

## Black Ridge Elementary

Alpine School District  
9358 N Sunset Drive  
Eagle Mountain, Utah 84005  
Phone: (801) 610-8729  
Fax: (801) 789-5370

Cami Larsen, Principal

### Request for Permanent Records

School Last Attended

Address

City

State Zip

Student's Name

Birth date

Grade

Student's Name	Birth date	Grade

Please forward ALL records for the above named student(s) to the school listed above.

In compliance with the Family Education Rights and Privacy Act of 1974 which requires consent for the release of certain information, I hereby give consent for you to release, to the school listed above, the records and reports I have initialed:

- Cumulative file including immunization records, birth certificates, custody papers, etc.
- Special Education Records
- Other Records as Indicated \_\_\_\_\_

Signature

Date

\_\_\_\_\_  
Parent's Last Name

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Home Phone

Alpine School District  
**EMERGENCY & RELEASE INFORMATION**

Occasionally a student may become ill or have an accident while at school. This may necessitate contacting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. **Registration is not complete without this signed form.** *List your students attending this school, oldest first.*

**Student Information**

Last Name	First Name	M/F	Grade	Teacher	Birth Date	List any Health Problems

**Parent Information**

Name	Employer	Work Phone	Cell Phone	E-mail Address
<b>Father:</b>				
<b>Mother:</b>				
<b>Legal Guardian:</b>				
<b>Step Father:</b>				
<b>Step Mother:</b>				

Alpine School District requires a **legal guardian or a person authorized by the guardian** to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student **we will** not be able to release them. *Non-custodial parent's name must be written below for non-custodial parent to check this student out.*

**Emergency Contacts (the individuals listed below are authorized to check out my student from school):**

Name	Street	City, State, Zip	Phone	Relationship

*In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.*

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there information on file preventing certain individuals from checking this student out? Yes \_\_\_ No \_\_\_

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlines above.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Relationship to the student

*I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.*

Please notify the school office of any changes regarding this information.

# NEW STUDENT REGISTRATION FORM



575 N 100 E, American Fork, UT 84003  
(801) 610-8400  
Please fax directly to school

Student's Name \_\_\_\_\_  
Last First Middle Known As

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place (City/State) \_\_\_\_\_  
(optional)

BOY  GIRL Grade \_\_\_\_\_ Has your child ever attended school in Alpine School District?  Yes  No

Student transferred from: Circle One WITHIN DISTRICT OUT OF DISTRICT OUT OF STATE OUT OF COUNTRY\*

\*If out of country, which country? \_\_\_\_\_ Entry date in USA \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Student's Home Address \_\_\_\_\_  
City State Zip

Name of Parent or Legal Guardian \_\_\_\_\_

STUDENT LIVES WITH (Write Names)	FOSTER	STEP	Circle Primary Phone #		
			HOME PHONE	CELL PHONE	WORK PHONE
Father					
Mother					
Guardian					
Other					

Circle One

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

Who speaks the non-English language? \_\_\_\_\_

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**  
Elementary 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 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.

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

[http://policy.alpinedistrict.org/policy/5225\\_Internet](http://policy.alpinedistrict.org/policy/5225_Internet)

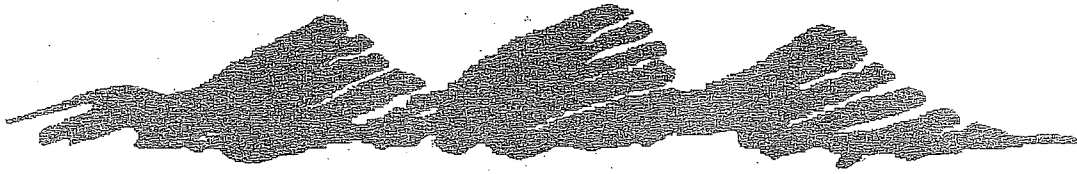
Wide Area Network Acceptable Use Rule or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, I acknowledge I have read and reviewed with my student the rules and regulations associated with the Alpine School District Acceptable Use policy. Furthermore, I acknowledge these rules and regulations apply to both district and personal devices while on school property.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian of the student, I grant permission for my child to use the Alpine School District network in all the following ways: Internet services, Student Email, Google docs and Other Services. This permission shall remain in effect unless changed explicitly by a guardian.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ALPINE SCHOOL DISTRICT

## Student Personal Information Release—School and District Publications

Dear Parents/Guardians,

From time to time, your child's name and/or photo might be considered for publication/display in a school/district created web page or publication. Please take time to review the Information Release Form and select all appropriate options. If your preference changes during the year, you are responsible for contacting the school and completing a new form. If you have any other questions, please contact the school before signing.

Please initial in the box(es) below to indicate you agree to give permission.

WEB RELEASE: (For publication on school/district created web pages)

The school and district has permission to display my child's photo.

The school and district has permission to display my child's photo with first and last name attached.

I understand that this information will be available to **anyone** on the Internet/World Wide Web.

*Please note that this does not replace the District's Acceptable Use Policy or imply permission to use internet services.*

PUBLICATION RELEASE: (For publication in school/district publications)

The school and district has permission to display my child's photo.

The school and district has permission to display my child's photo with first and last name attached.

By signing below, I verify that I understand the above release and that I have indicated my preferences. By leaving a box empty, I am indicating that I do not wish for permission to be granted. If my preferences change during the school year, I will contact the school.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Child's Grade

*Schools should keep the completed form on file at the school for one year.*

ALPINE SCHOOL DISTRICT  
STUDENT HEALTH INFORMATION

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
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 Allergies (Please specify to what and how serious)? _____
_____	_____	Asthma or Breathing Problems? _____
_____	_____	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 \_\_\_\_\_ 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, EpiPens and insulin). You can obtain the form from the office.

**IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR STUDENTS TO CARRY ANY MEDICATION.** The only exception to this is inhalers, EpiPens and insulin with proper signed prescriber and parent authorization.

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 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. 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>	Record the month, day, & year vaccine was given.	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
DTP, DTaP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)						
Tdap or Td Booster					Tdap is preferred for the 7 <sup>th</sup> grade requirement, but Td is acceptable.	
Polio (IPV or OPV)						
Haemophilus Influenzae b (Hib)						
Pneumococcal						
Measles, Mumps, and Rubella (MMR)* 1 <sup>st</sup> dose must be received on or after the 1 <sup>st</sup> birthday						
Measles (Rubeola, 10 day, red measles)**						
Mumps**						
Rubella (German measles, 3 day measles)**						
Hepatitis B (HBV)						
Varicella (Chickenpox) 1 <sup>st</sup> dose must be received on or after the 1 <sup>st</sup> birthday.						
Hepatitis A (HAV) Must be received on or after the 1 <sup>st</sup> birthday.						

\* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.

\*\* If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.

If a student has history of the chickenpox disease, parent must sign to the right.

### SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- ALL REQUIREMENTS MET date: \_\_\_\_\_  
 Adequately Immunized  
 Or Exemption was granted for:  
 Medical (Expires\* on: \_\_\_\_\_)  
 Religious  
 Personal
- Conditional Admission date: \_\_\_\_\_
- Not-in-Compliance date: \_\_\_\_\_  
 \*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

### Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

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

Age of child at time of disease: \_\_\_\_\_

Utah Department of Health  
 Division of Community and Family Health Services  
 Immunization Program 05/10

www.immunize-utah.org  
 (801)-538-9450

Record Source:  Physician  Registered Nurse  Health Dept.  
 I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_