



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.





575 N 100 E, American Fork, UT 84003
Phone: 801-610-8400

NEW STUDENT REGISTRATION FORM

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 _____ 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.

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

Student Directory Information and Media Release

Student Name:

Student Id #:

Alpine School District strongly believes in protecting student data and student data privacy. Additionally, it recognizes students in various venues and desires to appropriately promote the positive accomplishments of students. This document discloses the fashions in which data may be shared and gives you a way to control how your student's data are made available in local publications and the general media.

District or School Level Applications and Services

To protect student privacy, Alpine School District enters into a legally binding privacy agreement with providers receiving student information for the purposes of delivering educational or operational services. In order to operate and provide services, essential systems receive student data regardless of the permissions below. A list of these essential district applications can be viewed [here](#).

Directory Information Release

Under the Family Educational Rights and Privacy Act (FERPA), Alpine School District defines Directory Information that can be disclosed or published without parental consent for each instance of sharing. Directory Information facilitates school publications and operational activities such as yearbooks, graduation or other programs, honor roll lists, class photos, etc. Parents can opt out of allowing the school or district to share Directory Information. Alpine School district defines Directory Information to include the following:

- Student First Name
- Student Last Name
- District Student Email
- Student Grade Level
- Past and Present School(s) attended
- Student Degree, Honors, Awards, Activities, Sports
- Student Photo

Declining the Directory Information provision restricts Alpine School District from disclosing any or all of the types of information designated above as Directory Information from your child's education records.

I Understand that the above information may be provided to outside entities for the purposes described above.

I Decline (I understand my student's information will not be included in publications such as graduation programs, extracurricular programs, honor rolls, or with providers such as photographers, ring manufacturers, etc...) This opt out needs to be done within five days of the beginning of the

school year, or at the date of first enrollment. Checking this box after that timeframe does not guarantee the restriction of Directory Information during that school year.

School and District Web/Social Media Release

Student information is sometimes requested by external media (newspaper, TV, radio, and so forth). Schools also use social media and the internet to publish student accomplishments and highlight student achievement. As such, Alpine School District requires parental/guardian permission in order for this information to be released or shared. Media release information includes Directory Information and also the following additional information:

- Student work or projects
- Student comments
- Student ideas
- Video of students

I Agree (The school or 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).

I Decline (The school or district may not publish my childs projects, photos/video, comments, name to the media or to the internet.)

This form will be kept in Skyward and may be viewed in the student's profile.

Parent/Guardian Signature

Date

Alpine School District

Student Computer & Internet Use Permission Slip

Student Name:

Student Id #:

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.

Acceptable Use Policy

The current policy, including rules and regulation, is found in the Internet/Wide Area Network Acceptable Use Policy or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

Parental Permissions

By accepting this agreement below:

- I grant permission for my child to use district and school computers and devices and the Alpine School District wide area network/Internet in ALL the following ways:
 - Internet services
 - Online educational applications
 - Student productivity tools including email, cloud storage, and productivity applications
 - Other software and services

- I recognize that the purpose of a student email is for communication for educational purposes, and for use in account creation for educational applications. Accordingly, I grant consent to my student's teachers in Alpine School District to disclose the following subset of Directory Information to software application providers, under the terms of the provider's privacy agreement:
 - Student first name
 - Student last name
 - Student district generated email

Applications used by the teachers which contain the above student information will be communicated to parents through teacher disclosure statements or other methods.

I accept these conditions. I have read and accept the conditions above for computer use, application use, and student data disclosure.

I decline these conditions. I understand that my student will not be able to use district computer or devices, applications, and district internet services.

Parent/Guardian Signature

Date:



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) 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
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 public education as provided to other students and to ensure that all homeless children and youths have an opportunity to meet the same 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 this 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 not in the physical custody of a parent or guardian (such as runaways; throwaways, and school-age unwed mothers) living in one or more of the above described conditions? |

IF YOU ANSWERED YES, PLEASE BRIEFLY DESCRIBE: _____

Name of person completing this form AND relation to student: _____

Signature: _____ 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 5-22-2017

APPROVED DENIED STUDENT SERVICES DIRECTOR SIGNATURE/DATE: _____

Apply Online!

Free and Reduced School Meals 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.

*Paper applications are available at all school offices.
These will take up to 10 days to process.*



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.



nutrislice

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!

NUTRITION SERVICES

MEAL CHARGE POLICY 2017-18

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 until their account reaches a negative \$15.00.
- Complimentary food items will be provided when a negative \$15.00 has been reached.
 - **For breakfast** – the student will be provided a fruit cup and a carton of 1% milk
 - **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 \$15.00.
- The Nutrition Services Office will send a collection warning letter to the parents of students that have reached the negative \$15.00, as an additional reminder that a payment is due, before being sent to collections.

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 the funds are gone and they are charging a meal (unfortunately our elementary meal system does not give a warning until funds are gone).
- Charge notice letters will be printed weekly by the kitchen team for all students that owe \$1.00 or more and distributed to teacher boxes to give to the students to take home to parents.
- A courtesy phone call from the kitchen team will be placed when a student owes \$5.00 or more.
- Charge notice letters will continue to be distributed weekly to teacher boxes to give to students, until a payment is made.
- Once a student reaches the \$15.00 charge limit, charge notices will be sent to patrons by the Nutrition Services Office requesting a payment – if a payment is not received the negative balance owed will be sent to a Collections Agency for collection.

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 courtesy phone call from the kitchen team will be placed 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 home of the student.
- Once a student reaches the \$15.00 charge limit, charge notices will be sent to patrons by the Nutrition Services Office requesting a payment – if a payment is not received the negative balance owed will be sent to a Collections Agency for collection.

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** service and is a quick/efficient way to make payments to student meal accounts and check student balances.

Thank you for supporting school meals!



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:

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

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: _____

* 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:** _____



Greenwood Elementary School

50 East 200 South
American Fork, Utah 84003
Phone: (801) 610-8708
Fax: (801) 756-8536

Request for School Records

School last attended: _____
Address _____
City, State _____
Phone _____ Fax _____

The following student(s) has/have registered at Greenwood Elementary.

Please send all school records, including special education (IEP), ELL file, birth certificate, and immunization records for the child/children listed below.

Thank you.

<u>Student's Name</u>	<u>Student #</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission for the release of these records granted by:

_____ Date _____
School Official, Parent or Guardian