

**LEHI HIGH SCHOOL  
HOME OF THE LEHI PIONEERS  
NEW STUDENT REGISTRATION**

Student # \_\_\_\_\_ Entry Date \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

Student Email \_\_\_\_\_

School last attended \_\_\_\_\_

Address \_\_\_\_\_

PERIOD	SUBJECT	TEACHER	ROOM #
A1			
A2			
A3			
A4			
B5			
B6			
B7			
B8			

Divorce Decree \_\_\_\_\_

Withdrawal Form \_\_\_\_\_

Immunizations \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Proof of Residence \_\_\_\_\_ (Utility bill, lease or purchase agreement.) Living with another family-separate form/notorized



5 Dtap, DTP,DT	2 MMR	2 Varicella (Chickenpox)
1 Tdap (TD Booster)	3 Hepatitis B	
4 Polio	2 Hepatitis A (if born after July 1, 1996)	

# NEW STUDENT REGISTRATION FORM



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

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 \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_  
(City) (State) (Zip)

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 <input type="checkbox"/>	Schedule <input type="checkbox"/>	Home Room <input type="checkbox"/>	Advisor <input type="checkbox"/>	<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 _____					

**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.

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.

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 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, 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.

# Apply Online!

## Free and Reduced Meal Application

Go to

[alpineschools.org](http://alpineschools.org)

↳ Departments

↳ Nutrition Services

↳ Parents Zone

↳ Online Free & Reduced Application



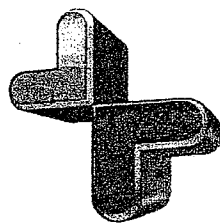
The advantage to applying online is that your application is processed within 24 hours. You will receive a letter within 3 to 5 days to let you know if you have been approved. You can also call Nutrition Services at 801-610-8037 or 801-610-8038 the following day to find out if you qualified.

Paper applications are available at all school offices.

These will take up to 10 days to process.

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## Easy Online Meal Payments



**MyPaymentsPlus**<sup>TM</sup>  
K12 eManagement Solution

You can make payments to your student's meal account quickly and securely using **MyPaymentsPlus**.

Prepay with your credit card, debit card or e-check

Available 24/7 for your convenience

Free - no service fees

Free - access to purchase history and account balance information

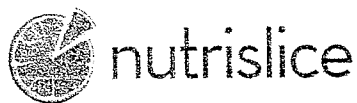
Simply log on to [www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com) and register to pay.

# NEW MEAL CHARGE POLICY

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 regarding student meal account balances will be implemented at the beginning of the 2015-16 school year.

- All students will be provided a regular school meal until their account reaches a negative \$25.00.
- Complimentary food items will be provided when a negative \$25.00 has been reached.
  - For breakfast – the student will be provided a fruit cup
  - For lunch – the student will be provided a ½ 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 \$25.00.
- The Nutrition Services Office will send a collection warning letter to the parents of students that have reached the negative \$25.00.

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.



Our school lunch menus have just gone digital!

Using our new website, you can now easily view more information about what is on the school menu for breakfast and lunch each day. You will now 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! Our innovative and interactive site makes your child's school menu more convenient and informative than ever before.

Go to our new website at [alpineschools.nutrislice.com](http://alpineschools.nutrislice.com) to find out more!

