

Springside Enrollment Information

Springside Summer Office Hours

Wednesday 8:30-11:30 AM

801-610-8732 Fax 801-854-5505

Options for submitting enrollment packets:

- **Visit our during our summer office hours.**
 - Due to Covid 19 safety precautions, only the guardian will be allowed in the office at time of enrollment and all forms must be completed prior to entering. Please do not bring children at this time.
- **Email or fax all completed forms and documents.**

Email to jmckenna@alpinedistrict.org Fax 801-854-5505

 - Please include a copy of the original birth certificate to ensure correct information is used when entering your student. Because we are required to view the original birth certificate, you are asked to sign an affidavit acknowledging that you have 30 days to present the original birth certificate in the office for verification.

Complete the following forms:

- New Student Registration
- Race and Ethnicity
- Guardian Status Form
- Health Form
- Utah Health Dept Immunization Card (This card MUST be filled out.)
- Request for Records
- Home Language Survey
- 30 Day Birth Certificate Notice (Only if enrolling via email or fax)
- Speech and Hearing Survey (Kindergarten Only)

All Students will need the following documentation:

*Please note that some situations require additional forms/documentation prior to enrollment.

- **Birth Certificate-** Original certified birth certificate.
- **Immunization Record-** Record must be provided along with Utah Health Dept Immunization Card filled out.
- **Proof of Residency-** Two forms of residency dated within 60 days showing the guardian's name are required.
 - Existing Home-** Acceptable proof includes: utility bills, pay stubs, bank statements, major credit card statements, rental agreement and closing statement.
 - Homes Under Construction-** The must currently be under construction and provide the building permit and builder contract.
 - Living with Friends and Relatives-** If living with a friend or relative, a Living with Another Family Form must be completed and notarized by both parties. Please contract the school office for more information.
- **Custodial Documentation-** If biological/adoptive parents are no longer married or there are any issues of guardianship, a copy of the custodial rights signed by a judge must be provided at the time of enrollment.



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 - 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
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.**

**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.



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____ Student ID Number _____

USIIS ID _____ PIN _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th			
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
Tdap								
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>1st dose must be received on or after the 1st birthday.</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry

Student's former school

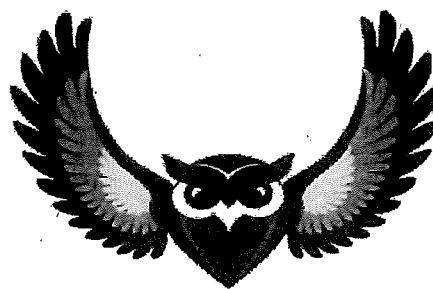
Legally responsible individual of the student

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program
immunize.utah.gov
(801)-538-9450

Authorized Signature: _____ Date: _____

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Springside Elementary



Phone: (801)610-8732
Fax: (801)854-5505
susanburt@alpinedistrict.org
694 S. Highpoint Dr.
Saratoga Springs, UT 84045

Name of Last School: _____

City and State: _____

Fax #: _____ Phone#: _____

Please send all school records including CUM folder with birth certificate, and immunizations records, special education (IEP), and any other records regarding the child listed below. Thank you.

Name: _____ Grade: _____ Birthday: ___/___/___

To expedite enrollment, please fax the following to us as soon as possible:

- *Birth Certificate *Immunization Record *Special Education Information*
- *Legal Documents *Withdrawal Form*

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.

School official or Parent/Guardian Signature

Date:

1st Request: _____ 2nd Request: _____



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 _____

Country of Birth _____ Location of last school _____
First Last

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 _____

****Only complete if you are NOT submitting the Original Birth Certificate in our office at the time of enrollment.****

30 Day Birth Certificate Requirement Notification

Utah State law requires a certified copy of birth certificate to for enrollment.

Utah State Law 53A-11-503. Requirement of birth certificate for enrollment of students -- Procedures.

(1) Upon enrollment of a student for the first time in a particular school, that school shall notify in writing the person enrolling the student that within 30 days he must provide either a certified copy of the student's birth certificate, or other reliable proof of the student's identity and age, together with an affidavit explaining the inability to produce a copy of the birth certificate.

(2) (a) Upon the failure of a person enrolling a student to comply with Subsection (1), the school shall notify that person in writing that unless he complies within ten days the case shall be referred to the local law enforcement authority for investigation.

(b) If compliance is not obtained within that ten day period, the school shall refer the case to the division.

(3) The school shall immediately report to the division any affidavit received pursuant to this subsection which appears inaccurate or suspicious.

I _____ have read the above statement and agree to provide
Guardian's Name
Springside Elementary School with a certified copy of _____ birth certificate
Student's Name
on or _____
before 9/18/2020.

Signature _____ Date _____

Birth Certificate Received _____

10 Day Notice Sent _____

Referred to Student Services _____

PRE-KINDERGARTEN SPEECH AND HEARING SURVEY

Child's Name _____ Birthdate _____

Parent's Name _____ Date _____ Phone _____

This information will be very helpful in planning an optimal educational program for your child. Please complete the following checklist. You may make additional comments, if desired, on the bottom of this form.

HEARING

YES NO

- Child's hearing is believed to be normal. If not, please explain.

- Child has a history of ear infections.

SPEECH AND LANGUAGE

- Child has difficulty saying many sounds. Please list:

- Child has difficulty speaking in sentences.

- Child talks very little.

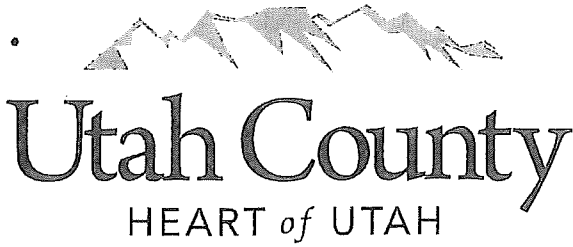
- Child has a voice problem—pitch, volume, quality (hoarseness, harshness, nasality).

- Child has excessive episodes of stuttering.

- In your opinion, is your child's speech and language development appropriate for age?

- Child may need some help from the speech-language pathologist.

Please list any additional comments about your child's speech or hearing.



UTAH COUNTY HEALTH DEPARTMENT

Ralph L. Clegg, E.H.S., M.P.A.
Executive Director

Eric S. Edwards, M.C.H.E.S., M.P.A.
Deputy Director

Dear Parents of New Kindergarten Students:

For kindergarten attendance, Utah State law requires the following immunizations for the protection of your child and others from communicable diseases:

5 DTaP 4 Polio 2 MMR 3 Hepatitis B 2 Hepatitis A

2 Varicella (Chickenpox)

The 5th DTP and 4th Polio immunizations need to be given after the child's 4th birthday, the first MMR and Chickenpox vaccines must be given after the first birthday. Parents may sign the appropriate box on the pink immunization card indicating their child has had the Chicken pox disease instead of the vaccine.

*** As a NEW requirement starting July 1, 2018, a NEW appropriate Utah Department of Health Exemption form must be obtained and put on file at school for those children who claim exemption to immunization for religious or personal reasons. The module and form will be available after July 1, 2018. For Medical Exemption, a letter from the physician stating which immunization(s) the student may be exempt from due to a medical condition is sufficient. ***

Immunizations are available from your personal physician or from the Utah County Health Department according to the schedule below. Please bring your records of previous immunizations for your child to your doctor or the health department clinic.

<u>Location/Days of Health Dept. Clinics</u>	<u>Address</u>	<u>Hours</u>
Provo Mon, Tues, Fri.	151 S. University Ave	8:00 to 5:00
Provo Wed.	151 S. University Ave	8:00 to 7:00
Provo Thurs.	151 S. University Ave	9:00 to 5:00
American Fork Mon. thru Fri.	599 S. 500 E. Suite 2	8:00 to 5:00
Payson each Tuesday	WIC 910 E. 100 N.	4:00 to 7:00

A physical examination, including vision screening, and a dental examination are strongly recommended for entering kindergarten students. Utah County Health Dept. Wellness Clinic performs physicals for \$30. Appointments can be made by calling 801-851-7031. Physical and dental exams and immunizations are advised in the Spring and early Summer to avoid crowds in the fall.

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. We do not send out emails to notify you.

*Paper applications are available at all school offices and at the Nutrition Services Office
759 E. Pacific Dr., American Fork, UT 84003*



You can make online payments to your student's meal account quickly and securely using our free service. Simply log on to www.mypaymentsplus.com and register. In addition to making payments, you can view your student account balances, history, set up automatic payments and account balance alerts.

The school kitchens can accept cash or checks for meal payments, but not credit cards.



Check out our digital school 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!

NUTRITION SERVICES

MEAL CHARGE POLICY 2019-20

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 meal accounts, prior to meal service. 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 regarding meal charges. Please note - meal charging is a courtesy and should not be a regular practice.

- All students will be provided a regular school meal regardless of their meal account balance.
- NO meals will be taken away from a student.

Elementary Student Procedures - how parents and students are notified of low balances in meal accounts:

- The Nutrition Services kitchen team will inform students, when they receive their meal, that they are out of money and are charging this meal.
- Charge notice letters will be printed weekly by the kitchen team for all students that owe less than \$10.00 and distributed in teacher boxes to give to the students to take home to parents.
- When charges reach \$10.00 or more a charge notice letter will be mailed to the student's home.
- A weekly courtesy phone call from the kitchen team (personal and/or automated) will be made when a student owes \$5.00 or more.

Secondary Student Procedures - how parents and students are notified of low balances in meal accounts:

- The Nutrition Services kitchen team will inform students, when they receive their meal, that their funds are getting low (\$5.00 or less) and will continue to inform the student if charges accrue.
- A weekly courtesy phone call from the kitchen team (personal and/or automated) will be made when a student owes \$5.00 or more.
- Charge notice letters will be printed weekly by the kitchen team for all students that owe \$10.00 or more and will be mailed to the student's home.

We reserve the right to send a parent to collections for unpaid meal account balances.

We make every effort to request payment before a patron is referred to collections. We appreciate prompt responses to payment requests.

MyPaymentsPlus.com is a free, quick and efficient way to make payments to student meal accounts and check student balances.