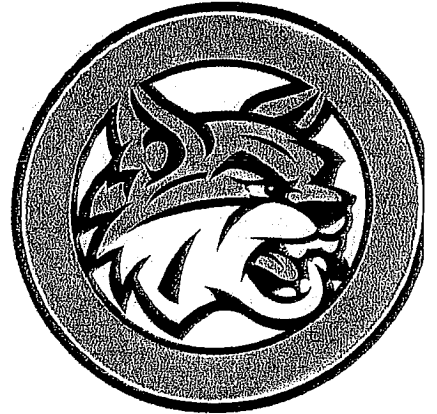


# AUTHORIZATION TO RELEASE SCHOOL RECORDS

## River Rock Elementary

000 North 000 West, Lehi, UT 84043    phone: 801-555-5555  
fax: 801-555-5555



Name of Last School: \_\_\_\_\_

City and State: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

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

*Birth Certificate: \_\_\_ Immunization Record: \_\_\_*

*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

# Alpine School District New Student Registration

Date: \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle Known as:

Sex:  Male  Female    Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ (optional)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ (City) \_\_\_\_\_ (State)

School last attended \_\_\_\_\_ Address \_\_\_\_\_  
City State Zip

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_  
Last First Middle

Email Address \_\_\_\_\_ (Providing an email address grants permission for ASD to contact via email)

Student Home Address: \_\_\_\_\_  
Address City Zip

Mailing Address (if different) \_\_\_\_\_  
Address City Zip

Has your child ever attended school in Alpine School District?     Yes     No

Student transferred from:  Within the district  Out of District  Out of State  Out of Country \*\*

\*\* If out of Country, write country \_\_\_\_\_ Entry date into USA \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Lives With---	Write Name(s)	Foster	Step	Home Phone No.	Work Phone No.
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Guardian					
<input type="checkbox"/> Other					

1.  Yes  No Has your child been living in the US for the last 3 years?
2.  Yes  No Has your child been attending school in the US for the last 3 years?
3.  Yes  No Do you have legal custody of the child you are registering?
4.  Yes  No Is the child you are registering a foster child/ward of the court?
5.  Yes  No Does student have an Individualized Education Plan or is he/she receiving Special Education Services?
6.  Yes  No Are you living with friends or relatives?
7.  Yes  No Has your child ever been suspended/expelled from school?
8.  Yes  No Is the primary language spoken in the home English? If no, what language is spoken? \_\_\_\_\_

Who speaks the non-English language? \_\_\_\_\_

*I hereby certify that the information is true and correct to the best of my knowledge. Any falsification of the information above may result in the cancellation of the transfer or opportunity to attend school in Alpine School District.*

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY: Teacher \_\_\_\_\_ Student # \_\_\_\_\_ Track \_\_\_\_\_

Date enrolled \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Code \_\_\_\_\_

Pre-Registration  List:  Immun. Complete  In Process  Incomplete / TB Y or N /  Birth Certificate /  Legal Docs /  Proof of Residency /  Sent for Records /  Received Records/ Note: \_\_\_\_\_

Post-Registration  List:  Skyward /  Schedule  Home Room /  Advisor /  Family Rep /  IN- Log Book/  Class #'s List /  ESL Y or N

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

The question above relates to ethnicity, not race. Please mark one or more boxes to indicate your student's race.

**Race:** What is your student's race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, 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. 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 contacting 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 name 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.

**ALPINE SCHOOL DISTRICT  
GUARDIANSHIP STATUS**

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.

Please read carefully and select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student's Name: \_\_\_\_\_ (Birth Certificate Name)

1. \_\_\_\_\_ I am a foster parent or proctor parent.
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 through the court.\*
3. \_\_\_\_\_ 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.
4. \_\_\_\_\_ The above named child lives with both parents and I am the parent (birth or adopted) of this child.
5. \_\_\_\_\_ 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 your student can enroll in school.

\*\* 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: \_\_\_\_\_

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 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 \_\_\_\_\_ 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, EpiPens and insulin). You can obtain the form from the office.

**IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR STUDENTS TO CARRY ANY MEDICATION.** The only exception to this is inhalers, EpiPens and insulin with proper signed prescriber and parent authorization.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

PLEASE NOTE: The information requested is considered to be essential for planning a program each year which 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

### Elementary Student Computer & Internet Use Permission Slip

**School:** River Rock Elementary

Name: \_\_\_\_\_ Core Teacher (if applicable): \_\_\_\_\_  
(Last, First, Middle)

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Recognizing the fundamental role technology plays in the 21<sup>st</sup> 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](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: \_\_\_\_\_



- 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