



Home of the THUNDER  
**WESTLAKE**  
 HIGH SCHOOL

Date Received: ____ / ____ / ____
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## 2021-2022 NEW STUDENT REGISTRATION

### THE FOLLOWING IS REQUIRED TO ENROLL YOUR STUDENT:

- Student must be officially withdrawn from previous school. Bring transcript/grades if possible.
- Complete New Student Registration Packet signed by Custodial parent/Guardian
  - Alpine School District New Student Registration Form (2 pages)
  - Guardianship Status 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.
  - Request for Student Records complete with previous school fax number
  - Computer & Internet Use Permission Slip
    - Grants permission for your student to use district and school computers/devices.
  - Student Health Form
  - Student Directory Information & Media Release Form
    - Grants/denies permission to promote student accomplishments in publications, etc.
  - Westlake New Student Area of Interest Questionnaire
- Birth Certificate—Original birth certificate to be copied is required. We can no longer accept the wallet size birth certificates.
- Immunization Record—Student must be current on all immunizations before they will be allowed to register or select any classes. A copy of immunization verification from your doctor’s office, then transferred on to pink card is required. If immunizations are needed, please contact the Public Health Department. 801-851-7331
 

<b>MUST HAVE</b> →	<ul style="list-style-type: none"> <li>✓ 5-Dtap/DTP/DT/Td</li> <li>✓ 1-Tdap (TD Booster)</li> <li>✓ 2-Hepatitis A</li> <li>✓ 2 Varicella (Chickenpox) or history of the disease. If the student is 12 years old, two (2) doses are required.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 3-Hepatitis B</li> <li>✓ 1 Meningococcal</li> <li>✓ 4 Polio</li> <li>✓ 2-MMR</li> </ul> <p><small>**Negative TB test results for students entering the U.S. for the first time or have lived abroad for 6 months in the last 5 years**</small></p>
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- Proof of Residency—Only one of the following will be accepted: Utility bill (gas, electric or water), a rental agreement or purchase agreement. A completed and notarized *Living with Declaration of Residency* form is required if you are living with a family member.
- 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 or 504 plan.

For questions/concerns, or to contact the school or district office please call:

Westlake High School  
 Attn: Monique Lewis—Registrar  
[moniquelewis@alpinedistrict.org](mailto:moniquelewis@alpinedistrict.org)  
 99 North Thunder Boulevard  
 Saratoga Springs, UT 84045  
 Counseling Office: 801-610-8816/Fax: 801-768-1098

Alpine School District  
 575 North 100 East  
 American Fork, UT 84003  
 Main Office: 801-610-8400  
 Student Services: 801-610-8485  
 Transportation Office: 801-610-8852

# Alpine School District

## High School Fee Schedule

School Year 2021-2022

*Fees Not to Exceed Printed Maximums - Actual Amount Charged May Be Less*

### Fees For All Students

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

### Extracurricular Activities

Camps (per camp)	\$500
Field Trips (per trip)	\$200
*Overnight Trips & Competitions (per trip) (See Note 3)	\$3,000
Participation Fee	\$200
Uniforms, Apparel, Supplies & Equipment (per activity)	\$1,900

### Curricular Fees

Art (per course)	\$35
AP Art (per semester)	\$25
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

Baking & Pastry	\$10
Culinary Arts 1, 2 & 3	\$20
Floriculture	\$15
Food & Nutrition 1 & 2	\$10
Prostart 1 & 2	\$20
Welding 1 & 2	\$15
Woods 1, 2 & 3	\$25

### Co-Curricular Fees

Camps (per camp)	\$500
Drama (per course)	\$60
Drama Tech (per course)	\$10
Field Trips (per trip)	\$200
*Overnight Trips & Competitions (per trip) (See Note 3)	\$3,000
Performing Arts Participation	\$100
Uniforms, Apparel, Supplies & Equipment (per activity)	\$500

### Curricular Clubs

Club Dues (per club)	\$50
*Overnight Trips & Competitions (per trip) (See Note 3)	\$3,000
Uniforms, Apparel, Supplies & Equipment (per activity)	\$500
CTE - Fall Leadership	\$150
CTE - Region Competition	\$25
CTE - CTSO Club Dues (per club)	\$50
CTE - CTSO Trips (per trip)	\$500
CTE - CTSO Trips-Nationals (per trip)	\$2,000
CTE - iTeam/eSports Team Season	\$150

### Miscellaneous Fees

ACT Prep (per subject) / PSAT Test	\$50
Attendance School	\$5
bSTRONG (Truancy School)	\$20
Camps (per camp)	\$500
Dances & Other Events (per ticket or event)	\$100
Field Trips (per trip)	\$200
Feeder Program Participation (per program)	\$100
Graduation Cap & Gown Package	\$75
Graphing Calculator Rental	\$20
Miscellaneous Rentals (per rental)	\$70
Musical Instrument Rental (per instrument)	\$90
*Overnight Trips & Competitions (per trip) (See Note 3)	\$3,000
Parking Sticker	\$20
PE Uniforms	\$20
Schedule Change	\$5
3rd Millennial Substance Abuse Program - Step 1	\$7
3rd Millennial Substance Abuse Program - Step 2	\$35

### East Shore High School Online Fees

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

### 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 (before/after school, summer)	\$105

### Polaris High School

Flat Fee	\$150
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### Non-Waivable Charges

Parking Boot	up to \$75
Parking Citation	up to \$25
Fines - Refer to Note 2	

### 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 public property through intentional, careless, or irresponsible behavior; or improper use of school property, including parking violations.

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.

# Alpine School District 2021-2022 Calendar

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

August 2021				
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	31			

Aug 12—PD Day  
 Aug 13 & 16—Contract Days  
 Aug 16—7/10 Grade Day (optional)  
 Aug 17—School Begins

September 2021				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

Sep 6—Labor Day

October 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

Oct 13—1st Term Ends  
 —Minimal Day  
 Oct 14-15—Fall Break  
 Oct 18—Teacher Prof. Development

November 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			

Nov 12—1st Trimester Ends  
 —Minimal Day  
 Nov 24—Teacher Comp Day  
 Nov 25-26—Thanksgiving Break

December 2021				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

Dec 17—2nd Term Ends  
 —Minimal Day  
 Dec 20-31—Christmas Break

January 2022				
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 3—School Resumes  
 Jan 17—Martin Luther King Jr. Day

February 2022				
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				

Feb 21—Washington/Lincoln Day  
 Feb 25—2nd Trimester Ends  
 —Minimal Day

March 2022				
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	

Mar 8—HS ACT Test  
 Mar 11—3rd Term Ends  
 —Minimal Day  
 Mar 14—Teacher Prof. Development

April 2022				
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

Apr 4—Teacher Comp. Day  
 Apr 5-8—Spring Break

May 2022				
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	31			

May 26—Last Day of School  
 —Minimal Day  
 —4th Term Ends  
 —3rd Trimester Ends  
 May 30—Memorial Day





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

# NEW STUDENT REGISTRATION FORM

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

Date of Birth \_\_\_\_\_ Birthplace (City/State or Country) \_\_\_\_\_

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

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

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

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

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Student's Home Address \_\_\_\_\_  
(City) (State) (Zip)

Name of Parent or Legal Guardian \_\_\_\_\_

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

**Circle One**

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

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

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

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

OFFICE USE ONLY

Teacher \_\_\_\_\_ Track \_\_\_\_\_ Student # \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Start Date \_\_\_\_\_  
 Skyward -  NCLB  Schedule  Home Room  Advisor  Class List ESL Y or N  
 Immunizations -  Complete  In Process  Birth Certificate  Proof of Residency  Legal Docs

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

ETHNICITY: Is this student Hispanic/Latino?

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

No  Not Hispanic/Latino

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

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

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

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

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

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

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

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

**ALPINE SCHOOL DISTRICT  
GUARDIANSHIP STATUS FORM**

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

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

Student's Legal Name: \_\_\_\_\_

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

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

Your Name: \_\_\_\_\_  
(please print)

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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

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



# WESTLAKE HIGH SCHOOL

## REQUEST FOR STUDENT RECORDS

Previous School Attended: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

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

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

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

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

### Please fax or mail official transcripts to:

Westlake High School / Counseling Office

Attn: Monique Lewis, Registrar

99 North 200 West

Saratoga Springs, Utah 84045

Fax: 801-768-1098

Office: 801-610-8816

moniquelewis@alpinedistrict.org

Date 1<sup>st</sup> Request Sent: \_\_\_\_\_ Date 2<sup>nd</sup> Request Sent: \_\_\_\_\_ Date 3<sup>rd</sup> Request Sent: \_\_\_\_\_

Federal Law 99.31 – No parent signature required for educational records sent to another educational agency.

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Gary Twitchell, Principal

Tammy Stuart, Assistant Principal Jen Bitton, Assistant Principal Jared Huff, Assistant Principal  
Brandon Jackson, TAA Debbie Wilkins, TAA/PLC Chelsea Budge, TAA

**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 Parent \_\_\_\_\_ 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 dependent or on an insulin pump?) _____
_____	_____	Serious or chronic disease? (i.e. Leukemia, transplant) _____
_____	_____	Has your child had the Chickenpox disease? _____
_____	_____	Serious accident/injury? _____
_____	_____	Vision exam? Date _____ By Whom _____ Results _____
_____	_____	Other health concerns? _____

**MEDICATION**

Is student on special medication that may need to be administered during school? Yes \_\_\_\_\_ 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-12 STUDENTS TO CARRY ANY MEDICATION—with the exception of inhalers, epinephrine injectors and insulin—with proper signed prescriber and parent authorization.**

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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



# Alpine School District

## Student Computer & Internet Use Permission Slip

Student Name:

Student Id #:

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.

### **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:

# UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

## Student Information

**Student Name** \_\_\_\_\_ **Gender**  Male  Female **Date of Birth** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**USIIS ID** \_\_\_\_\_ **PIN** \_\_\_\_\_ **Student ID Number** \_\_\_\_\_

## Vaccine Information

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

**Immunization record received for this student is from:**  A statewide registry  
 Student's former school  
 Legally responsible individual of the student

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

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## Instructions on how to complete the Utah School Immunization Record

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

### Instructions for Participating USIIS Users

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

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

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

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

### Instructions for Non-Participating USIIS Users

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

For further information, visit the Utah Immunization website at [immunize.utah.gov](http://immunize.utah.gov) or 801-538-9450.

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 highlights 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



Westlake High School  
**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:                      10<sup>th</sup>                      11<sup>th</sup>                      12<sup>th</sup>

What city do you live in? \_\_\_\_\_

Do you ride the bus?                      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? Check all that apply.**

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

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?

\_\_\_\_\_