

# 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.

***[ ] 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 MUST HAVE ORIGINAL TO BE COPIED.***

***[ ] 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



# 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.



### 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/student-services/](http://alpineschools.org/student-services/)**

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.

**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 (Current) |
| <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: \_\_\_\_\_

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.



# 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> <small>(D-Diphtheria, T-Tetanus, P-<i>Pertussis</i>, aP-<i>acellular Pertussis</i>)</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> <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>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

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

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.
  - 2 doses of Varicella (chickenpox) – 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 the 1<sup>st</sup> birthday.
  - 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 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](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.