



# Westlake High School

## New Student Registration

### Items required to register a new student.....

The following information is required by law in order to enroll a new student. If any of these items are missing, we will not be able to complete the registration.

1. - **Withdraw Form/ Transcript/Report Card**—Obtained from previous school.
2. - **Registration Form**—Signed by the Custodial Guardian.
3. - **Custodial Guardianship Form**—This form must show proof of guardianship. A copy of the **DIVORCE DECREE** is required to establish physical and custodial rights (if this applies to you). If the student is not living with the custodial guardian, you must complete a **Power of Attorney form** or meet with Student Services at the Alpine School District Offices.
4. - **Birth Certificate**—You must bring the original birth certificate to be copied, We can no longer accept the wallet size birth certificates.
5. - **Immunization Records**—Students must be current on all immunizations before they will be allowed to register or select any classes (if shots are needed, contact the Public Health Department.)

#### 10<sup>th</sup> - 12<sup>th</sup> Grade Students must have:

- 5 DTP/Dtap/DT/Td
- 1 Tdap or Td Booster
- 4 Polio
- 2 MMR
- 3 Hepatitis B (HBV)
- 1 Varicella Chickenpox
  - History of Disease OK, Parent must sign Pink Immunization Card
  - If student is 12 years old, 2 doses is required
- 2 Hepatitis A (HAV)

**\*\*** If your student has been out of the country within the last 6 months you will also need to have a TB test and have it checked to be negative before you register. This must occur after your student has entered into the U.S.

6. - **Proof of Residency**— You need one of the following: Utility bill, lease agreement, or a purchase agreement. A notarized **Living with declaration of residence form** is required if you are living with a family member. This paperwork must be filled out before you can enroll. (Form available in the counseling office)
7. - **Special Education**—If your student has been serviced in Special Education classes, you will need to contact the previous school to obtain a current copy of his/her IEP.
8. - **Emergency Form**— Must be filled out and returned.
9. - **Internet Usage Form**—Must be filled out and returned.

- ❖ This packet must be completed and submitted to the counseling office in order for us to process your students' class registration. **New student registration is by appointment only.**

#### Westlake High School Counseling Office

99 N 200 W Saratoga Springs 801-610-8816  
Fax: 801-768-1098

#### Alpine School District Office

575 North 100 East, American Fork 801-610-8400

# Alpine School District 2015-16 AB Calendar

August/September				
M	T	W	TH	F
		19 A	20 B	21 A
24 B	25 A	26 B	27 A	28 B
31 A	1 B	2 A	3 B	4 A
7 B	8 A	9 B	10 A	11 B
14 B	15 A	16 B	17 A	18 B
21 A	22 B	23 A	24 B	25 A
28 B	29 A	30 B		

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

November				
M	T	W	TH	F
2 B	3 A	4 B	5 A	6 B
9 A	10 B	11 A	12 B	13 A
16 B	17 A	18 B	19 A	20 B
23 A	24 B	25 A	26 B	27 A
30 A				

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

January				
M	T	W	TH	F
				1 B
4 B	5 A	6 B	7 A	8 B
11 A	12 B	13 A	14 B	15 A
18 B	19 A	20 B	21 A	22 B
25 B	26 A	27 B	28 A	29 B

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

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

April				
M	T	W	TH	F
				1 A
4 B	5 A	6 B	7 A	8 B
11 B	12 A	13 B	14 A	15 B
18 A	19 B	20 A	21 B	22 A
25 B	26 A	27 B	28 A	29 B

May				
M	T	W	TH	F
2 A	3 B	4 A	5 B	6 A
9 B	10 A	11 B	12 A	13 B
16 A	17 B	18 A	19 B	20 A
23 B	24 A	25 B	26 A	27 B
30 B	31 A			

**1st Term**

August 19 - October 23  
 A Days = 22  
 B Days = 22  
 Total Days = 44

**2nd Term**

October 26 - January 12  
 A Days = 22  
 B Days = 22  
 Teacher Comp = 1  
 Total Days = 45

**3rd Term**

January 13 - March 18  
 A Days = 23  
 B Days = 22  
 Total Days = 45

**4th Term**

March 21 - May 27  
 A Days = 22  
 B Days = 23  
 Teacher Comp = 1  
 Total Days = 46

**Trimester 1**

August 19, 2015 - November 13, 2015

**Trimester 2**

November 16, 2015 - February 26, 2016

**Trimester 3**

February 29, 2016 - May 27, 2016

August 14- Professional Development  
 August 17-18- Teacher Contract Days  
 August 18 - 7th/10th Grade Day (optional)  
 August 19- First Day of School  
 September 7- Labor Day  
 October 15-16- Fall Break  
 October 19- Professional Development  
 November 25- Teacher Comp. Day  
 November 26-27- Thanksgiving Break

Dec. 21 through Jan. 1- Christmas Break  
 January 18- Martin Luther King Day  
 February 15- Washington-Lincoln Day  
 March 7- Professional Development  
 April 4- Snow Make-up Day  
 April 5- Teacher Comp. Day  
 April 6-8- Spring Break  
 May 27- Last Day of School  
 May 30- Memorial Day

Alpine School District  
**NEW STUDENT  
 REGISTRATION FORM**



575 N 100 E  
 American Fork, UT 84003  
 (801) 610-8400  
 Fax (801) 610-8516

Student's Name \_\_\_\_\_  
 (Last) (First) (Middle) (Known As)

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place (City/State) \_\_\_\_\_  
 (optional)

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

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

Student transferred from: Circle One WITHIN DISTRICT OUT OF DISTRICT OUT OF STATE OUT OF COUNTRY\*

\*If out of country, which country? \_\_\_\_\_ Entry date in USA \_\_\_\_\_

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						

**Circle One**

- Yes No Has your child lived in the US for the last 3 years?
- Yes No Has your child attended school in the US for the last 3 years?
- Yes No Do you have legal custody of the child you are registering?
- Yes No Is the child you are registering a foster child/ward of the court?
- Yes No Does this child have an Individualized Education Plan or is he/she receiving Special Education Services?
- Yes No Are you living with friends or relatives?
- Yes No Has your child ever been suspended/expelled from school?
- Yes No Is the primary language spoken in the home English? If no, what language is spoken? \_\_\_\_\_

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

I attest by this signature I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM**

OFFICE USE ONLY

Teacher \_\_\_\_\_ Track \_\_\_\_\_ Student # \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Start Date \_\_\_\_\_

Skyward - NCLB Schedule Home Room Advisor Class List ESL Y or N

Immunizations - Complete In Process Birth Certificate Proof of Residency Legal Docs

Administrator Approval \_\_\_\_\_

Federal Legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

ETHNICITY: Is this student Hispanic/Latino?

Yes  Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No  Not Hispanic/Latino

RACE: What is this student's race? (Choose one or more)

**American Indian or Alaska Native** (a person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment)

If checked, please indicate which Tribe or Band \_\_\_\_\_

**Asian** (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam)

**Black or African American** (a person having origins in any of the black racial groups of Africa)

**Native Hawaiian or Other Pacific Islander** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

**White** (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

I understand that the district is required to report the above information for all students, but I refuse to declare a race for my student. I understand that district personnel will do their best to determine my child's race and report that determination.

**ALPINE SCHOOL DISTRICT  
GUARDIANSHIP STATUS**

**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.

# Westlake High School

*Lux et Virtus "Light and Excellence"*

*Principal Gary Twitchell*

*Assistant Principals \* Kristin Packer \* Scott Mansfield \* Chad Wilson \* Jared Huff*

Date: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## **Please Fax Back a copy of the Official Transcript to: (801) 768-1098**

This certifies that the student (s) named below have enrolled at Westlake High School. Please send the cumulative academic records through the date of withdrawal. Including:

- Official Signed Transcript
- Medical and Immunization Records
  - Standard Test Scores
- Withdrawal Date and Grades
- Special Education Records - IEP

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**The Federal Law 9931 allows for educational records to be sent to other educational agencies without the parent's signature. Remember that pursuant to Utah law, Federal law and the Utah State Board of Education, transcripts cannot be withheld due to the failure of the student to pay fines or other charges.**

Westlake High School / Counseling Office

Attn: Ximena Johnson

99 North 200 West

Saratoga Springs, Utah 84045



\_\_\_\_\_  
Parent Signature

- 1st \_\_\_\_\_
- 2nd \_\_\_\_\_
- 3rd \_\_\_\_\_

# 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).

## Student Information

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

## Vaccine Information

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> (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
<b>Tdap or Td Booster</b>				Tdap is preferred for the 7 <sup>th</sup> grade requirement, but Td is acceptable.	
<b>Polio</b>					
<b>Haemophilus Influenzae b (Hib)</b>					
<b>Pneumococcal</b>					
<b>Measles, Mumps, and Rubella (MMR)*</b> 1 <sup>st</sup> dose must be received on or after the 1 <sup>st</sup> birthday			* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.  ** If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.		
<b>Measles</b> (Rubeola, 10 day, red measles)**					
<b>Mumps**</b>					
<b>Rubella</b> (German measles, 3 day measles)**					
<b>Hepatitis B (HBV)</b>					
<b>Varicella (Chickenpox)</b> 1 <sup>st</sup> dose must be received on or after the 1 <sup>st</sup> birthday.			If a student has history of the chickenpox disease, parent must sign to the right.		
<b>Hepatitis A (HAV)</b> Must be received on or after the 1 <sup>st</sup> birthday.					

### 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 Community and Family  
Health Services  
Immunization Program 04/09

[www.immunize-utah.org](http://www.immunize-utah.org)  
(801)-538-9450

**Record Source:**  Physician  Registered Nurse  Health Dept.

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/Tdap** – 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.
- **1 booster dose of Tdap or Td** – required for students born after July 1, 1993, prior to 7<sup>th</sup> grade entry.
- **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. **Written proof is required to verify the student's immunizations.** Any immunization record provided by a licensed physician, registered nurse, or public health official will be acceptable as written proof required to verify the student's immunizations.

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

**Record Source:** Indicate source of original records.

**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.





# Alpine School District

## Secondary Student Computer & Internet Use Permission Slip

**School:** \_\_\_\_\_

Name: \_\_\_\_\_ Core Teacher (if applicable): \_\_\_\_\_  
(Last, First, Middle)

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Recognizing the fundamental role technology plays in the 21<sup>st</sup> 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.

The current policy, including rules and regulations, is found at: [http://policy.alpinedistrict.org/policy/5225\\_Internet Wide Area Network Acceptable Use Rule](http://policy.alpinedistrict.org/policy/5225_Internet_Wide_Area_Network_Acceptable_Use_Rule) or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, we (the parent and student) acknowledge we have read and agree to follow the rules and regulations associated with the Alpine School District Acceptable Use policy. Furthermore, we acknowledge these rules and regulations apply to both district and personal devices while on school property.

<b>Student's Signature:</b> _____	<b>Date:</b> _____
<b>Parent/Guardian's Signature:</b> _____	<b>Date:</b> _____

As the parent/guardian of the student, I grant permission for my child to use the Alpine School District network in all the following ways: Internet services, Student Email, Google docs, and Other Services. This permission shall remain in effect unless changed explicitly by a guardian.

<b>Parent/Guardian's Signature:</b> _____	<b>Date:</b> _____
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**ALPINE SCHOOL DISTRICT**  
**Student Media Release—School/District/External Publications and Web**

Dear Parents/Guardians,

From time to time, your child's name and/or photo might be considered for publication/display in a web page or publication, school/district created or other external publication (media outlet, etc.). Please take time to review the Information Release Form and select all appropriate options. If your preference changes during the year, you are responsible for contacting the school and completing a new form. If you have any other questions, please contact the school before signing.

Please initial in the box(es) below to indicate you agree to give permission.

**SCHOOL DISTRICT WEB & PUBLICATION RELEASE:** (For publication in school/district printed publications and web pages/websites, Facebook, Twitter, and other social networks.)

\_\_\_\_\_ The school and district have permission to display my child's photo with first and last name attached.

I understand that this information will be available to anyone on the Internet/ World Wide Web.

Please note that this does not replace the District's Acceptable Use Policy or imply permission to use internet services.

**EXTERNAL MEDIA WEB & PUBLICATION RELEASE:** (For publication by media outlets such as newspapers, radio, television, etc.)

\_\_\_\_\_ External media outlets have permission to display my child's photo with first and last name attached.

\_\_\_\_\_ External media outlets have permission to interview my child for newspaper or television.

By signing below, I verify that I understand the above release and that I have indicated my preferences. By leaving a box empty, I am indicating that I do not wish for permission to be granted. If my preferences change during the school year, I will contact the school.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Child's Grade

*Schools should keep the completed form on file at the school.*

# Apply Online!

## Free and Reduced Meal Application

Go to

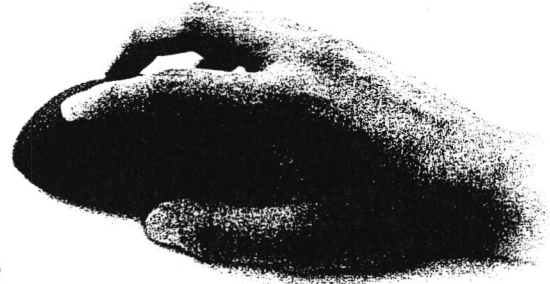
[alpineschools.org](http://alpineschools.org)

↳ Departments

↳ Nutrition Services

↳ Parents Zone

↳ Online Free & Reduced Application

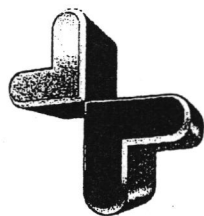


The advantage to applying online is that your application is processed within 24 hours. You will receive a letter within 3 to 5 days to let you know if you have been approved. You can also call Nutrition Services at 801-610-8037 or 801-610-8038 the following day to find out if you qualified.

Paper applications are available at all school offices.

These will take up to 10 days to process.

## Easy Online Meal Payments



**MyPaymentsPlus**<sup>TM</sup>  
K12 eManagement Solution

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

Prepay with your credit card, debit card or e-check

Available 24/7 for your convenience

Free - no service fees

Free - access to purchase history and account balance information

Simply log on to [www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com) and register to pay.