AMERICAN FORK JUNIOR HIGH SCHOOL

NEW STUDENT REGISTRATION

Welcome To American Fork Junior High School!

We are excited that you will be a new student and "Caveman" at our school!
We are here to help you succeed and be comfortable in this new school setting.

To make your registration go as smoothly as possible, please have the following items ready when you come in to register. These items are **required** by Utah State Law and Alpine School District Policy **before** you can officially register.

1. Official Birth Certificate (We are not able to accept a pocket sized birth certificate)

2. Immunization Records We need proof of the following:
   - Chicken Pox immunization or have had the disease in the past.
   - Tdap for incoming 7th & 8th grade, but Td or Tdap for 9th grade within last 5 years.
   - Meningoccal for incoming 7th grade students.
   - Hepatitis A immunization required for all 7th through 9th grade student to enter school.

3. Proof Of Residence (purchase agreement, rental or lease agreement, driver's license, etc.) If you are living with relatives or friends, an additional district form will need to be filled out and notarized.

4. Custody Documentation If you are divorced OR have been granted guardianship. This is to comply with state law and to assure the safety of students.
   - If you are divorced, a copy of the divorce decree showing the physical custodial parent **must** be provided **before the student can enroll.** This **must** be notarized by the court.
   - If you have been granted guardianship, we must have notarized documentation from the court.

5. Name and address of the school last attended/Check out form

6. School Forms filled out & Finished (New Student Registration Form, Guardianship Form, Health Information Form, and Internet Use Form)

If you have an IEP or have any Special Education needs,
please let our registrar know.
We are happy to assist you in any way we can!

Monica Cetraro (Registrar)
Email: mcetraro@alpinedistrict.org

New Student Check List

Student Name_____ Grade_____

Does the student qualify for special needs? Yes_____ No_____

IEP ESL Special Ed 504 Native American Indian Eligibility

Home Language Survey (if applicable)

Does the student have health concerns? Yes_____ No _____

Start Date: _____

Parent Check List:

_____New Student Registration Form

_____Birth Certificate (Must Be Official Certified Copy – Birth Card Not Accepted)

_____Proof of Address

_____Guardianship Status/Custody Documentation

_____Internet Use Form

_____Media Release Form

_____Emergency & Release Information

_____Student Health Information

_____Immunization Record

_____Request for Records

_____Withdraw Form/Transcript or Grades from last school

_____Class Choice Form

_____ Pay Fees

Office Use:

_____Enter on Skyward

_____Enter in Exit and Entry Book

_____Record Immunizations

_____Fax or mail Request for Records

_____Assign Skyward Login/Password

ALPINE SCHOOL DISTRICT

NEW STUDENT REGISTRATION FORM

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

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

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

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

School Last Attended _____ Address _____

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

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

Father's Email _____ Mother's Email _____

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

Name of Parent or Legal Guardian _____

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

Circle One

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

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

Parent/Guardian Signature _____ Date _____

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

OFFICE USE ONLY

Teacher_____ Track____ Student #_____ Date Enrolled _____ Start Date_____
Skyward - □ 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 <u>not</u> 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 **<u>must</u>** provide us with a copy of the most recent **legal court documents before the student can enroll**.

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

Alpine School District

Student Computer & Internet Use Permission Slip

Student Name:_____ Student Id #:_____

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

Acceptable Use Policy

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

Parental Permissions

By accepting this agreement below:

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

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

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

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

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

_____ _____

Parent/Guardian Signature Date:

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 and 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 Understand that the above information may be provided to outside entities for the purposes 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 first 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

Student information is sometimes requested by external media (newspaper, TV, radio, and so forth). 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 Directory Information and also the following additional information:

- Student work or projects
- Student comments
- Student ideas
- 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 (please note that this does not replace the district's Acceptable Use Policy or imply permission to use Internet services).

☐ I Decline (The school or district may not publish my childs projects, photos/video, comments, name to the media or to the internet.)

This form will be kept in Skyward and may be viewed in the student's profile.

_____ _____

Parent/Guardian Signature Date

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?_____
____	____	Vision Exam? Date_____By Whom_____ Results_____
_____	____	Other Health Concerns? _____
		_____

MEDICATION
Is student on special medication that may need to be administered during school?
Yes***(See below)____ No____ If yes, what type(s) and reason:
_____

***If *yes*, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, 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 that 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.

Parent's Last Name _____ Student's Last Name _____

Home Address _____ City _____ Home Phone _____

ALPINE SCHOOL DISTRICT

EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contacting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. **Registration is not complete without this signed form.** *List your students attending this school, oldest first.*

Student Information

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

Parent Information

Name (please print name)	*Employer*	*Work Phone*	*Cell Phone*	*E-mail Address*
Father:				
Mother:				
Legal Guardian:				
Step Father:				
Step Mother:				

Alpine School District requires a **legal guardian or a person authorized by the guardian** to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student, **we will not** be able to release them. ***Non-custodial parent's names must be written below for non-custodial parent to check this student out.***

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

Name	*Street*	*City, State, Zip*	*Phone*	*Relationship*

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.

Physician's Name: _____ Phone: _____

Is there information on file preventing certain individuals from checking this student out? Yes___ No ___

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

_____ _____

Signature of Parent or Legal Guardian Relationship to the Student

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.

Please notify the school office of any changes regarding this information.

UTAH DEPARTMENT OF HEALTH
Immunization Program

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. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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 each vaccine was given. 1st	2nd	3rd	4th	5th
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox) 1st dose must be received on or after the 1st birthday.					
Hepatitis A (HAV) Must be received on or after the 1st birthday.					
Meningococcal					

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.

Immunization record received for this student is from: ☐ a statewide registry
☐ student's former school
☐ legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____

SCHOOL USE ONLY:

1. **Exemption was granted for:**

☐ Medical reason (Expires* on: _____)

☐ Religious belief

☐ Personal belief

*If the medical exemption is temporary, enter date.

2. **Proof of Immunity (history of disease):**

This student has proof of immunity for the following antigen (s):

☐ MMR

☐ Haemophilus influenza type b (Hib)

☐ Polio ☐ Pneumococcal

☐ Tdap ☐ Varicella (Chickenpox)

☐ DTaP ☐ Meningococcal

☐ Hepatitis A ☐ Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2018
www.immunize-utah.org
(801)-538-9450

INSTRUCTIONS: This form must be completed for enrollment in a school. A school is defined as any public or private, elementary or secondary school through grade 12, preschool, child care program, nursery school, or kindergarten. A student is defined as an individual who attends a school. 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.
   - **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. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

b. **Children enrolled in preschool, child care program, or nursery school 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.**

Immunization Record Received For This Student: Check the appropriate box. In Utah, the statewide immunization registry is called USIIS (Utah Statewide Immunization Information System). Legally responsible individual of the student is defined as the student's parent, the student's legal guardian, an adult brother or sister of a student who has no legal guardian, or the student, if the student is an adult, or is a minor who may consent to treatment under consent of minor to treatment. (Section 26-10-9)
When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist. Written proof is required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

School Use Only:

1. Exemption: If the student has an exemption, check the box for the type of exemption. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, enter expiration date.

   Exemption Procedures:

   Students claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module at www.immunize-utah.org or in-person consultation at a local health department. A copy must be presented to the school or child care official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. The school or child care program must attach the copy to this record.

   Medical Exemption: For a medical exemption from required immunizations, the legally responsible individual of the student must provide to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

2. Proof of Immunity (history of disease): If the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. **If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.** *The document must be attached to this record.*

Maintaining a List of Students' Immunization Status: Utah School Immunization Law **requires** schools and child care facilities to maintain a *current list* of all enrolled students, including: 1) students who have a valid and complete immunization record, 2) students who are exempt from receiving the required vaccines, and 3) students who are allowed to attend school under conditional enrollment status.

American Fork Junior High School

Kirk Johnson - Principal
Jake Anderson - Assistant Principal
Kimberly Moore – Assistant Principal
Thomas Paul - Assistant Principal

Request For Records

The individual listed below has enrolled in American Fork Junior High.
Please send all records to include:

- Cumulative
- Birth Certificate
- Health/Vaccinations
- Test Data
- Grades
- Special Education Records if applicable
- Special Placement (504, ESL)
- College & Career records
- Psychological Testing
- all pertinent information to

Note to Parents: It is your responsibility to accurately and completely furnish the above information so that your child may be promptly enrolled in appropriate classes.

American Fork Junior High School
20 W 1120 North
American Fork, Utah 84003
Registrar's Fax#: 801-756-5226

Student Name: _____

Grade Enrolled: _____ Date of Birth: _____

School Last Attended: _____

School Address: _____

Parent Signature: _____

School Official: _____

Federal Law 99.30 allows for education records to be sent to other educational agencies without the parental signature requirement. If you have any questions please contact our Registrar: 801-610-8751 ext. 405 779 or mcetraro@alpinedistrict.org