

LEHI JR HIGH SCHOOL



2021-2022 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.

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

[J 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.

[J Withdrawal Form/Transcript/Report Card from previous school.

[J Birth Certificate MUST HAVE ORIGINAL TO BE COPIED.

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

[J 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 .

[J 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.alpine.district.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 not** 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 own the custody of parent/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.



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 you wish to seek an out of boundary school, please submit your request electronically at: alpineschools.org/studentservices/

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 relative or friend. (Please choose one of the following).
 - a. _____ I have been awarded legal guardianship of this child through the court.**
 - b. _____ I have NOT been awarded legal guardianship of this child through the court.
- 5. _____ I am a foster parent or proctor parent.**
- 6. _____ None of the above statements describe my relationship to this child. (Please describe your relationship to this child).

Your Name: _____
(Please Print)

Your Signature: _____ Date: _____

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

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

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

**ALPINE SCHOOL DISTRICT
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.



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

*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:

- Exemption was granted for:**
 - Medical reason (Expires* on: _____)
 - Religious belief
 - Personal belief
 - Proof of Immunity (history of disease):**
 *If the medical exemption is temporary, enter date.
 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.

2021-2022 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 2020-2021 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-6th Grade</u>	<u>7th-12th Grade</u>
<p>4 DTP/Dtap/DT</p> <p>3 Polio (IPV)</p> <p>1 MMR</p> <ul style="list-style-type: none"> • (mumps, measles, rubella) <p>3 Hepatitis B (HBV)</p> <p>2 Hepatitis A (HAV)</p> <p>1 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider <p>HIB..</p> <ul style="list-style-type: none"> • doses adequate for age <p>Prevnar (Pneumonia)</p> <ul style="list-style-type: none"> • doses adequate for age, including one dose of Prevnar 13 	<p>5 DTP/Dtap/DTTdap</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • last dose must be given after 4th birthday or 5 required • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>1 Tdap (tetanus, diphtheria, pertussis)</p> <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • Last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV)</p> <p>1 Meningococcal</p>

(1st dose MMR, Varicella and Hepatitis A must be given AFTER 1st birthday to be valid dose)

PERSONAL RELIGIOUS & MEDICAL EXEMPTIONS

All new students entering **Kindergarten and 7th 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. *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 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 currently on schedule to finish the rest. The remaining immunizations must be completed on schedule for the child to remain in attendance.

ACCEPTABLE USE
STUDENT COMPUTER AND INTERNET USE PERMISSION SLIP



Name: _____ Student ID#: _____ Grade: _____ Date: _____

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 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