

LEHI JR HIGH SCHOOL



2020-2021 NEW STUDENT REGISTRATION
THE FOLLOWING IS REQUIRED TO ENROLL YOUR STUDENT

You must have the following documents to register a new student.

The following information is required by law in order to enroll a new student. If any of these items are missing, we will not be able to complete the registration process.

[] Registration Form signed by the student's custodial guardian.

[] Custodial Guardianship form showing proof. A copy of the Divorce Agreement is required to establish physical and custodial rights (if this applies to you). If student is not living with the custodial guardian, you must complete Power of Attorney or meet with Student Services at Alpine School District Offices.

[] Withdrawal Form/Transcript/Report Card from previous school.

[] Birth Certificate Bring the original to be copied. We can no longer accept wallet size birth certificates.

[] Immunization Records Please see the attached immunization forms for specifics. If shots are needed, you may contact the Public Health Department.

[] Proof of Residency You will need one of the following: Utility Bill, must be Lehi City, lease agreement, or purchase agreement. A notarized form is required if you are living with another family. If living out of school boundaries, an Online Out of Area Application and approval is required prior to registration.

[] Special Education-IEP-504 If your student has been serviced in Special Education classes, you will need to contact the previous school to obtain a current copy of the IEP. An appointment will need to be made with our Special Education Dept. prior to classes being scheduled.

Lehi Jr High Counseling Office/Ms. Shepherd-Registrar
Lehi Jr High Fax Number/Website
Bus Info/Transportation Office
Alpine District, 575 N 100 E., American Fork
Health Dept, 599 S 500 E., American Fork

801-610-8755/jennifershepherd@alpinedistrict.org
801-768-7016/lehijr.alpineschools.org
801-610-8850/bus.alpinedistrict.org
801-610-8400/alpineschools.org
801-851-7331



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

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.

2020-2021 School Year

Utah School Registration Immunization Requirements

Utah State Law requires that all students must submit a completed immunization record to the school **BEFORE THE FIRST DAY OF SCHOOL ATTENDANCE**. **THESE REQUIREMENTS ARE IN EFFECT FOR THE 2020-2021 SCHOOL YEAR IN ALL UTAH PUBLIC AND PRIVATE SCHOOLS**. A student must have proof of the following immunizations for school enrollment or submit one of the three exemptions listed below.

<u>Preschool</u>	<u>K-5th Grade</u>	<u>6th Grade</u>	<u>7th---12th Grade</u>
<p>4 DTP/Dtap/DT</p> <p>3 Polio (IPV)</p> <p>1 MMR</p> <ul style="list-style-type: none"> • (mumps, measles, rubella) <p>3 Hepatitis B (HBV)</p> <p>2 Hepatitis A (HAV)</p> <p>1 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider <p>HIB..</p> <ul style="list-style-type: none"> • doses adequate for age <p>Prenar (Pneumonia)</p> <ul style="list-style-type: none"> • doses adequate for age, including one dose of Prenar 13 	<p>5 DTP/Dtap/DT/Tdap</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • last dose must be given after 4th birthday or 5 required • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • last dose must be given after 4th birthday or 5 required • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • last dose must be given after 6 months of age or 4 doses required <p>1 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>1 Tdap (tetanus, diphtheria, pertussis)</p> <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella)</p> <p>3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • Last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV)</p> <p>1 Meningococcal</p>

(1st dose MMR, Varicella and Hepatitis A must be given AFTER 1st birthday to be valid dose)

EXEMPTIONS

PERSONAL, RELIGIOUS & MEDICAL

All new students, students entering Kindergarten and 7th grade the legal guardian must complete an on-line educational module (free of charge) and provide a copy of the completed form to the school official. The on-line course can be found at www.immunize-utah.org. *Completion of the on-line educational module can be done at the Health Department if you do not have access to a computer. For a medical exemption, a written note from a licensed health care provider must be provided along with a copy of the completed on-line educational module. It should state the physical condition of the student, and why that vaccine would endanger the student's life or health.*

Results of a completed TB test (PPD) given in the U.S. within 90 days or results of a chest x-ray taken within the last year must be presented before school attendance begins by all students who have moved in from a foreign country (except Canada) or who have been out of the country for 6 months or more. A TB test given within the last five years is also required for all entering kindergarten who were born in a foreign country (except Canada). If BCG (a TB immunization) was given within the last year, the student must wait one year from the date of the BCG to receive a PPD, but they may attend school during that time period until the PPD can be given.

A child may be allowed to attend school "conditionally" if at least one dose of each required immunization series has been completed and the child is currently on schedule to finish the rest. The remaining immunizations must be completed on schedule for the child to remain in attendance.



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 _____

USIIS ID _____ PIN _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					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).

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), USIIS ID, and PIN (a number that is given to an individual or a dependent's legal guardian, to obtain access to their immunization records in USIIS). The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.

*NOTE - The USIIS ID, PIN, and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS.

- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.

*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS.

- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.

- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.

- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or 801-538-9450.

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.



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!