBLY ..... 10:10 - 11:15  
 A2/B2 ..... 11:20 - 12:30  
 A3/B3 ..... 12:30 - 1:00  
 LUNCH ..... 1:05 - 2:15  
 A4/B4

Minimal Day Schedule 5  
 (Professional Development)  
 A1/B1 ..... 7:45 - 8:45  
 A2/B2 ..... 8:50 - 9:50  
 A3/B3 ..... 9:55 - 10:55  
 LUNCH ..... 10:55 - 11:25  
 A4/B4 ..... 11:25 - 12:25

End of Day Prep Assembly  
 Schedule 6  
 A1/B1 ..... 7:45 - 9:00  
 A2/B2 ..... 9:05 - 10:20  
 A3/B3 ..... 10:25 - 11:40  
 LUNCH ..... 11:40 - 12:10  
 A4/B4 ..... 12:15 - 1:30  
 Assembly ..... 1:40 - 2:15

August/September

M	T	W	T	F
	21	22	23	24
	A	B	A	B
27	B	A	B	A
A	4	5	6	7
	B	A	B	A
10	11	12	13	14
B	A	B	A	B
17	18	19	20	21
A	B	A	B	A
24	25	26	27	28
B	A	B	A	B

October

M	T	W	T	F
1	2	3	4	5
A	B	A	B	A
8	9	10	11	12
B	A	B	A	B
15	16	17	18	19
	B	A	B	A
22	23	24	25	26
A	B	A	B	A
29	30	31		
B	A	B		

November

M	T	W	T	F
			1	2
			A	B
5	6	7	8	9
A	B	A	B	A
12	13	14	15	16
B	A	B	A	B
19	20	21	22	23
A	B	A	B	A
26	27	28	29	30
A	B	A	B	A

December

M	T	W	T	F
3	4	5	6	7
B	A	B	A	B
10	11	12	13	14
A	B	A	B	A
17	18	19	20	21
B	A	B	A	B
24	25	26	27	28
31				

January

M	T	W	T	F
	1	2	3	4
			A	B
7	8	9	10	11
A	B	A	B	A
14	15	16	17	18
B	A	B	A	B
21	22	23	24	25
28	29	30	31	
A	B	A	B	

February

M	T	W	T	F
	4	5	6	7
	B	A	B	A
11	12	13	14	15
A	B	A	B	A
18	19	20	21	22
25	26	27	28	
B	A	B	A	

March

M	T	W	T	F
	4	5	6	7
	A	B	A	B
11	12	13	14	15
B	A	B	A	B
18	19	20	21	22
A	B	A	B	A
25	26	27	28	29
B	A	B	A	B

April

M	T	W	T	F
8	9	10	11	12
A	B	A	B	A
15	16	17	18	19
B	A	B	A	B
22	23	24	25	26
A	B	A	B	A
29	30			
B	A			

May

M	T	W	T	F
		1	2	3
		B	A	B
6	7	8	9	10
A	B	A	B	A
13	14	15	16	17
B	A	B	A	B
20	21	22	23	24
A	B	A	B	A
27	28	29	30	31

August 16 - Professional Development  
 August 17 & 20 - Teacher Contract Days  
 August 20 - 7<sup>th</sup>/10<sup>th</sup> Grade Day (optional for schools)  
 August 21 - First Day of School  
 September 3 - Labor Day  
 September 24 - Minimal Day (Prof. Development)  
 October 11-12, 15 - Fall Break  
 November 5 - Minimal Day (Prof. Development)  
 November 21 - Teacher Comp. Day  
 November 22-23 - Thanksgiving Break  
 December 20 through January 2 - Christmas Break  
 January 21 - Martin Luther King Day  
 February 4 - Minimal Day (Prof. Development)  
 February 18 - Washington-Lincoln Day  
 March 4 - Minimal Day (Prof. Development)  
 April 1 - Snow Make-up Day  
 April 2 - Teacher Comp Day  
 April 3-5 - Spring Break  
 May 27 - Memorial Day  
 May 30 - Last Day of School

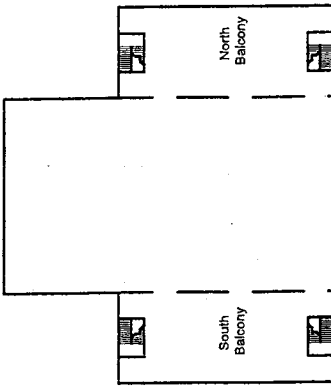
1st Term  
 August 21 - October 26  
 A days = 23  
 B days = 22  
 Total days = 45

2nd Term  
 October 29 - January 14  
 A days = 21  
 B days = 22  
 Tch Comp = 1  
 Total days = 44

3rd Term  
 January 15 - March 22  
 A days = 24  
 B days = 23  
 Total days = 47

4th Term  
 March 25 - May 30  
 A days = 21  
 B days = 22  
 Tch Comp = 1  
 Total days = 44

**Balconies:**

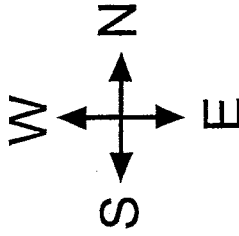


# Mountain View High School

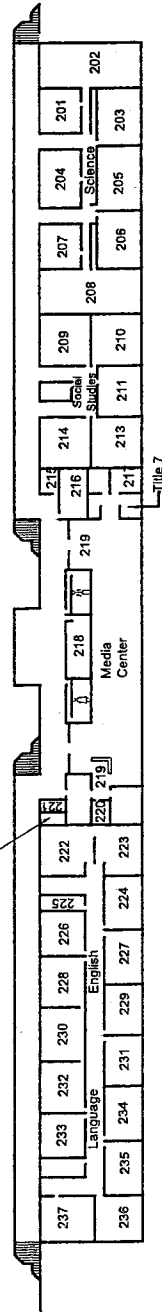
665 West Center St. Orem, Utah 84057

EXIT 271

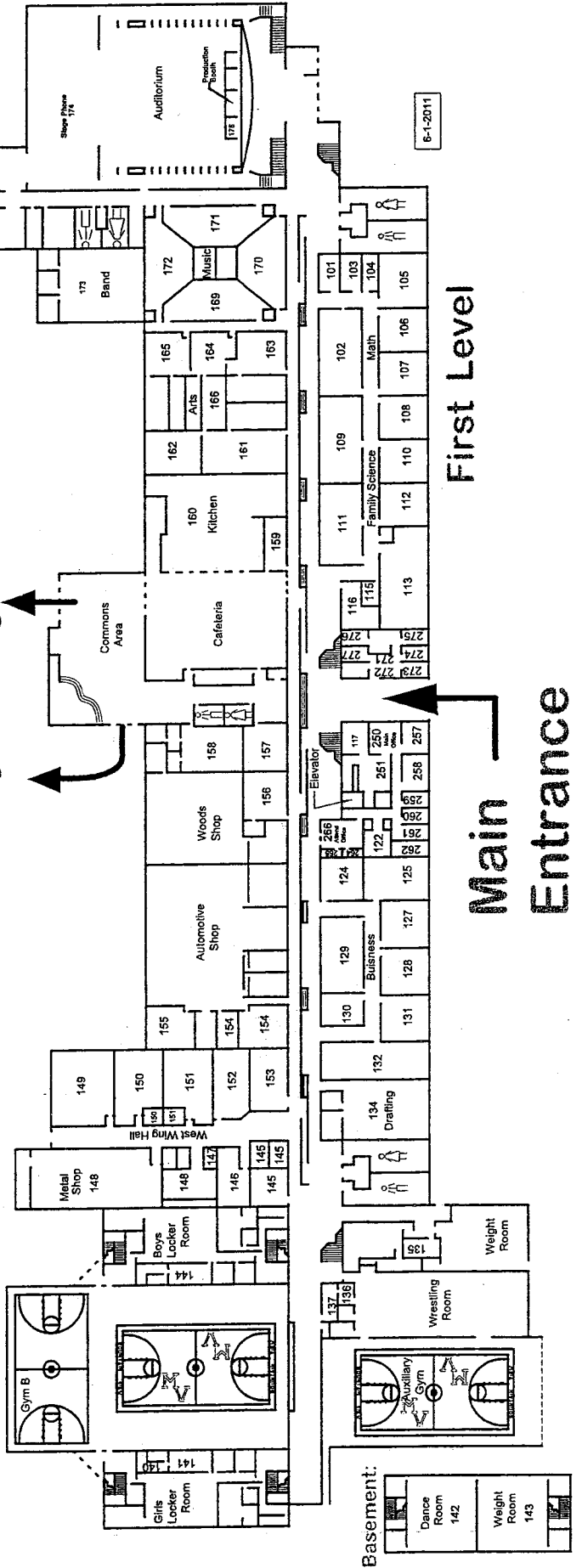
801-227-2400



## Second Level



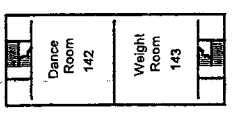
## Faculty Parking - West Lot



## First Level

## Main Entrance

**Basement:**



# IMPORTANT INFORMATION ABOUT SCHOOL MEALS

## All Parents! Please Read This!

### Alpine School District Lunch and Breakfast Program 2012-13

#### ON-LINE PAYMENTS

Paying for school meals is easier with MyPaymentsPlus, a secure online payment processing system. Low Balance Alerts can also be set up to inform you when your student's meal account gets low. There is **NO** charge to use the online payment or low balance alert features. Payments may take up to 48 hours to process.

Register online at [www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com)

#### MEAL ACCOUNT BALANCES AND HISTORY

Student Account balances are available online at MyPaymentsPlus.com or by calling 866-800-8538. You will need your student's ID number to access the information. A 30-day student meal purchase history can be viewed at MyPaymentsPlus.com also. There is no charge to view history or balances.

#### ON-LINE RESOURCES

Menus and Free & Reduced Meal Applications are available on our website [www.alpineschools.org](http://www.alpineschools.org) Under Departments, select Nutrition Services.

#### OTHER PAYMENTS

Payments for meals can be made to your school lunch manager or at the Alpine District Nutrition Services Office, 490 North State, Lindon, UT 84042. Make checks payable to Alpine School District Nutrition Services or simply ASD NS.

#### PLEASE NOTE THE FOLLOWING INFORMATION

We do not give change from checks.

Junior high and high school students will absolutely **NOT** be able to charge meals. A student must have enough money in their account to cover the cost of a meal.

Money must be in the student's account before the student goes through the cafeteria line. There must be sufficient money in the account to pay for that day's meal.

Elementary students, for emergency purposes only, will be allowed to charge up to \$6.00 total for Breakfast and Lunch. A student beyond \$6.00 will be offered a Deficit Breakfast of Graham crackers and white milk, or a Deficit Lunch of a cheese sandwich and white milk. Students with negative balances greater than \$9.00 will be denied meals until payment is received.

Deficit notices are sent to parents of students who have a negative account balance. **Please note the date on the letter. The amount listed will bring the student's account current only to that date.**

If you have a question about your deficit notice, please check with the lunch manager.

Please see other side for important information concerning Free or Reduced-Price Meals

Non-discrimination Statement: In accordance with the Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**This section is Only for Those Applying for Free or Reduced-Price Meal**

**APPLICATIONS MUST BE RENEWED EVERY YEAR!**

*When parents submit an application for free or reduced-price meal benefits, they are notified by mail when the student has qualified. **Please call ONLY IF YOU DO NOT receive notification within 10 days.***

**Please send payment with your student until you have received a letter of notification from the district office. Full price is charged until the application is processed.**

- **FREE and REDUCED PRICE MEALS include breakfast and lunch.**
- **Benefits DO NOT start until the application has been approved** – If a student goes through the cafeteria line before the application has been approved, he/she will be **charged full price for their meal.**
- Students that were on Free or Reduced benefits the previous year have carry-over benefits for the first 30 days of the school year. **If we do not receive a new application, benefits will terminate and the student will revert back to FULL PAY.**

**You only need ONE Application per household or family.**

- **ON-LINE APPLICATIONS ARE NOW AVAILABLE AT: [www.alpineschools.org](http://www.alpineschools.org) – Departments, Nutrition Services, Parent Forms and Policy. You may fill one out on-line and submit it, or you may print one off in either English or Spanish and turn it in to any school office, or the Nutrition Services Office.**
- **Applications are also available at: Any School Office  
Nutrition Services Office, 490 N State, Lindon**
- **QUALIFICATIONS:**
- If the household income is within the limits of the Federal Income Guidelines, your children may receive free or reduced meals. **You must include all people living in your household, related or not and all gross income received.** If your income is not always the same, list the amount that you normally get on a regular basis. You may apply at any time during the school year if your household size or income changes, or if you begin receiving SNAP, FEP, or FDPIR.
- **Homeless, runaway and migrant children may qualify** – Contact school, homeless liaison or migrant coordinator with questions.
- **Foster children – You DO need to fill out an application.**
- **If you are on SNAP (Supplemental Nutrition Assistance Program), FEP (Family Employment Program), or FDPIR (Food Distribution Program on Indian Reservations), BENEFITS ARE NOT AUTOMATIC, YOU MUST FILL OUT AN APPLICATION.**
- **You or your children DO NOT have to be a U.S. citizen to qualify for benefits.**

If you have any questions, please call the Nutrition Services Office at 801-610-8037 or 801-610-8038. If you are outside the calling area, you may call collect. Return the completed application to any school, Alpine Nutrition Services or FAX to 801-796-3103.

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

<b>FEDERAL ELIGIBILITY INCOME CHART</b>			
School Year 2012-2013			
Household size	Yearly	Monthly	Weekly
1	20,665	1,723	398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
Each additional person:	7,326	611	141

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Note: USDA and FNS do not evaluate, recommend, approve or endorse any software used for certification or verification purposes. There are no Federal specifications for software vendors. LEAs are responsible for assuring that the certification and verification processes meet all regulatory requirements and policies including the calculation of income frequencies discussed in Par 3, Section E. Therefore, if software is used to perform all or part of the certification or verification process, the LEA must assure the software used is performing correctly and meets all requirements. Because of the statutory change requiring only 4 digits of a social security number, the Privacy Act statement is no longer required. In lieu, the Use of Information Statement must be provided on the application. Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

# INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **UTAH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR UTAH FAMILY EMPLOYMENT PROGRAM (FEP) OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)**, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of school for each child.

**Part 2:** List the case number for any household member (including adults) receiving SNAP, FEP or FDPIR benefits.

**Part 3 & 4:** Skip these parts.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR FEP BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS **HOMELESS, A MIGRANT OR RUNAWAY**, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of school for each child.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their name and number are listed on the cover letter sent with this application.

**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

IF YOU ARE APPLYING FOR A **FOSTER CHILD**, FOLLOW THESE INSTRUCTIONS:

**If all children in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2, 3, & 4:** Skip these parts.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**If some of the children in the household are foster children:**

**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and the homeless coordinator. Their name and number are listed on the cover letter sent with this application. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, the amount earned *before* taxes and other deductions. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the **self-employed**, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the **Military Privatized Housing** Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List children and the name of school for each child. For any person, including children, with no income, you *must* check the "No Income" box.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their number is listed on the cover letter sent with this application. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all other household members. Check the "No Income" box if they receive no income.
- **Box 2—Gross Income and How Often It Was Received:** See Part 4, box 2 above for more information.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).



# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL CHILDREN					Part 2. BENEFITS
Names of <u>all</u> children (First, Middle Initial, Last)	School	Student ID or Grade	Check if <b>Foster Child</b>	Check if <b>NO</b> income	List <b>SNAP, FEP, or FDPIR</b> <b>case #</b> for household member (if any). Skip to Part 5 if you list a case #.
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**PART 3.** If any child you are applying for is **HOMELESS, MIGRANT, or a RUNAWAY** check the appropriate box.  
 HOMELESS  MIGRANT  RUNAWAY

**PART 4. TOTAL HOUSEHOLD GROSS INCOME (LIST ALL OTHER FAMILY MEMBERS, INCLUDING CHILDREN WITH INCOME)**

1. NAME	Check if <b>NO</b> income	2. HOW MUCH AND HOW OFTEN IT WAS RECEIVED							
		Earnings From Work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All Other Income	
		Income	How Often	Income	How Often	Income	How Often	Income	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

**PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number** or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) *I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_**       **I do not have a Social Security Number**

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12  
 Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Error Prone:   
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SHARING INFORMATION WITH MEDICAID/CHIP

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Check here if your children have health insurance (including CHIP or Medicaid).

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

---

**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# CHIP

Children's Health Insurance Program

CHIP is a state health insurance plan for uninsured Utah children.  
Families who do not have other insurance may qualify.

**For more information or to apply, call or visit:**

**1-877-KIDS-NOW**

**[www.health.utah.gov/chip](http://www.health.utah.gov/chip)**

MT. VIEW HIGH SCHOOL  
AUTOMATIC PAYMENT PLAN AGREEMENT

Dear Parents,

Mountain View High School is offering you the opportunity to have your student's **required** school fees automatically transferred from your checking account and deposited directly into the school's account free of charge. **Only the required fees** on the enclosed fee statement will be included in this program, including any participation fees. **We cannot include yearbook, handbook, parking, P.E. clothes or extra fees for sports, trip, etc.** The parents who have participated in this program love the ease and convenience of it.

This will be the only option for those who aren't eligible for a fee waiver or can't pay in full at the beginning of the school year with either check, cash, or a credit card. District policy now is to send accounts 90 days past due to our collection agency. If you need more time to pay fees, this option gives you eight months to complete fee payment (September through April), however you can choose to pay the amount in less time if you wish. If you would like to pay for optional fees (such as yearbook, handbook and parking), you need to pay for them separately, either online or at a fee payment day. The first direct withdrawal payment for required fees won't be deducted from your checking account until mid September.

If you would like to participate in this service, fill out this application for each student attending Mountain View High, write "cancelled" or "void" on one of your checks, and attach to this form. Please return to Heather Arledge, Student Financial Secretary as soon as possible at Mountain View High, 665 W. Center, Orem, Utah 84057. If you have any questions about this service, call Heather at 227-2400 ext. 255.

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ALPINE SCHOOL DISTRICT  
MOUNTAIN VIEW HIGH SCHOOL  
AUTOMATIC PAYMENT PLAN AGREEMENT

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Student Name and Student ID Number

Date Received

---

Parent or Guardian Name (as it appears on checking account)

Phone Number

---

Mailing Address or P.O. Box #

City

State

Zip

I hereby authorize Mountain View High School to transfer \$ \_\_\_\_\_ each month for the next \_\_\_\_\_ months (September-April only) for my student's school fees of \$ \_\_\_\_\_ for the current school year.

*The money is to be transferred from my bank account to Mountain View High School's account on the 15<sup>th</sup> of each month (it may be a day or two later if the 15<sup>th</sup> falls on a bank holiday or weekend). I understand there will be no fee for this transaction. I understand that the final payment amount may be adjusted, depending on changes my student may have made to his/her schedule.*

*You are responsible to notify the financial office if you close your checking account. If payments are returned for any reason, your account will be turned over to our collection agency and you will be responsible for all fees connected with the returned payment.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Utah State Fee Waiver Law

Utah State fee waiver law states that we can no longer verify eligibility for fee waivers by using free lunch status. We must receive your **proof of eligibility before Sept. 15** to waive your required school fees. Any completed fee waiver applications received after September will only have fees waived from the date we receive the completed paper work. Required proof of eligibility:

**Most recent 1040 Income Tax Forms** (lists gross income & number in household) **and last three pay stubs** for all members of household.

You will be notified of your status after we have reviewed your paperwork.

Paperwork proving the following automatically qualifies for a fee waiver:

**Student (Blind or disabled only) receives SSI--(not survivor benefits)**

**Family receives AFDC--( public assistance--food stamps or financial assistance)**

**Student is in Foster Care or State Custody**

**FEE WAIVER APPLICATION (GRADES 7-12 )**  
**Please read the School Fees Notice before completing the application!**  
**All information on this application will be kept confidential**

**SECTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER.**

Name of student: \_\_\_\_\_ SSN: \_\_\_ - \_\_\_ - \_\_\_ (not required but expedites the process)  
 Address: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade level: \_\_\_\_\_  
 Name of parent or guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please check if applicable: (attach supporting documents for each category that applies)

- Student is eligible based on income verification. (See Section D, Page 2 of 2)
- Student receives (SSI)\* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES)
- Family receives TANF (currently qualified for financial assistance or food stamps)
- Student is in Foster Care (under Utah or local governmental supervision)
- Student is in State Custody

**\*Please note: Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.**

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. **Please note that costs for yearbooks, class rings, letter jackets, school pictures, and similar items are not fees and will not be waived. Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.**

Fee Description	Amount	Fee Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please give this application to the Principal, Assistant Principal, or the School Fee Counselor when you have finished filling it out.** All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. **The school shall require you to present proof of eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." State law also requires that school districts provide alternatives in lieu of fee waivers, "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community or home service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

**I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
 PARENT'S OR GUARDIAN'S SIGNATURE

**Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)  
LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.**

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12  
The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.

1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
6	\$	\$	\$	\$	\$
7	\$	\$	\$	\$	\$
8	\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household \_\_\_\_\_

**Section C. EXAMPLES OF INCOME**

Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income
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**Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2012 to June 30, 2013**

1	\$14,521	\$1,211	\$606	\$559	\$280
2	\$19,669	\$1,640	\$820	\$757	\$379
3	\$24,817	\$2,069	\$1,035	\$955	\$478
4	\$29,965	\$2,498	\$1,249	\$1,153	\$577
5	\$35,113	\$2,927	\$1,464	\$1,351	\$676
6	\$40,261	\$3,356	\$1,678	\$1,549	\$775
7	\$45,409	\$3,785	\$1,893	\$1,747	\$874
8	\$50,557	\$4,214	\$2,107	\$1,945	\$973
For each additional family member, add:	\$5,148	\$429	\$215	\$198	\$99

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department.

This form and all supporting documents will be destroyed after the approval process is complete.



# UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-1-1-304 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).

Student Name \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_

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)					Tdap is required for the 7 <sup>th</sup> grade requirement.
<b>Polio (IPV or OPV)</b>					
<b>Haemophilus Influenzae 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>					* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.
<b>Measles</b> (Rubeola, 10 day, red measles)**					
<b>Mumps**</b>					
<b>Rubella</b> (German measles, 3 day measles)**					** If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.
<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>					If a student has history of the chickenpox disease, parent must sign to the right.
<b>Hepatitis A (HAV)</b> <small>Must be received on or after the 1<sup>st</sup> birthday.</small>					

### Vaccine Information

### 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: \_\_\_\_\_

Utah Department of Health  
 Division of Disease Control & Prevention  
 Immunization Program Rev. 02/11  
[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: \_\_\_\_\_

**INSTRUCTIONS:** This form must be completed for enrollment in schools and early childhood programs.

**Student Information:** Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

**Vaccine Information:**

**a. The minimum required immunizations for school entry include (see interval table in the Immunization Guidebook for required spacing of doses):**

- 5 doses of DTap/DTP/DT/dap – 4 doses are acceptable, if the 4<sup>th</sup> dose was given after the 4<sup>th</sup> birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.
  - 1 dose of Tdap – A single dose of Tdap vaccine is required for students born after July 1, 1993, prior to 7<sup>th</sup> grade entry. The Tdap vaccine must be given after 7 years of age.
  - 4 doses of Polio – 3 doses are acceptable, if the 3<sup>rd</sup> dose was given after the 4<sup>th</sup> birthday.
  - 2 doses of Measles – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of measles containing vaccine must be given on or after the 1<sup>st</sup> birthday.
  - 2 doses of Mumps – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of mumps containing vaccine must be given on or after the 1<sup>st</sup> birthday.
  - 2 doses of Rubella – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of rubella containing vaccine must be given on or after the 1<sup>st</sup> birthday.
  - 3 doses of Hepatitis B – required for students born after July 1, 1993, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7<sup>th</sup> grade entry.
  - 1 dose of Varicella (chickenpox) – required for students born after July 1, 1996, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7<sup>th</sup> grade entry. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday. Parental history of the disease is acceptable. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
  - 2 doses of Hepatitis A – required for students born after July 1, 1996, prior to entering kindergarten. The 1<sup>st</sup> dose of Hepatitis A must be given on or after the 1<sup>st</sup> birthday.
- b. Children enrolled in *Early Childhood Programs* must be immunized appropriately for their age for the following antigens:**  
Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella.

**c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.**

**Record Source:** Indicate source of original records. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, public health official or USIIS will be acceptable as written proof required to verify the student's immunizations.

**Authorized Signature:** This is the signature of the school or health personnel who verified the USIR against the source records.

**School and Early Childhood Program Use Only:**

1. **ALL REQUIREMENTS MET:** Requirements are met by either up-to-date immunizations on the first day of school or by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

**Exemption Procedures:**

**MEDICAL EXEMPTION:** If a medical exemption is claimed, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

**RELIGIOUS EXEMPTION:** If a religious exemption is claimed, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

**PERSONAL EXEMPTION:** If a personal exemption is claimed, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

2. **CONDITIONAL ADMISSION:** If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for **CONDITIONAL ADMISSION**. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.

3. **NOT-IN-COMPLIANCE:** On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

**Disease Verification:** Parent/guardian must sign on reverse side verifying history of chickenpox disease.