



Mt. Ridge Junior High School
5525 West 10400 North
Highland, Utah 84003
Front office 801.610.8758
Counseling office 801.610.8758
Fax 801.763.7017

Welcome new students to Mt. Ridge Jr. High School

We need the following to register a new student:

- **Birth Certificate:**
The state requires that we see the original birth certificate. Wallet sized birth certificates are no longer accepted. We will make a copy to put in their CUM file.
- **Complete Immunization Records:**
Student's immunizations must be up to date to register the student.
See the attached flyer for specific requirements. If coming from out of the country, you must go to the health department before enrolling.
- **Proof of Residency:**
One of the following is required that shows name and address: Utility bill, a rental or purchase agreement, a building permit, a letter from a builder on approved letterhead that building is in progress.
- **Transcript/ Report Card/ Withdrawal Form From Previous School:**
- **Custody Guardianship in case of Divorce:**
Only a parent with "physical custody" can register a student. A COPY OF THE DIVORCE AGREEMENT IS REQUIRED to establish physical and custodial rights. Divorce papers must be signed by the judge. If you do not have a copy of these papers you can Google "county clerk" and contact them to have the papers faxed to Mt. Ridge for a nominal fee.
If the student is not living with the Custodial Parent you must meet with Student Services
Alpine School District
575 N 100 E
American Fork, UT 84003
- **Special Education Information:**
If the student has been serviced in Special Education classes you will need to contact the previous school to obtain a current copy of the IEP or 504. When we receive a copy, you will then meet with our Resource teacher or counselor to create a schedule.
- **Completed Information Packet**

Alpine School District New Student Registration

Date: _____

Student Name _____
Last First Middle Known as:

Sex: Male Female Grade _____ Social Security # _____ (optional)

Date of Birth ____/____/____ Birthplace: _____ (City) _____ (State)

School last attended _____ Address _____
City State Zip

Home Phone Number _____ Cell Phone _____

Name of Parent or Legal Guardian _____
Last First Middle

Email Address _____ (Providing an email address grants permission for ASD to contact via email)

Student Home Address _____
Address City Zip

Mailing Address (if different) _____
Address City Zip

Has your child ever attended school in Alpine School District? Yes No

Student transferred from: Within the district Out of District Out of State Out of Country **

** If out of Country, write country _____ Entry date into USA ____/____/____

Student Lives With---	<i>Write Name(s)</i>	Foster	Step	Home Phone No.	Work Phone No.
Father					
Mother					
Guardian					
Other					

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

Who speaks the non-English language? _____

I hereby certify that the information is true and correct to the best of my knowledge. Any falsification of the information above may result in the cancellation of the transfer or opportunity to attend school in Alpine School District.

Signature of Parent or Legal Guardian _____ Date ____/____/____

FOR OFFICE USE ONLY: Teacher _____ Student # _____ Track _____

Date enrolled ____/____/____ Start Date ____/____/____ Enrollment Code _____

Pre-Registration List: Immun. Complete In Process Incomplete / TB Y or N / Birth Certificate / Legal Docs / Proof of Residency / Sent for Records / Received Records/ Note: _____

Post-Registration List:

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

The question above relates to ethnicity, not race. Please mark one or more boxes to indicate your student's race.

Race: What is your student's race? (Choose one or more)

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

If American Indian or Alaskan Native, 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, for example, 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. I understand that district personnel will do their best to determine my child's race and report that determination.

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS**

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.

Please read carefully and select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student's Name: _____ (Birth Certificate Name)

1. _____ I am a foster parent or proctor parent.
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 through the court.*
3. _____ 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.
4. _____ The above named child lives with both parents and I am the parent (birth or adopted) of this child.
5. _____ 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 your student can enroll in school.

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

School Health Service
Health History

Dear Parent / Guardian:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history.

Student's name: _____

Birth Date: _____ Sex: M or F

1. When was your child's last physical exam? _____

Physician/ Clinic: _____

Purpose of exam: Routine check up _____ or Illness of Injury _____

2. Does your child have a health problem? (check any that apply)

Asthma _____ Diabetes _____ Vision _____ Orthopedic _____ Injury _____

Hearing Impaired _____ Neuromuscular _____

Hay Fever _____ Mild Allergies _____ Seizures/ Convulsions _____

Heart _____ Severe Allergies _____ Medication Allergies _____

Other _____

Please Explain: _____

3. Does your child understand his/her condition? Yes _____ No _____

4. List any medication taken by this child, dosage and time:

5. Does the medication affect his/her behavior? Yes _____ No _____

6. Does the medication need to be given at school? Yes _____ No _____

7. Should your student be given preferential seating? Yes _____ No _____

8. What hospital emergency room do you prefer

9. Is there any other health information we should know about?

*Note: Any medication needed to be given at school needs the proper documentation signed by the prescribing physician. Please see Alpine School District web sight for the form or ask the registrar at Mt. Ridge.



Alpine School District

Secondary Student Computer & Internet Use Permission Slip

School: _____

Name: _____ Core Teacher (if applicable):

(Last, First, Middle)

Student ID #: _____ 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.

The current policy, including rules and regulations, is found at:

<http://policy.alpinedistrict.org/policy/5225> Internet

Wide Area Network Acceptable Use Rule or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, we (the parent and student) acknowledge we have read and agree to follow the rules and regulations associated with the Alpine School District Acceptable Use policy. Furthermore, we acknowledge these rules and regulations apply to both district and personal devices while on school property.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

As the parent/guardian of the student, I grant permission for my child to use the Alpine School District wide area network/Internet. This permission shall remain in effect while the student attends any secondary school in this district and must be renewed once the student enters high school.

Parent/Guardian's Signature: _____ Date: _____



MOUNTAIN RIDGE JR. HIGH SCHOOL

5525 West 10400 North

Highland, UT 84003

Phone: (801) 610-8759 Fax: (801) 763-7017

To: _____ Phone _____
Name of former school

_____ FAX _____
Street

_____ City _____ State _____ Zip _____

Pursuant to the Family Education Rights and Privacy Act of 1974, which requires consent for the release of information outside the school, I hereby give consent to you to furnish Mountain Ridge Junior High School the information listed below.

_____ Name _____ Current grade _____ Birth date _____

- Please send:
- Cumulative records
- Health Forms
- Test Data
- Grades
- Psychological Tests
- Special Placement

Please send transcripts.

Please send any **IEP or 504** records, if applicable

SEOP or Career File

Please send records to: **Mountain Ridge Junior High School**
5525 West 10400 North
Highland, UT 84003

Date: _____ Parent or Guardian: _____

Date: _____ Registrar: _____

Note: Access to records without written parental consent is authorized by the reorganized Ed. Code, operative 4/30/77, Ed. Code #10947

First request sent _____ Second request _____