

# LEHI JR HIGH SCHOOL



2019-2020 NEW STUDENT REGISTRATION  
THE FOLLOWING IS REQUIRED TO ENROLL YOUR STUDENT

***You must have the following documents to register a new student.***

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

**[ ] Registration Form** signed by the student's custodial guardian.

**[ ] Custodial Guardianship** form showing proof. A copy of the Divorce Agreement is required to establish physical and custodial rights (if this applies to you). If student is not living with the custodial guardian, you must complete Power of Attorney or meet with Student Services at Alpine School District Offices.

**[ ] Withdrawal Form/Transcript/Report Card** from previous school.

**[ ] Birth Certificate** Bring the original to be copied. We can no longer accept wallet size birth certificates.

**[ ] Immunization Records** Please see the attached immunization forms for specifics. If shots are needed, you may contact the Public Health Department.

**[ ] Proof of Residency** You will need one of the following: Utility Bill, must be Lehi City, lease agreement, or purchase agreement. A notarized form is required if you are living with another family. If living out of school boundaries, an Online Out of Area Application and approval is required prior to registration.

**[ ] Special Education-IEP-504** 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. An appointment will need to be made with our Special Education Dept. prior to classes being scheduled.

Lehi Jr High Counseling Office/Ms. Shepherd-Registrar  
Lehi Jr High Fax Number/Website  
Bus Info/Transportation Office  
Alpine District, 575 N 100 E., American Fork  
Health Dept, 599 S 500 E., American Fork

801-610-8755/jennifershepherd@alpinedistrict.org  
801-768-7016/lehijr.alpineschools.org  
801-610-8850/bus.alpinedistrict.org  
801-610-8400/alpineschools.org  
801-851-7331



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 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

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

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

**ETHNICITY:** Is this student Hispanic/Latino?

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

No  Not Hispanic/Latino

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

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

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

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

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

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

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

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

**ALPINE SCHOOL DISTRICT  
GUARDIANSHIP STATUS 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.**

**Administrative Offices**

Phone: (801) 610-8754

Fax: (801) 768-7016



**Lehi Junior High School**

700 E Cedar Hollow Road

Lehi, Utah 84043-8508

-REQUEST FOR OFFICIAL SCHOOL RECORDS -

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

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

City & State: \_\_\_\_\_

Previous School Phone Number: \_\_\_\_\_

Previous School FAX Number: \_\_\_\_\_

*The following student has enrolled in this school. Please FAX copies of the following information to Lehi Jr. High as soon as possible.*

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Withdrawal Grades                   | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Transcripts                         | <input type="checkbox"/> IEP or 504         |
| <input type="checkbox"/> Birth Certificate                   | <input type="checkbox"/> Test Scores        |
| <input type="checkbox"/> Immunization Records                | <input type="checkbox"/> Custody Records    |
| <input type="checkbox"/> ALS (Alternative Language Services) | <input type="checkbox"/> CUM Folder         |
| <input type="checkbox"/> Other as indicated _____            |   |

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

*A school district may request student records from another school the student has attended without parent signature of approval. See "Privacy Act" Section 438, Subsection (b).*

Parent/Guardian: \_\_\_\_\_

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

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 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.



# 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                                                                                                                                 | 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><br><small>(D-Diphtheria, T-Tetanus, P-Perussis, aP-acellular Pertussis)</small>                          |                 |                 |                 |                 |                 |
| <b>Tdap</b> (given after 7 years of age)                                                                                                |                 |                 |                 |                 |                 |
| <b>Polio (IPV or OPV)</b>                                                                                                               |                 |                 |                 |                 |                 |
| <b>Haemophilus influenzae type b (Hib)</b>                                                                                              |                 |                 |                 |                 |                 |
| <b>Pneumococcal</b>                                                                                                                     |                 |                 |                 |                 |                 |
| <b>Measles, Mumps, and Rubella (MMR)</b><br><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><br><small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>           |                 |                 |                 |                 |                 |
| <b>Hepatitis A (HAV)</b><br><small>Must be received on or after the 1<sup>st</sup> birthday.</small>                                    |                 |                 |                 |                 |                 |
| <b>Meningococcal</b>                                                                                                                    |                 |                 |                 |                 |                 |

### SCHOOL USE ONLY:

- Exemption was granted for:
    - Medical reason (Expires\* on: \_\_\_\_\_)
    - Religious belief
    - Personal belief
    - \*If the medical exemption is temporary, enter date.
  - 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.

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

**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](http://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/DT/DTdap – 4 doses are acceptable, if the 4<sup>th</sup> dose was given after the 4<sup>th</sup> birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

**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 7<sup>th</sup> grade entry. The Tdap vaccine must be given after 7 years of age.
- 4 doses of Polio – 3 doses are acceptable, if the 3<sup>rd</sup> dose was given after the 4<sup>th</sup> birthday.
- 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of measles-containing vaccine must be given on or after the 1<sup>st</sup> birthday.
- 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry. The 1<sup>st</sup> dose must be given on or after 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry.
- 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1<sup>st</sup> dose of Hepatitis A must be given on or after the 1<sup>st</sup> birthday.
- 1 dose of Meningococcal – required for students prior to 7<sup>th</sup> grade entry. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7<sup>th</sup> 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 USIS (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](http://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.



## 2019-2020 School Year

### Utah School Registration Immunization Requirements

Utah State Law requires that all students must submit a completed immunization record to the school BEFORE THE FIRST DAY OF SCHOOL ATTENDANCE. THESE REQUIREMENTS ARE IN EFFECT FOR THE 2019-2020 SCHOOL YEAR IN ALL UTAH PUBLIC AND PRIVATE SCHOOLS. A student must have proof of the following immunizations for school enrollment or submit one of the three exemptions listed below.

| <u>Preschool</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>K-4<sup>th</sup> Grades</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>5<sup>th</sup>-6<sup>th</sup> Grades</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>7<sup>th</sup>-11<sup>th</sup> Grades</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>12<sup>th</sup> Grade</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>4 DTP/Dtap/DI</b></p> <p><b>3 Polio (IPV)</b></p> <p><b>1 MMR</b></p> <ul style="list-style-type: none"> <li>• (mumps, measles, rubella)</li> </ul> <p><b>3 Hepatitis B (HBV)</b></p> <p><b>2 Hepatitis A (HAV)</b></p> <p><b>1 Varicella (chickenpox)</b></p> <ul style="list-style-type: none"> <li>• history of disease need a document signed by a health care provider</li> </ul> <p><b>HIB..</b></p> <ul style="list-style-type: none"> <li>• doses adequate for age</li> </ul> <p><b>Prevnar (Pneumonia)</b></p> <ul style="list-style-type: none"> <li>• doses adequate for age, including one dose of Prevnar 13</li> </ul> | <p><b>5 DTP/Dtap/DI/Tdap</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 4<sup>th</sup> birthday or 5<sup>th</sup> birthday or 5 required</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR (mumps, measles, rubella)</b></p> <p><b>3 Hepatitis B (HBV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 6 months of age or 4 doses required</li> </ul> <p><b>2 Varicella (chickenpox)</b></p> <ul style="list-style-type: none"> <li>• history of disease need a document signed by a health care provider</li> </ul> <p><b>2 Hepatitis A (HAV)</b></p> | <p><b>5 DTP/Dtap/DI/DTP</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 4<sup>th</sup> birthday or 5 required</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR (mumps, measles, rubella)</b></p> <p><b>3 Hepatitis B (HBV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 6 months of age or 4 doses required</li> </ul> <p><b>1 Varicella (Chickenpox)</b></p> <ul style="list-style-type: none"> <li>• history of disease need a document signed by a health care provider</li> </ul> <p><b>2 Hepatitis A (HAV)</b></p> | <p><b>5 DTP/Dtap/DI/DTP</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>1 Tdap (tetanus, diphtheria, pertussis) given after age 7</b></p> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR (mumps, measles, rubella)</b></p> <p><b>3 Hepatitis B (HBV)</b></p> <ul style="list-style-type: none"> <li>• Last dose must be given after 6 months of age or 4 doses required</li> </ul> <p><b>2 Varicella (Chickenpox)</b></p> <ul style="list-style-type: none"> <li>• history of disease need a document signed by a health care provider</li> </ul> <p><b>2 Hepatitis A (HAV)</b></p> <p><b>1 Meningococcal</b></p> | <p><b>5 DTP/Dtap/DI/DTP</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>1 Tdap (tetanus, diphtheria, pertussis) given after age 7</b></p> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR (mumps, measles, rubella)</b></p> <p><b>3 Hepatitis B (HBV)</b></p> <ul style="list-style-type: none"> <li>• history of disease need a document signed by a health care provider</li> </ul> <ul style="list-style-type: none"> <li>• if student is 13 years or older when receiving 1<sup>st</sup> dose then 2 doses required</li> </ul> <p><b>2 Hepatitis A (HAV)</b></p> |

(1<sup>st</sup> dose MMR, Varicella and Hepatitis A must be given AFTER 1<sup>st</sup> birthday to be valid dose)  
**EXEMPTIONS**

#### PERSONAL, RELIGIOUS & MEDICAL

All new students, students entering Kindergarten and 7<sup>th</sup> grade the legal guardian must complete an on-line educational module (free of charge) and provide a copy of the completed form to the school official. The on-line course can be found at [www.immunize-utah.org](http://www.immunize-utah.org). *Completion of the on-line educational module can be done at the Health Department if you do not have access to a computer. For a medical exemption, a written note from a licensed health care provider must be provided along with a copy of the completed on-line educational module. It should state the physical condition of the student, and why that vaccine would endanger the student's life or health.*

Results of a completed TB test (PPD) given in the U.S. within 90 days or results of a chest x-ray taken within the last year must be presented before school attendance begins by all students who have moved in from a foreign country (except Canada) or who have been out of the country for 6 months or more. A TB test given within the last five years is also required for all entering kindergarten who were born in a foreign country (except Canada). If BCG (a TB immunization) was given within the last year, the student must wait one year from the date of the BCG to receive a PPD, but they may attend school during that time period until the PPD can be given.

*A child may be allowed to attend school "conditionally" if at least one dose of each required immunization series has been completed and the child is*

## ACCEPTABLE USE

### STUDENT COMPUTER AND INTERNET USE PERMISSION SLIP



Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### **Acceptable Use Policy**

The current policy, including rules and regulations, 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's first name
  - Student's 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.

\_\_\_\_\_  
Print Parent Name

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

# Apply Online!

## Free and Reduced School Meals Application

[alpineschools.org/nutrition/](http://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. We do not send out emails to notify you.

*Paper applications are available at all school offices and at the Nutrition Services Office  
759 E. Pacific Dr., American Fork, UT 84003*



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](http://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](http://alpineschools.nutrislice.com) to find out more!