

SARATOGA SHORES ELEMENTARY

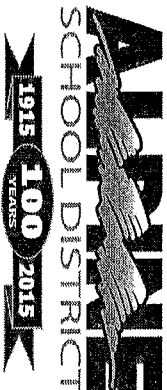
NEW STUDENT REGISTRATION

Items are REQUIRED by law to register a new student.

If any of these items are missing, or incomplete, we will not be able to complete the registration process

1. **PROOF OF RESIDENCY:** You may provide us with a Buyers Agreement, Rental contract, or Utility bill that includes name and address on it. (Car insurance and driver's license will **not** work - the documentation provided must be tied to your property)
2. **BIRTH CERTIFICATE:** Must show ORIGINAL copy. Must have seal or stamp on it.
3. **IMMUNIZATION RECORD:** Must be provided or signed by a physician. All required immunizations must be recorded before student can ATTEND class. If you are moving here from out of the country, you must have a TB shot.
4. **COMPLETE ADDRESS OF PREVIOUS SCHOOL**
5. **SPECIAL EDUCATION:** If a student has been serviced in Special Ed classes, please indicate on form.
6. **CUSTODY/GUARDIANSHIP:** If applicable, a copy of the custodial agreement signed by a judge must be provided at time of enrollment.

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 _____ (City) _____ (State) _____ (Zip) _____

Name of Parent or Legal Guardian _____

	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 _____
Skyward - <input type="checkbox"/> NCLB <input type="checkbox"/> Schedule <input type="checkbox"/> Home Room <input type="checkbox"/> Advisor _____			<input type="checkbox"/> Class List _____
Immunizations - <input type="checkbox"/> Complete <input type="checkbox"/> In Process _____		<input type="checkbox"/> Birth Certificate _____	<input type="checkbox"/> Proof of Residency _____
Administrator Approval _____			<input type="checkbox"/> Legal Docs _____
			Start Date _____ ESL <input type="checkbox"/> Y or N <input type="checkbox"/>

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
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.

Select the statement below which best describes your relationship to the student whom you wish to register in Alpine School District. A separate form must be completed for each child you are registering.

Student's Legal Name: _____

1. _____ The above named child lives with both parents (legally married) and I am the parent (birth or adopted) of this child.
 2. _____ I am the parent (birth or adopted) of this child and am not currently married to the other parent, but I have been awarded Physical Legal Custody through the court.*
 3. _____ I am the birth parent of this child but was never married to the mother/father.
 4. _____ 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.
 5. _____ I am a foster parent or proctor parent.
 6. _____ 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 student can enroll.**

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



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-1-304 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	Record the month, day, & year vaccine was given.				
	1st	2nd	3rd	4th	5th
DTP, DTaP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox)* 1st dose must be received on or after the 1st birthday.					
Hepatitis A (HAV) Must be received on or after the 1st birthday.					
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

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. 12/2014
 www.immunize-utah.org
 (801)-538-9450

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

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: _____

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for *school* entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- **5 doses of DTaP/DTP/DT/Tdap** – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- **1 dose of Tdap** – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- **2 doses of Measles, Mumps, and Rubella** – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
- **3 doses of Hepatitis B** – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- **2 doses of Varicella (chickenpox)** – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- **2 doses of Hepatitis A** – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
- **1 dose of Meningococcal** – required for students prior to 7th grade entry.

b. Children enrolled in *Early Childhood Programs* must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Record Source: Indicate source of original records. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, public health official or USIIS will be acceptable as written proof required to verify the student's immunizations.

Authorized Signature: This is the signature of the school or health personnel who verified the USIR against the source records.

School and Early Childhood Program Use Only:

1. ALL REQUIREMENTS MET: Requirements are met by either up-to-date immunizations on the first day of school **or** by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

Exemption Procedures: The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions, Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

2. CONDITIONAL ADMISSION: If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.
3. NOT-IN-COMPLIANCE: On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

Disease Verification: Parent/guardian must sign on reverse side verifying history of chickenpox disease.

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 Serious 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, epinephrine injectors, and insulin). You can obtain the form from the office.

IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-6 STUDENTS TO CARRY ANY MEDICATION with the exception of inhalers, epinephrine injectors and insulin with proper signed prescriber and parent authorization.

With parent permission 7-12 grade students may now carry and administer one dose of easily identified non-prescription, over-the-counter medication.

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.



Alpine School District

Elementary Student Computer & Internet Use Permission Slip

SARATOGA SHORES 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.

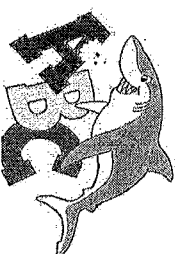
The current policy, including rules and regulations, is found at:
<http://policy.alpinedistrict.org/policy/5225> Internet
Wide Area Network Acceptable Use Rule or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

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: _____



Saratoga Shores Elementary
1415 South Parkside Dr.
Saratoga Springs, UT 84045

Phone: 801-610-8716
Fax: 801-766-6443

Dr. Vallen Thomas, Principal
Krista Robinson, Lead Secretary

Request for Information

Authorization is given to:

Former School

Address

City, State & Zip

Phone: _____

Fax: _____

to furnish Saratoga Shores Elementary School the information listed below concerning the following student(s):

Name

Birth Date

Current Grade

Name	Birth Date	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send:

- Cumulative Records
 Health Records
 Testing Records
 Special Education Records
 All of the above forms

Parent or School Official Signature

Date: _____

Apply Online!

Free and Reduced Meal Application

alpineschools.org/nutrition/ click on the orange box for **Free & Reduced App**

The advantage to applying online is that your application is processed within 12 hours.

You will receive a letter within 3 to 5 days to let you know if you have been approved.

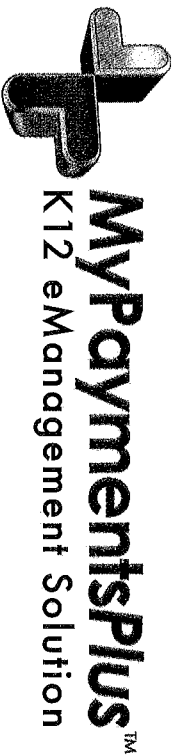
You can also call Nutrition Services at 801-610-8037 or 801-610-8038 the following

day to find out if you qualified.

Paper applications are available at all school offices.

These will take up to 10 days to process.

Easy Online Meal Payments



You can make payments to your student's meal account quickly and securely using MyPaymentsPlus.

Simply log on to www.MyPaymentsPlus.com and register to pay

CHARGE POLICY

In order to provide students and parents in the Alpine School District with the best possible service and accountability for school meals, the following procedures are in place for meal charges:

All students will be provided a regular meal until their account reaches a negative \$25.00.

Complimentary food items will be provided when a negative \$25.00 has been reached.

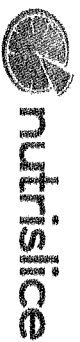
For Breakfast – the student will be provided a fruit cup.

For Lunch – the student will be provided a cheese sandwich and a carton of 1% milk.

The complimentary food items will continue to be provided until a payment has been made to bring the balance under the negative \$25.00.

The Nutrition Services Office will send a collection warning letter to the parents of students that have reached the negative \$25.00.

Nutrition Services is committed to providing meals to all students, however, there is a responsibility on the part of parents and students to assure that there are funds in the meal account.



Check out our digital school lunch menus!

Using our website, you can easily view more information about what is on the school menu for breakfast and lunch each day. You will be able to see an image and description for each food item, as well as nutrient and allergen information.

This information is also available on our mobile app so you can get information when you need it, where you need it!

Go to our website at alpineschools.nutrislice.com to find out more!



Smith's is giving
\$1.4 MILLION
to local nonprofit organizations

Use your Rewards card & help our nonprofit Organization grow

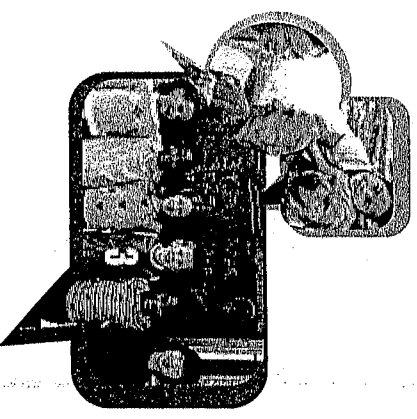
Supporting our non profit organization has never
been easier - just shop at Smith's and swipe your
Rewards Card! Here's how to enroll:

1. Visit SmithsCommunityRewards.com
2. Sign in to your Online Account, or create an account
3. Find and select your organization and click "Save"
Nonprofit Organization #: _____

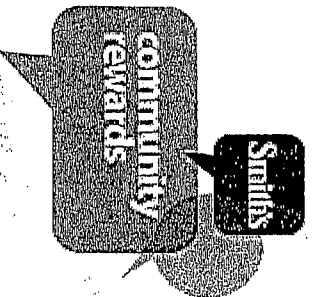
You'll start earning rewards for our nonprofit organization on
qualifying purchases made using your Rewards Card!

Learn more at

SmithsCommunityRewards.com



Step by step enrollment instructions for
Smith's Community Rewards Program



- > You must have a registered Smith's rewards card account to link to an organization.
- > Do you use your phone number at the register? Call 800-576-4377, select option 4 to get your Smith's rewards card number.
- > If you do not yet have a Smith's rewards card, they are available at the customer service desk at any Smith's.

Step by step instructions, for new online customers:

- Register online at www.smithscommunityrewards.com
- Click on the **Register** box in the upper right corner.
- Or if you are on the Community Rewards page, click on **Create an account** box.
- Sign up for a Smith's Rewards Account by entering your email address, creating a password.
- Enter your zip code in the "Your location", then by selecting your favorite store, and agreeing to the terms and conditions.
- A message to check your email inbox will appear, Check your email account, you must click on the link within the body of the email.

For existing and new customers to link your rewards card to an organization:

- Click on the **Sign in** box in the upper right corner and use your email address and password to proceed to the next step.
- Click on **My Account** - box will appear when you are signed into your account replacing the sign in box.
- In Account Summary click on **Smith's rewards Card** and input your Smith's rewards card number. Confirm your information.
- Click on **Smith's Community Rewards** (last selection on Account Summary)
- Enter a NPO (Non-Profit Organization) number or a few letters of the organizations name, select organization from list and click on **Enroll**.
- To verify you are enrolled correctly, you will see your organization's name on the Account Summary page.
- **REMEMBER**, purchases will not count until after you register your rewards card and link to an organization. Members must swipe their registered Smith's rewards card or use the phone number that is related to their registered Smith's rewards card when shopping for each purchase to count.