

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
ALTERNATIVE LANGUAGE SERVICES
Home Language Survey

School _____ Registration date _____
mm/dd/yyyy

Student's name _____

Student school ID number _____
First Last
Grade _____

Birth date _____ Gender _____ Country of Birth _____
M/F

Parent/Guardian's Name _____

If born outside USA, enter date first enrolled in USA schools: _____

Location of last school _____

HOME LANGUAGE QUESTIONS:

1) What language did your child learn when first beginning to talk? _____

2) What language does your child most frequently use at home? _____

3) What language do you most frequently speak to your child? _____

4) What language does the primary caregiver speak to your child? _____

5) What is the language most frequently spoken at home? _____

6) Has the student had academic instruction in a language other than English? _____ YES _____ NO
How long? _____ Language _____

7) If available, in what language would you prefer to receive communication from the school? _____

8) **Native American Question:** Is the student's English language influenced by the Tribal Language through a parent, grandparent, relative or guardian? _____ YES _____ NO

9) Describe the language **understood** by your child. (Check only one)

- a) _____ Understands only the home language and no English.
- b) _____ Understands mostly the home language and some English.
- c) _____ Understands the home language and English equally.
- d) _____ Understands mostly English and some of the home language.
- e) _____ Understands only English.

Person completing this form: _____

Parent/Guardian Signature _____

**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 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, 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 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-a-cellular Pertussis)</small>					
Tdap (given after 7 years of age)				Tdap is required for the 7 th grade requirement.	
Polio (IPV or OPV)					
Haemophilus Influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* <small>1st dose must be received on or after the 1st birthday</small>					
Measles (Rubeola, 10 day, red measles)**					
Mumps**					
Rubella (German measles, 3 day measles)**					
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>					

* 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:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal

2. Conditional Admission date: _____

3. 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 Disease Control & Prevention
 Immunization Program. Rev. 10/11

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: _____

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 (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 name 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

Elementary Student Computer & Internet Use Permission Slip

School: Dry Creek Elementary School

Name: _____ Core Teacher (If applicable): _____
(Last, First, Middle)

Student ID #: _____ Date: **AUGUST 19, 2014**

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 wide area network/Internet. This permission shall remain in effect while the student attends elementary school in this district.

Parent/Guardian's Signature: _____ Date: _____



ALPINE SCHOOL DISTRICT

Student Media Release—School/District/External Publications and Web

Dear Parents/Guardians,

From time to time, your child's name and/or photo might be considered for publication/display in a web page or publication, school/district created or other external publication (media outlet, etc.). 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.

SCHOOL DISTRICT WEB & PUBLICATION RELEASE: (For publication in school/district printed publications and web pages/websites, Facebook, Twitter, and other social networks.

The school and district have 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.

EXTERNAL MEDIA WEB & PUBLICATION RELEASE: (For publication by media outlets such as newspapers, radio, television, etc.)

External media outlets have permission to display my child's photo with first and last name attached.

External media outlets have permission to interview my child for newspaper or television.

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.



Playground Procedures

The following is a general list of procedures for recess, P.E., and other time students are using the playground and playing fields. If other activities are deemed dangerous to the safety of any student, specific instructions will be given by teachers or staff.

- Shoes must be worn at all times in all areas.
- Students will keep hands and feet to self at all times.
- No contact sports such as tackle football.
- Tag and chase games are not allowed on the playground equipment.
- Take turns on play equipment.
- If a ball goes over any fence, you must contact an adult on duty to assist in getting it back.
- All students are expected to stay outside during the entire recess period.
- While at recess, use the restrooms with the outside door.
- During the winter, please dress appropriately for the weather. Remember, throwing snow is not allowed and stay clear of the ice and icicles.

*If any safe school violations (fighting, bullying, etc.) occur, student will be referred to the office immediately. Recess privileges may be taken away for an extended time.

*Parent volunteers are a vital resource for helping keep the playground a fun and safe place for all students. If you are interested in volunteering, please contact the office.

Thank you for your help!

Please review these procedures with your children and send this portion back to school.

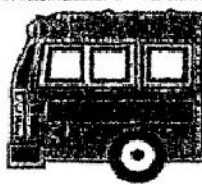
We have read, understand, and will follow the playground procedures.

Student Name: _____

Teacher: _____

Student Signature: _____

Parent Signature: _____



BACK TO SCHOOL



Field Trip Permission Request

During the course of 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.

In order to facilitate 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. One form is needed per student.

Teachers 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 any field trip.

Signature _____

Date _____



AUTHORIZATION TO RELEASE SCHOOL RECORDS



TO: **Dry Creek Elementary**

1301 West 1450 South, Lehi, UT 84043

801-610-8730

School Name: _____

Address: _____

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 may apply.)

Confidential Reports _____

Psychological Testing _____

Immunization Records _____

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

Address