



Mountain Ridge Junior High School
5525 West 10400 North
Highland, Utah 84003

Front Office: 801-610-8758 Counseling Office: 801-610-8759 Fax: 801-763-7017

Welcome new students to Mountain Ridge Junior High School!

We need the following to register a new student:

- **Birth Certificate:** The state requires that we see the original birth certificate. We will make a copy to put in the student's file. Wallet sized birth certificates are no longer accepted.
- **Complete Immunization Records:** Student immunizations must be up to date to register a student. See the attached flyer for specific requirements. If coming from out of the country, students must go to the Utah County Health Department for a TB test before enrolling.
- **Proof of Residency:** One of the following is required that shows name and address -- a 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 the county clerk where papers were filed and contact them to have the papers faxed to Mountain 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 North 100 East, American Fork, Utah.
- **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**

A Free & Reduced Meal Application can be found at <http://205.118.9.10/welcome.aspx>

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 2015-2016 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.

Preschool	Kindergarten	1 st - 6 th Grade	7 th Grade	8 th - 12 th Grade
4 DT/DTap/DT 3 Polio (IPV) 1 MMR 3 Hepatitis B (HBV)	5 DT/DTap/DT/DTap 4 doses ok if 4 th birthday 3 doses ok if 3 rd birthday 4 Polio (IPV) last dose must be given after 4 th birthday or 5 required 3 doses ok if 3 rd given after 4 th birthday 2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV) last dose must be given after 6 months of age or 4 doses required 2 Varicella (chickenpox) history of disease OK, parent must sign pink immunization card 2 Hepatitis A (HAV)	5 DT/DTap/DT/DTap 4 doses ok if 4 th birthday 3 doses ok if 3 rd birthday 4 Polio (IPV) last dose must be given after 4 th birthday or 5 required 3 doses ok if 3 rd given after 4 th birthday 2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV) last dose must be given after 6 months of age or 4 doses required 1 Varicella (chickenpox) history of disease ok - parent must sign pink immunization card 2 Hepatitis A (HAV)	5 DT/DTap/DT/DT/DT 4 doses ok if 4 th birthday 3 doses ok if 3 rd birthday 1 Tdap (tetanus, diphtheria, pertussis) 4 Polio (IPV) 3 doses ok if 3 rd given after 4 th birthday 2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV) last dose must be given after 6 months of age or 4 doses required 2 Varicella (Chickenpox) history of disease OK, parent must sign pink immunization card 2 Hepatitis A (HAV) 1 Meningococcal	5 DT/DTap/DT/DT/DT 4 doses ok if 4 th birthday 3 doses ok if 3 rd birthday 1 Tdap (tetanus, diphtheria, pertussis) 4 Polio (IPV) 3 doses ok if 3 rd given after 4 th birthday 2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV) last dose must be given after 6 months of age or 4 doses required 1 Varicella (Chickenpox) history of disease OK, parent must sign pink immunization card if student is 13 years or older will receive 1 st dose 2 doses required 2 Hepatitis A (HAV)

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

EXEMPTIONS

MEDICAL	RELIGIOUS	PERSONAL
Forms can be signed at a doctor's office and attached to the pink immunization card.	Completed waiver form from the local health department (\$25 fee applies) must be signed and attached to the pink immunization card.	Completed waiver form from the local health department (\$25 fee applies) must be attached to a parent-signed pink immunization card.

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 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 suitable for schedule to finish the rest. The remaining immunizations must be completed on schedule for the child to remain in attendance.

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 _____

Name of Parent or Legal Guardian _____
(City) (State) (Zip)

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 <input type="checkbox"/> Schedule <input type="checkbox"/>	Home Room <input type="checkbox"/> Advisor <input type="checkbox"/>	Class List <input type="checkbox"/>	ESL Y or N			
Immunizations - <input type="checkbox"/> Complete <input type="checkbox"/> In Process	Birth Certificate <input type="checkbox"/>	Proof of Residency <input type="checkbox"/>	Legal Docs <input type="checkbox"/>			
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.

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 _____