



WESTLAKE HIGH SCHOOL
NEW STUDENT REGISTRATION~BY APPOINTMENT ONLY

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. **Withdrawal 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 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 Record**--Student must be current on all immunizations before they will be allowed to register or select any classes. If immunizations are needed, please contact the Public Health Department. *** If your student has been out of the country for 6 months, he/she will also need to have a negative TB test results before registering. This must occur AFTER your student has entered the U.S.

10th - 12th Grade Students must have the following immunizations:

5-DTP/Dtap/DT/Td	1-Tdap or TD Booster	4-Polio	3-Hepatitis B (HBV)	2-Hepatitis A (HAV)
2-MMR	1-Meningococcal	1-Varicella (Chickenpox)		
--History of Disease is fine and a parent must sign the pink immunization card				
--If the student is 12 years old, 2 doses are required.				

6. **Proof of Residency**--Only one of the following will be accepted: Utility Bill (Gas, Electric or Water), Lease Agreement, or a Purchase Agreement. A notarized Living With Declaration of Residency form is required if you are living with a family member. This paperwork is available in the Counseling Office and must be completed before you can enroll.
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 the IEP.
8. **Internet Usage Form**--This must be completed and returned.

Westlake Counseling Office	801-610-8816	Fax - 801-768-1098	99 N 200 W Saratoga Springs, UT 84045
Alpine School District Office	801-610-8400		575 N 100 E American Fork, UT 84003
Bus Information	801-640-8852		Transportation Office
Student Services	801-610-8485		Alpine School District Offices
Public Health Department Immunization Clinic	801-851-7331		599 S 500 E American Fork, UT 84003

Alpine School District 2020-2021 Calendar

● First & Last day of school ■ Non School day □ Non School day/Teachers PD day ■ End of Term ▲ Minimal day

August 2020				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

September 2020				
M	T	W	TH	F
	1	2	3	4
	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

October 2020				
M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

November 2020				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

December 2020				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

Aug 13--PD Day
 Aug 14 & 17--Teacher Contract Day
 Aug 17--7/10 grade Day (optional)
 Aug 18--School Begins

Sep 7--Labor Day

Oct 14--1st Trimester Ends
 --Minimal Day
 Oct 15--16--Fall Break
 Oct 19--Professional Development

Nov 13--1st Trimester Ends
 --Minimal Day
 Nov 25--Teacher Comp Day
 Nov 26-27--Thanksgiving Break

Dec 18--2nd Term Ends
 --Minimal Day
 Dec 21--Jan 1 Christmas Break

January 2021				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

February 2021				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

March 2021				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

April 2021				
M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

May 2021				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Jan 4--School Resumes
 Jan 18--Martin Luther King Jr. Day

Feb 15--Presidents' Day

Mar 5--2nd Trimester Ends
 --Minimal Day
 Mar 9--HS ACT Test
 Mar 12--3rd Term Ends
 Mar 15--Professional Development

Apr 5--Teacher Comp. Day
 Apr 6-9--Spring Break

May 27--Last Day of School
 --Minimal Day
 --4th Term Ends
 --3rd Trimester Ends
 May 31--Memorial Day



NEW STUDENT REGISTRATION FORM

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

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

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

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

School Last Attended _____ Address _____

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

Enrollment date in first USA school _____ *If out of country, which country? _____

Father's Email _____ Mother's Email _____

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

Name of Parent or Legal Guardian _____

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

Circle One

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

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

Parent/Guardian Signature _____ Date _____

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

OFFICE USE ONLY					
Teacher _____	Track _____	Student # _____	Date Enrolled _____	Start Date _____	
Skyward - <input type="checkbox"/> NCLB <input type="checkbox"/> Schedule	<input type="checkbox"/> Home Room	<input type="checkbox"/> Advisor	<input type="checkbox"/> Class List	ESL Y or N	
Immunizations - <input type="checkbox"/> Complete <input type="checkbox"/> In Process	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Legal Docs		
Administrator Approval _____					

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

ETHNICITY: Is this student Hispanic/Latino?

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

No Not Hispanic/Latino

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

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

If checked, please indicate which Tribe or Band _____

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

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

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

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

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

ALPINE

SCHOOL DISTRICT
 FORMULARIO DE INSCRIPCION
 NUEVOS ESTUDIANTES

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

Nombre del estudiante _____
 (apellido) (Nombre) (Segundo Nombre) (Mejor conocido como)

Fecha de Nacimiento _____ Lugar de Nacimiento (Ciudad/Estado, País) _____

Hombre Mujer Grado _____ Ha asistido su estudiante a alguna escuela del distrito Alpine? Si No

¿Donde estaba ubicada la última escuela de su estudiante? _____ Dirección _____

El estudiante es transferido de una escuela : marque con círculo Dentro del distrito Fuera del Distrito Fuera del estado Fuera del País*

Fecha de inscripción en la primera escuela en Estados Unidos _____ * Si es fuera del país, ¿qué país? _____

Correo electrónico del padre _____ Correo electrónico de la madre _____

Dirección del estudiante _____
 (Ciudad) (Estado) (Zona Postal)

Nombre del padre o guardian legal _____

El estudiante vive con: (favor de escribir los nombres)	Fecha de nacimiento	Padres de crianza	Padrastra/ Madrastra	Marque con un círculo el # de teléfono principal		
				# de la casa	Teléfono celular	# del trabajo
Padre						
Madre						
Guardian legal						
Otro						
Nombre de los hermanos del estudiante de edad escolar:						
Escuelas donde están asistiendo o asistirán los hermanos:						

Marque con un círculo

- Si No ¿Ha vivido su estudiante en los Estados Unidos por los últimos tres años?
- Si No ¿Tiene usted custodia legal del estudiante que está inscribiendo?
- Si No ¿Es el estudiante que está inscribiendo hijo/a de crianza/bajo tutela de la corte?
- Si No ¿Tiene su estudiante un plan de Educación Individualizado (IEP) o está recibiendo servicios de educación especial?
- Si No ¿Están viviendo con amigos o parientes?
- Si No ¿Ha estado su estudiante suspendido o ha sido expulsado de la escuela alguna vez?
- Si No ¿Está recibiendo su estudiante servicios de ayuda con el idioma inglés en la escuela?
- Si No ¿Es el inglés el idioma principal que se habla en el hogar? Si no, ¿que idioma se habla? _____
- ¿Cual es el idioma natal de su estudiante? _____

Con esta firma yo doy fe que soy el padre con custodia o guardián legal del estudiante que arriba se menciona. Entiendo que falsificar este documento me hace sujeto a la ley.

Firma del padre o guardián legal _____ Fecha _____

Favor de llenar el reverso de esta hoja

OFFICE USE ONLY						
Teacher _____	Track _____	Student # _____	Date Enrolled _____	Start Date _____		
Skyward - <input type="checkbox"/> NCLB	<input type="checkbox"/> Schedule	<input type="checkbox"/> Home Room	<input type="checkbox"/> Advisor	<input type="checkbox"/> Class List	ESL Y or N	
Immunizations - <input type="checkbox"/> Complete	<input type="checkbox"/> In Process	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Legal Docs		
Administrator Approval _____						

La legislación federal ahora requiere un reporte más detallado sobre la etnicidad y la raza del estudiante. Como resultado, el Distrito Escolar Alpine le pide que nos ayude a cumplir con esta ley contestando las siguientes preguntas:

Etnicidad: ¿Es este estudiante Hispano/Latino?

Si Hispano/Latino (una persona de Cuba, México, Puerto Rico, Sudamérica o América Central u otras culturas españolas u origen, independientemente de la raza.)

No Not Hispano/Latino

RAZA ¿Cuál es la raza del estudiante? (Escoja una o más)

Indio americano o Nativo de Alaska (una persona de orígenes con la gente original de Norte, Sur o América Central y que mantiene afiliación con la tribu o lazos con esta comunidad)

Si marcó esta opción, indique que tribu _____

Asiático (una persona de orígenes con la gente original del Lejano oriente, Sudeste de Asia, o el subcontinente de India incluyendo; Cambodia, China, India, Japón, Korea, Malaysia, Pakistan, Las islas Filipinas, Tailandia y Vietnam)

Negro o Afroamericano (Una persona con orígenes de cualquier raza negra de Africa)

Nativo de Hawaii u otras Islas del Pacífico (una persona de orígenes con la gente original de Hawaii, Guam, Samoa, u otras islas del pacífico)

Blanco (una persona de orígenes con la gente original de Europa, del Medio Oriente, o el Norte de Africa)

Yo entiendo que al distrito le requieren esta información de todos los estudiantes, pero yo me niego a declarar la raza de mi estudiante. Entiendo que el personal del distrito hará lo mejor que puedan para determinar la raza de mi estudiante y reportarán esa determinación.



Westlake-High School

Principal: Gary Twitchell Registrar: Ximena Johnson
Assistan Principals: Jenn Bitton * Jared Huff * Tammy Stuart
* Brandon Jackson, TAA * Debbie Wilkins, TSA

Date: _____

Previous School Name: _____

Previous School Address: _____

Previous School Phone: _____ FAX Number: _____

**Please Fax a Copy of an Unofficial Transcript to (801) 768-1098
Or Email them to xjohnson@alpinedistrict.org**

This certifies that the student(s) named below have enrolled at Westlake High School. Please mail the following cumulative academic records for the student(s) listed through the date of withdrawal at the address below.

- Official Signed Transcript
- Medical and Immunization Records
- Standard Test Scores
- Withdrawal Date and Grades
- Special Education Records -(IEP, 504, etc.)- Y / N
- Discipline Records

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Westlake High School

Attn: Ximena Johnson
99 North 200 West
Saratoga Springs, UT 84045

The Federal Law 9931 allows fo-reducationalrecords 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.

Parent Signature

1st _____

2nd _____

Counseling Office

3rd _____

ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS FORM

Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.

Select the statement below which best describes your relationship to the student whom you wish to register in Alpine School District. A separate form must be completed for each child you are registering.

Student's Legal Name: _____

1. _____ The above named child lives with both parents (legally married) and I am the parent (birth or adopted) of this child.
2. _____ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody by a court.*
3. _____ I am the birth parent of this child but was never married to the mother/father.
4. _____ I am not the parent (birth or adopted) of this child. I am a relative or friend. (Please choose one of the following)
 - a. _____ I have been awarded legal guardianship of this child through the court. **
 - b. _____ I have not been awarded legal guardianship of this child through the court.
5. _____ I am a foster parent or proctor parent.
6. _____ None of the above statements describe my relationship to this child. (Please describe your relationship to this child)

Your Name: _____
(Please print)

Your Signature: _____ Date _____

(By signing this document, I attest that the above information is true and correct. I acknowledge that any falsification of information makes me subject to penalty of law).

* To assist us in complying with court orders, you **must** provide us with a copy of the most recent **legal court documents before the student can enroll.**

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

ALPINE SCHOOL DISTRICT – GUARDIANSHIP STATUS
DISTRITO ESCOLAR DE ALPINE – TUTELA LEGAL

De acuerdo con la ley del estado de Utah, Sección 53A-2-202, un niño tiene derecho de asistir a la escuela si sus padres / tutor legal viven dentro de los límites de la escuela.

Favor de leer las instrucciones con cuidado para escoger la declaración que describe su parentesco con el estudiante matriculándose. Un formulario individual se requiere para cada niño.

Nombre del estudiante: _____ (nombre en el certificado de nacimiento)

1. _____ El niño vive con ambos padres, casados, y soy la madre/el padre de nacimiento (biológico/adoptivo).
2. _____ Soy la madre/el padre de nacimiento (biológico/adoptivo) de este niño pero no estoy casada(o) en la actualidad con la madre/el padre. Tengo los derechos de custodia física por orden judicial.*
3. _____ Soy la madre/el padre de nacimiento pero nunca fuimos casados.
4. _____ No soy madre/padre de nacimiento, soy familiar/amigo. (Favor de escoger la declaración que le pertenece).
 - a. _____ Tengo tutela legal por orden judicial. **
 - b. _____ No tengo tutela legal por orden judicial.
5. _____ Soy la madre/el padre de acogida/padre supervisando.
6. _____ Nada de lo dicho corresponde al parentesco con este estudiante. Favor de describir:

Su nombre: _____
(favor de imprimir)

Su firma: _____ Fecha: _____

(En firmando este documento, declara usted que la información es cierta y correcta. Falsificando la información le sujeta a penalización legal.)

* Para cumplir con la orden judicial, favor de proveer una copia de la Sentencia de Divorcio/ los papeles legales más reciente antes que su estudiante se pueda matricular.

** Confirmación de la orden judicial o confirmación de la colocación por el Departamento de Servicios para Niños y Familias se tiene que proveer antes de matricular.

ALPINE SCHOOL DISTRICT
STUDENT HEALTH INFORMATION

Student's Name _____ Birth Date _____ Sex _____
Address _____ City _____ Grade _____
Home Phone _____ Cell Phone _____ Other Phone _____
Parent/Guardian: _____
Parent/Guardian email: _____
Student lives with: _____ both parents _____ Mother _____ Father _____ Other

MEDICAL HISTORY

Family Doctor _____ Phone _____
Current Medical Diagnosis (if any) _____

YES	NO	HAS YOUR CHILD EVER HAD (if yes, please describe)
_____	_____	Any Serious Allergies (Please specify to what and how serious)? _____
_____	_____	Asthma or Breathing Problems (how serious)? _____
_____	_____	Orthopedic or Bone Problems? _____
_____	_____	Heart Disease or Murmur? _____
_____	_____	Kidney Disease? _____
_____	_____	Seizures (type and frequency)? _____
_____	_____	Diabetes (Insulin dependant? On an insulin pump?) _____
_____	_____	Serious or Chronic Disease (i.e. Leukemia, transplant)? _____
_____	_____	Has your child had the Chickenpox disease? _____
_____	_____	Serious Accident/Injury? _____
_____	_____	Vison Exam? Date _____ By Whom _____ Results _____
_____	_____	Other Health Concerns? _____

MEDICATION

Is student on special medication that may need to be administered during school?
Yes*** (See below) _____ No _____ If yes, what type(s) and reason: _____

***If Yes, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, epinephrine injectors, and insulin). You can obtain the form from the office.

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

With parent permission 7-12 grade students may now carry and administer one dose of easily identified non-prescription, over-the-counter medication.

Signature of Parent/Guardian Date

PLEASE NOTE: The information requested is considered to be essential for planning a program each year which will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.

Distrito Escolar de Alpine
Información de los Estudiantes de Salud

Nombre del estudiante _____ Lugar de nacimiento _____ Sexo _____
Dirección _____ Ciudad _____ Grado _____
Número de teléfono _____ Teléfono de celular _____
Padres/guardians: _____
El estudiante vive con: _____ Ambos Padres _____ Madre _____ Padre _____ Otro _____

Historia Clínica

Médico de Familia _____ Teléfono _____
Diagnóstico médico actual (en su caso) _____

Sí	No	¿Ha tenido su hijo? (en caso sí, describa)
_____	_____	¿Cualquier alergia? (Por favor, diga qué y cómo graves) _____
_____	_____	¿Asma o problemas respiratorios? _____
_____	_____	¿Problemas ortopédicos o de hueso? _____
_____	_____	¿Las enfermedades del corazón o un soplo? _____
_____	_____	¿Enfermedad renal? _____
_____	_____	¿Convulsiones? (tipo y frecuencia) _____
_____	_____	¿Diabetes? (dependiente de la insulina o una bomba de insulina) _____
_____	_____	¿Enfermedades crónicas graves? (como leucemia, trasplante) _____
_____	_____	¿Su niño ha tenido la varicela? _____
_____	_____	¿Accidente o lesión grave? _____
_____	_____	¿Examen de la vista? Fecha _____ Por los cuales _____ los resultados _____
_____	_____	¿Otros problemas de salud? _____

Medicación

¿Está el estudiante en la medicación especial que puede ser necesario dar en la escuela?
Sí _____ No _____ ¿En caso afirmativo, qué tipo y la razón? _____

En caso afirmativo, un medicamento estudiante formulario de autorización deberá ser completado por el padre y el médico y regresó a la escuela antes de que cualquier medicamento se puede administrar. Esto incluye todos los medicamentos de venta libre y recetados (incluyendo los inhaladores, Epipens, y la insulina). Puede obtener el formulario en la oficina.

Es una violación de la droga del distrito de política gratuito para los estudiantes para llevar a cualquier medicamento. La única excepción a esto es inhaladores, Epipens, y la insulina con el médico adecuado y la autorización firmada de los padres.

Firma de Padres o Guardián

Fecha

Atención: La información solicitada se considera esencial para la planificación de un programa cada año, que satisfaga las necesidades de su hijo. Esta información se mantendrá confidencial y sólo las personas que trabajan directamente con su hijo (ieteachers, administradores, enfermeras) tendrán acceso a esta información.



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student 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 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox)* <small>1st dose must be received on or after the 1st birthday.</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					
Meningococcal					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- 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: _____

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

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Rev. 12/2014
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. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

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 Utah Immunization Guidebook for required spacing of doses):

- 5 doses of DTaP/DTP/DT/Tdap – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
- 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
- 1 dose of Meningococcal – required for students prior to 7th grade entry.

b. Children enrolled in Early Childhood Programs must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

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: The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions, Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms 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.

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.

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

Student Directory Information and Media Release

Student Name: _____ Student ID: _____

Alpine School District strongly believes in protecting student data and student data privacy. Additionally, it recognizes students in various venues and desires to appropriately promote the positive accomplishments of students. This document discloses the fashions in which data may be shared. This gives you a way to control how your student's data are made available in local publications and the general media.

District or School Level Applications and Services

To protect student privacy Alpine School District enters into a legally binding privacy agreement with providers receiving student information for the purposes of delivering educational or operational services. In order to operate and provide services, essential systems receive student data regardless of the permissions below. A list of these essential district applications can be viewed [here](#).

Directory Information Release

Under the Family Educational Rights and Privacy Act (FERPA), Alpine School District defines Directory Information that can be disclosed or published without parental consent for each instance of sharing. Directory Information facilitates school publications and operational activities such as yearbooks, graduation or other programs, honor roll lists, class photos, etc. Parents can opt out of allowing the school or district to share Directory Information. Alpine School District defines Directory Information to include the following:

- Student First Name
- Student Last Name
- District Student Email
- Student Grade Level
- Past and Present School(s) Attended
- Student Degree, Honors, Awards, Activities, Sports
- Student Photo

Declining the Directory Information provision restricts Alpine School District from disclosing any or all of the types of information designated above as Directory Information from your child's education records.

- I Agree (I understand that the above Information may be provided to outside entities for the purpose described above.)
- I Decline (I understand my student's information will not be included in publications such as graduation programs, extracurricular programs, honor rolls, or with providers such as photographers, ring manufacturers, etc.) This opt out needs to be done within five days of the beginning of the school year or at the date of enrollment. Checking this box after that timeframe does not guarantee the restriction of Directory Information during that school year.

School and District Web/ Social Media Release

External media (newspaper, TV, radio, etc.) sometimes request student information. Schools also use social media and the internet to publish student accomplishments and highlight student achievement. As such, Alpine School District requires parental/guardian permission in order for this information to be released or shared. Media release information includes the Directory Information and the following additional information:

- Student work or projects
 - Student comments
 - Video of students
- I Agree (The school or district may publish- in electronic format- my child's projects, photo/video, comments and name. I understand that this information will be available on the Internet.)
- I Decline (The school or district may not publish my child's projects, photo/video, comments or name to the media or the internet.)

This form will be kept in Skyward and may be viewed in the student's profile. Please note that this does not replace the district's Acceptable Use Policy or imply permission to use the internet.

Parent/Guardian Signature

Date

Alpine School District

Student Computer & Internet Use Permission Slip

Student Name:

Student Id #:

Recognizing the fundamental role technology plays in the 21st Century, Alpine School District supports and encourages the appropriate and responsible use of technology in student learning. Alpine School District will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

Acceptable Use Policy

The current policy, including rules and regulation, is found in the Internet/Wide Area Network Acceptable Use Policy or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

Parental Permissions

By accepting this agreement below:

- I grant permission for my child to use district and school computers and devices and the Alpine School District wide area network/Internet in ALL the following ways:
 - Internet services
 - Online educational applications
 - Student productivity tools including email, cloud storage, and productivity applications
 - Other software and services

- I recognize that the purpose of a student email is for communication for educational purposes, and for use in account creation for educational applications. Accordingly, I grant consent to my student's teachers in Alpine School District to disclose the following subset of Directory Information to software application providers, under the terms of the provider's privacy agreement:
 - Student first name
 - Student last name
 - Student district generated email

Applications used by the teachers which contain the above student information will be communicated to parents through teacher disclosure statements or other methods.

I accept these conditions. I have read and accept the conditions above for computer use, application use, and student data disclosure.

I decline these conditions. I understand that my student will not be able to use district computer or devices, applications, and district internet services.

Parent/Guardian Signature

Date:

Alpine School District
High School Fee Schedule
School Year 2020-2021

(Fees Not to Exceed Printed Amounts)

Fees For All Students

Activity Fee	\$30
Instructional Materials	\$35
Library Fee	\$2
Locker Fee	\$2
Technology Fee	\$45

Curricular Fees

Art (per course)	\$35
AP Art (per semester)	\$25
Drama (per course)	\$60
Drama Tech (per course)	\$10
Extended Year (per class)	\$25
General P.E. (per semester)	\$10
Lifetime Activity P.E. (per course)	\$45
Science (non-CTE courses)	\$15

CTE Curricular Fees

Culinary Arts 1, 2 & 3	\$20
Floriculture	\$15
Food & Nutrition 1 & 2	\$10
Woods 1, 2 & 3	\$15

Co-Curricular Fees

Camps (per camp)	\$500
Club Dues (per club)	\$50
Field Trips (per trip)	\$200
*Overnight Trips/Competitions (per trip)	\$3,000
Performing Arts Participation	\$100
Uniforms/Apparel/Gear/Supplies	\$500

CTE Co-Curricular Fees

CTSO Club Dues (per club)	\$50
CTSO Trips (per trip)	\$500
CTSO Trips-Nationals (per trip)	\$2,000
E-Sports Team Season	\$150
Fall Leadership	\$150
Region Competition	\$25

Extracurricular Activities

Camps (per camp)	\$500
Club Dues (per club)	\$50
Feeder Programs	\$100
Field Trips (per trip)	\$200
*Overnight Trips/Competitions (per trip)	\$3,000
Participation Fee	\$100
Uniforms/Warm-Ups/Apparel/Gear/Supplies (per activity)	\$2,000

Miscellaneous Fees

Attendance School	\$5
bSTRONG (Truancy School)	\$20
Camps (per camp)	\$500
Club Dues (per club)	\$50
Dances & Other Events (per ticket or event)	\$100
Field Trips (per trip)	\$200
Graphing Calculator Rental	\$20
Musical Instrument Rental	\$90
*Overnight Trips/Competitions (per trip)	\$3,000
Parking Boot	up to \$75
Parking Citation	up to \$25
Parking Sticker	\$20
PE Uniforms	\$20
Schedule Change	\$5
3rd Millennial Substance Abuse Online Prog - Step 1	\$7
3rd Millennial Substance Abuse Online Prog - Step 2	\$35

East Shore High School Online Fees

Digital Curriculum Unit (1/8 credit)	\$5
Online Driver's Education	\$45
Out-of-District Proctoring - Additional	\$100
Yearly Registration (access for 365 days)	\$100
30-Day Renewal	\$5

Driver's Education

Driver's Ed Course (online, before/after school, summer)	\$45
Driver's Ed Course & Road/Range (during school day)	\$105
Range/Road (online, before/after school, summer)	\$105

Polaris High School

Flat Fee	\$150
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Notes:

1) Annual maximum aggregate fee per student: \$7,500 (up to three (3) activities and one (1) out-of-state trip). Maximum fee per activity per student: \$5,000.

2) In addition to the fees listed on this fee schedule, the Board authorizes fines for failing to return school property; losing, wasting or damaging private or school property through intentional, careless, or irresponsible behavior; or improper use of school property, including a parking violation.

3) *Per the District's Procedures for Advisors and Coaches of Extracurricular (PACE), overnight trips shall not exceed \$1,400 per student unless approved by the principal and secondary supervisor. The \$3,000 maximum for overnight trips/competitions applies to international travel.

Apply Online!

Free and Reduced School Meals Application

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

The advantage to applying online is that your application is processed within 12 hours. You will receive a letter within 3 to 5 days to let you know if you have been approved.

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



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



Check out our digital school lunch menus!

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

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

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

NUTRITION SERVICES

MEAL CHARGE POLICY 2017-18

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

In order to provide students and parents in the Alpine School District with the best possible service and accountability for school meals, the following procedures are in place regarding meal charges. Please note - meal charging is a courtesy and should not be a regular practice.

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

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

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

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

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

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

Thank you for supporting school meals!

¡Aplica Online!

Aplicación de comida gratuita y reducida
alpineschools.org/nutrition/ haga clic en el cuadro naranja para aplicaciones
gratuitas y reducidas

La ventaja de aplicar en línea es que su solicitud se procesa dentro de las 12 horas.
Recibirá una carta dentro de 3 a 5 días para informarle si ha sido **aprobado**.

*Las aplicaciones de papel están disponibles en todas las oficinas de la escuela.
Estos tardarán hasta 10 días en procesarse.*



Puede hacer pagos en línea a la cuenta de comida de su estudiante de forma rápida y segura usando nuestro servicio gratuito. Simplemente ingrese a www.mypaymentsplus.com y regístrese. Además de realizar pagos, puede ver los saldos de su cuenta de estudiante, el historial, configurar pagos automáticos y alertas de saldo de cuenta.



¡Echa un vistazo a nuestros menús de almuerzo escolar digital!

Usando nuestro sitio web, puede ver más información sobre lo que está en el menú de la escuela para el desayuno y el almuerzo cada día. Podrá ver una imagen y descripción de cada alimento, así como información sobre nutrientes y alérgenos. Esta información también está disponible en nuestra aplicación móvil para que puedas obtener información cuando la necesites, donde la necesites.

¡Visite nuestro sitio web en alpineschools.nutrislice.com para obtener más información!

POLITICA DE PAGO DE COMIDAS DEL SERVICIO DE NUTRICION 2017-18

El Servicio de Nutrición se compromete a proporcionar comidas a todos los estudiantes, sin embargo, hay una responsabilidad por parte de los padres y estudiantes para asegurar que hay fondos en las cuentas de comida, antes del servicio de comida.

Con el fin de proveer a los estudiantes y padres en el Distrito Escolar Alpine con el mejor servicio posible y la responsabilidad por las comidas escolares, los siguientes procedimientos están en vigor con respecto a los gastos de comidas. Tenga en cuenta – el pago de la comida es una cortesía y no debe ser una práctica regular.

- Todos los estudiantes recibirán **una comida escolar regular hasta que su cuenta llegue a \$15.00 negativos**.
- Los artículos de comida de cortesía se proporcionarán cuando se haya alcanzado un valor negativo de \$15.00.
 - * Para el desayuno - el estudiante recibirá una taza de fruta y un cartón de 1% de leche
 - * Para el almuerzo - el estudiante recibirá un emparedado de queso y un cartón de 1% de leche
- Los alimentos complementarios continuarán siendo proporcionados hasta que se haya hecho un pago para que el saldo se encuentre bajo los \$15.00 negativos.
- La Oficina de Servicios de Nutrición enviará una carta de advertencia de cobro a los padres de estudiantes que han alcanzado \$15.00 negativo, como un recordatorio adicional de que se debe un pago, antes de ser enviados a la compañía de cobros.

Procedimientos de Estudiantes de Primaria - cómo se notificara a los padres y estudiantes los fondos bajos en las cuentas de comidas:

- El equipo de cocina de Servicios de Nutrición **informará a los estudiantes** cuando reciban su comida, que ya no tienen fondos en su cuenta (desafortunadamente, nuestro sistema de comidas elementales no da una advertencia hasta que ya no tienen fondos en su cuenta).
- Las cartas de aviso de pago serán impresas semanalmente por el equipo de cocina para todos los estudiantes que deben \$1.00 o más y serán distribuidas a las cajas del maestro para que se las den a los estudiantes y que las lleven a casa para los padres.
- Una llamada telefónica de cortesía del equipo de cocina será colocada cuando un estudiante debe \$5.00 o más.
- Las cartas de notificación de cargos continuarán siendo distribuidas semanalmente a las cajas de los maestros para dar a los estudiantes, hasta que un pago sea hecho.
- Una vez que el estudiante alcance el límite \$15.00, la **Oficina de Servicios de Nutrición** enviará los avisos del cargo a los clientes solicitando un pago; si no se recibe un pago, el saldo negativo se enviará a la Agencia de Cobros.

Procedimientos del Estudiante Secundario - cómo se notifican a los padres y estudiantes los fondos bajos en las cuentas de comidas:

- El equipo de cocina de Servicios de Nutrición informará a los estudiantes cuando reciban su comida, que sus fondos están bajando (\$5.00 o menos) y continuará informando al estudiante si los cargos se acumulan.
- Una llamada telefónica de cortesía del equipo de cocina será hecha cuando un estudiante debe \$5.00 o más.
- Las cartas de aviso de pago serán impresas semanalmente por el equipo de cocina para todos los estudiantes que deben \$10.00 o más y serán enviadas por correo a la casa del estudiante.
- Una vez que el estudiante alcance el límite de \$15.00, la Oficina de Servicios de Nutrición enviará los avisos de pago a los clientes solicitando un pago; si no se recibe un pago, el saldo negativo se enviará a la Agencia de Cobros.

Hacemos todo lo posible para solicitar el pago antes de que un cliente sea referido a la compañía de cobros. Agradecemos las respuestas rápidas a las solicitudes de pago. MyPaymentsPlus.com es un servicio gratuito y es una forma rápida y eficiente de hacer pagos a las cuentas de comida de los estudiantes y de revisar los saldos de los estudiantes.

¡Gracias por apoyar las comidas escolares!

Westlake New Student Area of Interest

Westlake would like to get to know you and your areas of interest.
Please take a minute to fill out the survey.

Name _____

Grade (circle one): 10th 11th 12th

What city do you live in? _____

Do you ride the bus (circle one)? Yes No

What school are you coming from? _____

What clubs/ extracurricular activities have you been involved in the past?

What areas would you be interested in (circle all that apply)

- | | |
|---------------------------|-------------------------|
| Animals | Gaming/Computers |
| Art | Hunting/Fishing/Archery |
| Athletics | HOSA (health sciences) |
| Agriculture (FFA) | Leadership |
| Ballroom | Mathematics |
| Business/DECA | Music |
| Carpentry/Welding | Outdoors |
| Culinary | Service |
| Choir | Science |
| Dance | Video Productions |
| Diversity | World Languages |
| Drama | Yearbook/Journalism |
| Debate/Political Science | Other: |
| FCCLA (consumer sciences) | |

Tell us something unique about you?

Is there anything you would like the counselors at Westlake to be aware of?

What are your career goals?

Westlake High School Emergency Procedure Summary

Evacuation of the Building Due to an Emergency

Students and staff will be led outside to evacuation points away from the school building.

If students are not allowed to enter the building for an extended period of time or if students are required to move to a safer location, the school will notify parents/guardians where students will be released.

The following will occur in the event that students are released:

- All students will remain in the custodial care of the school district staff until they can be released to a parent or to an individual designated by the parent (see Skyward). If any questions, please consult the main office.
- The members of the Student/Employee Accounting and Release Team will establish a Student Release Station in the Incident Command Center location.
- If an alternative to this site is needed, the Incident Command Center will determine the location.
- Signs will be posted to indicate alternate pick-up sites, if the students have been evacuated to another location.
- The team will keep written records of students released to parents or other authorized persons. All parents or designated parties who come for students must sign them out through the Student Release Station. The team will periodically update the Incident Command Center regarding the number of students remaining in the care of school staff.

For students who are off-campus during an emergency, social media platforms will be used to notify these students to not return or come to the school. This communication will be done through means such as Facebook and Twitter.

Lock Down Procedures Due to a Threat

- The school's main office will initiate the lockdown via the intercom and the emergency app to all teachers and staff.
- Each teacher or staff is assigned to lock down their area and quickly pull in any students remaining in the hallways. No one is allowed in or out of the building, except for emergency personnel.
- When the threat has been analyzed by emergency responders and the school incident command, students will be released by room. Emergency personnel and school administration will clear and evacuate each area systematically. They will announce who they are and open the locked door to evacuate to the designated area.
- If the pathway to the designated areas are compromised, students and staff will be evacuated to an off-site location away from the threat. The above evacuation procedure would then apply.

Lock Out (Shelter In Place): All exterior doors are locked. Students come in and stay in the building. Business as usual in classrooms. Teachers take Roll.

Shelter (Earthquake): Take cover and hold on. Teacher take roll when it is safe.