

NEW STUDENT REGISTRATION FORM

Student's Name _____
(Last) (First) (Middle) (Known As)

Date of Birth _____ Birth Place (City/State or Country) _____

Male Female Grade _____ Has your child ever attended school in Alpine School District? Yes No

School Last Attended _____ Address _____

Student transferred 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 _____
(Street) (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

- Yes No Has your child lived 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 this child receiving English language support?
- Yes No Is the primary language spoken in the home English? If no, what language is spoken? _____
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 - <input type="checkbox"/> NCLB	<input type="checkbox"/> Schedule	<input type="checkbox"/> Home Room	<input type="checkbox"/> Advisor	<input type="checkbox"/> Class List	ESL Y or N	
Immunizations - <input type="checkbox"/> Complete	<input type="checkbox"/> In Process	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Legal Docs		
Administrator Approval _____						

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.

Apellido del padre o madre

Apellido del estudiante

Dirección

Ciudad

Número de teléfono

Distrito Escolar Alpine

INFORMACION DE EMERGENCIA Y SALIDA

Ocasionalmente el estudiante se puede enfermar o tener una emergencia mientras está en la escuela. En estos instantes, se necesitaría contactar a los padres o guardianes o acudir la asistencia médica para el estudiante. La información que proporcione abajo nos ayudará a cuidar a su hija/o en caso de una emergencia. La registración no estará completa sin ésta solicitud firmada. Haga una lista de todos sus hijos que asisten ésta escuela, el mayor primero.

Información del estudiante

Table with 7 columns: Apellido, Nombre, Mascull no/Femi nino, Grado, Profesor/a, Fecha de Nacimiento, Problemas de salud

Información de los padres

Table with 5 columns: Nombre, Empleador, Número de teléfono del trabajo, Número de celular, Dirección de correo electrónico

El distrito escolar Alpine requiere que un guardián legal o una persona autorizada por el guardián legal del estudiante firme para que el estudiante pueda ser sacado de la escuela durante el día. Por favor incluya aquellos individuos que usted autoriza que vengan por su hijo/a o hijos cuando no le podamos contactar a usted directamente. Si alguien viene a recoger al estudiante y no está inscrito en la lista abajo, no se los podrán llevar. Si hay un padre que no tenga custodia del estudiante su nombre también debe estar en la lista para que lo pueda sacar de la escuela.

Contactos de emergencia (los individuos en la lista abajo tienen la autoridad de sacar a mi estudiante de la escuela):

Table with 5 columns: Nombre, Dirección, Ciudad, estado, código, Teléfono, Relación al estudiante

En el caso de que ni uno de los contactos estén disponibles, o en caso de emergencia, la escuela llamará a una ambulancia o a los paramédicos si ven que sea necesario.

Nombre del médico: Teléfono:

¿Hay alguna información en los registros que diga que hay ciertos individuos que no pueden sacar a éste estudiante de la escuela? sí no

He leído y entiendo la información en éste formulario. Además, acepto responsabilidad financiera por todos los costos relacionados con accidentes o enfermedades y estoy de acuerdo con los procedimientos de emergencia que se explicaron previamente.

Firma del padre o guardián legal

Relación al estudiante

Con esta firma atesto que yo soy el padre legal con custodia o el guardián legal del estudiante o estudiantes nombrados aquí. Falsificación de la información arriba podría resultar en acción legal.

Favor de notificar a la oficina de la escuela de cualquier cambio en esta información.

**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 that 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
GUARDIANSHIP STATUS FORM**

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 other parent, but I have been awarded Physical Legal Custody by a 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 the 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-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	1st	2nd	3rd	4th	5th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-<i>Pertussis</i>, aP-<i>acellular Pertussis</i>)</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:

- 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: _____



ALTERNATIVE LANGUAGE SERVICES

Home Language Survey

(To be completed by the parent/guardian)

Purpose: This Home Language Survey identifies a student whose home language is not English or who comes from a home where a language other than English is spoken. The student may be tested on the skills of listening, speaking, reading, and writing in English in order to determine if language support services are necessary. Your child is entitled to these language support services as a civil right.

This information cannot be used for immigration matters or reported to immigration authorities.

School _____ Registration date _____ Student ID # _____
mm/dd/yyyy

Student Name _____ Grade _____ Birthdate _____
First Last

Country of Birth _____ Location of last school _____

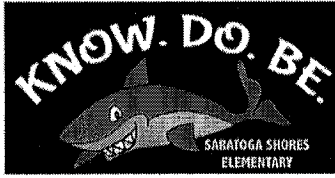
If the student was not born in the United States, what date was the student enrolled in a U.S. School? _____

HOME LANGUAGE QUESTIONS:

- 1) What was the first language that the student learned to speak?
2) What language does the student most frequently speak at home?
3) What languages does the student currently understand or speak?
4) What language do adults in your home most frequently use when speaking with the student?
5) If available, in what language would you prefer to receive information from the school?
6) Does the student come from a refugee background? YES NO
7) Native American Question: Is the student's English language influenced by the Tribal Language through a parent, grandparent, relative or guardian? YES NO
8) Did you move into the area with the intent to work in agriculture? YES NO

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____



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

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

Ms. Helena Mueller, Principal
Paula Parker, 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

- Please Send:
- Cumulative Record
 - Health Records
 - Testing Records
 - Special Education Records
 - All of the above forms

Parent or School Official Signature

Date: _____