



Welcome to Greenwood Elementary!
We are excited to have you join our school.

- Our school website is - greenwood.alpineschools.org
- We are on Facebook - <https://www.facebook.com/Greenwood-Gators-212163208803515>

The following forms are needed to complete registration:

- New Student Registration Packet
- Utah School Immunization Record (filled out with the dates of immunizations)

****Your student cannot start school without complete immunizations or an Exemption Form signed by the Health Department.**

As per State Law R396-100-9:

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

- Completed Immunization Records from your Health Care Provider
(Dates must be copied onto the pink district form.)
- Birth Certificate
(Original is required. We can copy this for you.)
- Proof of Residency
(Lease/Purchase Agreement or utility bill)
- Custody Documentation
(If applicable)

Our summer hours are Wednesdays from 9:00a.m.-12:00p.m.

Please call our office at 801-610-8708 with any questions.



**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 _____					

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.

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

<i>Last Name</i>	<i>First Name</i>	<i>M/F</i>	<i>Grade</i>	<i>Teacher</i>	<i>Birth Date</i>	<i>List any Health Problems</i>

Parent Information

<i>Name (please print name)</i>	<i>Employer</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>E-mail Address</i>
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)*

<i>Name</i>	<i>Street</i>	<i>City, State, Zip</i>	<i>Phone</i>	<i>Relationship</i>

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 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.



- Student Media Release -

Dear Parents,

Alpine School District seeks to promote the positive accomplishments of students. Accordingly, your child's projects, photo/video, comments, and name might be printed or posted on the web by the school, district, or external media. Please select all appropriate options. At any time you may update your preferences in Skyward.

Release for School and District Print Publications

Yes No The school/district may publish--in print format--my child's projects, photo/video, comments, and name.

Release for School and District Web/Social Media

Yes No The school/district may publish — in electronic format — my child's projects, photo/video, comments, and name. I understand that this information will be available on the Internet (please note that this does not replace the district's Acceptable Use Policy or imply permission to use Internet services).

Release for External Media

Yes No External media may broadcast my child's projects, photo/video, comments, and name (newspaper, television, radio, and so forth).

Child's Name

Child's Grade

Parent/Guardian Signature

Date



Alpine School District
Elementary Student Computer & Internet Use Permission Slip

School: _____

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: _____



ALTERNATIVE LANGUAGE SERVICES
Home Language Survey

To ensure that all students receive the education services they need, the law requires us to ask questions about students' language backgrounds. Responses to the questions below will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them.

School _____ Registration date _____
mm/dd/yyyy

Student Name _____

Student school ID number _____
First Last
Grade _____

Birthdate _____ Gender _____ Country of Birth _____
M/F

Location of last school _____

Name of Parent/Legal Guardian _____

HOME LANGUAGE QUESTIONS:

- 1) What was the first language that the student learned to speak? _____
- 2) What is the language currently most often spoken by the student? _____
- 3) What is the primary language used in the home, regardless of the language spoken by the student? _____
- 4) What language does the primary caregiver speak to your child? _____
- 5) If available, in what language would you prefer to receive information from the school? _____
- 6) **Native American Question:** Is the student's English language influenced by the Tribal Language through a parent, grandparent, relative or guardian? _____ YES _____ NO

Person completing this form _____

Parent/Guardian Signature _____

Alpine School District
Voluntary Student Information Questionnaire
McKinney-Vento Assistance Act



This questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11431, et. seq. The Act requires that all homeless children and youths have equal access to the same free and appropriate public education as provided to other children and youths and to ensure that all homeless children and youths have an opportunity to meet the same challenging state standards to which all students are held. The term "homeless children and youth" means *individuals who lack a fixed, regular, and adequate nighttime residence*. Please answer the questions below to determine if the student is included in this definition and is therefore eligible for the rights and services provided under the McKinney-Vento Homeless Assistance Act.

Student Name: _____ Student ID#: _____ Date of Birth: _____
 School: _____ Grade: _____

Submission of any false or misleading information is a violation of state law and may void this application and agreement.

- | Yes | No | |
|-------|-------|--|
| _____ | _____ | Is the student sharing housing with other persons due to loss of housing, economic hardship, or similar reason? |
| _____ | _____ | Is the student living in a motel or hotel due to lack of alternative adequate accommodations? |
| _____ | _____ | Is the student living in an emergency or transitional shelter? |
| _____ | _____ | Is the student living in a car, park, temporary trailer park, campground, public space, abandoned building, substandard housing, bus or train station, or similar setting? |
| _____ | _____ | Is the student living in a primary nighttime residence that is a public or private place, not designed for or ordinarily used as regular sleeping accommodations for human beings? |
| _____ | _____ | Is the student a migratory child/youth that meets one or more of the conditions described herein? |
| _____ | _____ | Is the student abandoned in the hospital? |
| _____ | _____ | Is the student awaiting foster care placement? |
| _____ | _____ | Is the student seeking an unaccompanied child/youth (not in the physical custody of a parent or guardian) living in one or more of the above described conditions? |

IF YOU ANSWERED YES, PLEASE BRIEFLY DESCRIBE: _____

Signature or person completing the form AND relation to student: _____

Address: _____ Phone Number: _____

List all school-age students UNDER YOUR CARE who qualify based on the yes/no questions stated above:

Name	School	Grade	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTIFY THE SCHOOL IF YOUR LIVING STATUS CHANGES. ALL INFORMATION IS VERIFIED ANNUALLY.

PRINCIPAL'S SIGNATURE _____ DATE: _____

ONCE SIGNED, PLEASE FAX THIS FORM TO STUDENT SERVICES → FAX 801-610-8519

Questions concerning this questionnaire or a homeless situation should be directed to Alpine School District Student Services
 575 N 100 E, American Fork, UT 84003, (801) 610-8518, FAX (801)610-8519
shayes@alpinedistrict.org

FOR ALPINE SCHOOL DISTRICT USE ONLY: Rev 12-2-2016

APPROVED DENIED STUDENT SERVICES DIRECTOR SIGNATURE/DATE: _____



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:

- 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: _____