



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). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</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					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. 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: _____

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

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Rev. 12/2014
www.immunize-utah.org
 (801)-538-9450

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

Authorized Signature: _____ **Date:** _____ **Title:** _____

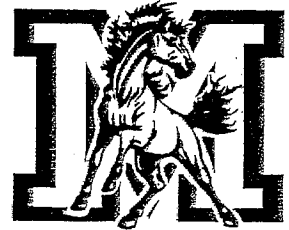
AUTHORIZATION TO RELEASE SCHOOL RECORDS

TO: ***Meadow Elementary***

*276 South 500 West, Lehi, UT 84043

phone: 801-610-8713

fax: 801-768-7018



School Name: _____

City and State: _____

Fax #: _____ Phone #: _____

Please send the cumulative records for:

Name _____ Grade _____ Birthday ___/___/___

Name _____ Grade _____ Birthday ___/___/___

Name _____ Grade _____ Birthday ___/___/___

Name _____ Grade _____ Birthday ___/___/___

Please include the following:

(Check **all** that apply)

_____ IEP

_____ Immunization Records

_____ Psychological Testing

_____ Confidential Reports

As parent or guardian of the above named student(s), I do hereby authorize the above named school to release cumulative files with all records and test results.

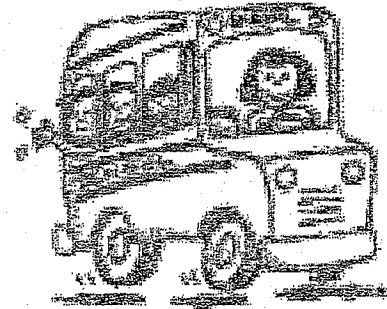
Parent/Guardian Signature

Date

Meadow Elementary Field Trip Permission Request

During the school year, your child may have the opportunity to participate in various field trips. Field trips provide a means of extending the learning environment beyond the classroom walls.

We want to simplify the process of granting permission for your child to participate in these experiences. Please sign this form at the bottom of this page and return it to school. We need a separate form for each child.



Your child's teacher will notify you of upcoming field trips.

Teacher _____

I _____ grant permission for
my child, _____ to

participate in any field trips this year. I understand that I
will be given prior notice of specific field trips.

Signed _____

Date _____

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.
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Guardian					
<input type="checkbox"/> 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: Skyward / Schedule Home Room / Advisor / Family Rep / IN- Log Book/ Class #'s List / ESL Y or N

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.)
- 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.

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 contracting 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 (please print name)	Employer	Work Phone	Cell Phone	E-mail Address
Father:				
Mother:				
Legal Guardian:				
Step Father:				
Step Mother:				

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 names must be written below for non-custodial parent to check this student out.*

Local 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 outlined 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.

**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.



Alpine School District

Elementary Student Computer & Internet Use Permission Slip

School: Meadow Elementary

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, 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: _____