



**Willowcreek Middle School  
2018-2019 School Year**



***New Student Registration Packet Includes:***

- Registration Form
- Statement of Custodial Guardianship
- Request for Student Records
- Utah School Immunization Information & Record
- Media Release Form
- Nutrition Services Information
- Grade Specific Class Registration Form
- WMS Course Descriptions

***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 the 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 or Dominion Energy only), lease agreement, or a purchase agreement. A notarized letter is required if you are living with another family.

**[ ] *Special Education*** 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.

Willowcreek Counseling Office/Ms. Makin-Registrar	801-610-8767/jmakin@alpinedistrict.org
Willowcreek Fax Number/Website	801-766-5168/willowcreek.alpineschools.org
Bus Info--Transportation Office	801-610-8850/bus.alpinedistrict.org
Alpine District, 575 N. 100 E., American Fork	801-610-8400/alpineschools.org
Health Dept, 599 S. 500 E., American Fork	801-851-7331



# 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 \_\_\_\_\_  
(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.

**ALPINE SCHOOL DISTRICT – GUARDIANSHIP STATUS**  
**DISTRITO ESCOLAR DE ALPINE – TUTELA LEGAL**

De acuerdo con la ley del estado de Utah, Sección 53A-2-202, un niño tiene derecho de asistir a la escuela si sus padres / tutor legal viven dentro de los límites de la escuela.

Favor de leer las instrucciones con cuidado para escoger la declaración que describe su parentesco con el estudiante matriculándose. Un formulario individual se requiere para cada niño.

Nombre del estudiante: \_\_\_\_\_(nombre en el certificado de nacimiento)

1. \_\_\_\_\_ El niño vive con ambos padres, casados, y soy la madre/el padre de nacimiento (biológico/adoptivo).
2. \_\_\_\_\_ Soy la madre/el padre de nacimiento (biológico/adoptivo) de este niño pero no estoy casada(o) en la actualidad con la madre/el padre. Tengo los derechos de custodia física por orden judicial.\*
3. \_\_\_\_\_ Soy la madre/el padre de nacimiento pero nunca fuimos casados.
4. \_\_\_\_\_ No soy madre/padre de nacimiento, soy familiar/amigo. (Favor de escoger la declaración que le pertenece).
  - a. \_\_\_\_\_ Tengo tutela legal por orden judicial. \*\*
  - b. \_\_\_\_\_ No tengo tutela legal por orden judicial.
5. \_\_\_\_\_ Soy la madre/el padre de acogida/padre supervisando.
6. \_\_\_\_\_ Nada de lo dicho corresponde al parentesco con este estudiante. Favor de describir:

\_\_\_\_\_  
\_\_\_\_\_

Su nombre: \_\_\_\_\_  
(favor de imprimir)

Su firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

***(En firmando este documento, declara usted que la información es cierta y correcta. Falsificando la información le sujeta a penalización legal.)***

\* Para cumplir con la orden judicial, favor de proveer una copia de la Sentencia de Divorcio/ los papeles legales más reciente antes que su estudiante se pueda matricular.

\*\* Confirmación de la orden judicial o confirmación de la colocación por el Departamento de Servicios para Niños y Familias se tiene que proveer antes de matricular.





# REQUEST FOR STUDENT RECORDS

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

Previous School Name: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Phone & Fax Number: \_\_\_\_\_/\_\_\_\_\_

**Please fax copies of the following information to Willowcreek as soon as possible for:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level \_\_\_\_\_

- Withdrawal Grades
- Transcripts
- Birth Certificate
- Immunization Records
- Discipline Records
- Current copies of any IEP or 504
- Custody Paperwork
- Testing Scores
- Other: \_\_\_\_\_

**Please mail official records to the address on the side.**

Note to parents: It is your responsibility to accurately and completely furnish the above information so that your child may be promptly enrolled in appropriate classes.

A school district may request student records from another school the student has attended without parent signature of approval.

See "Privacy Act" Section 438, Subsection (b).

Aaron Barth  
*Principal*

John Broadhead  
*Assistant  
Principal*

Mike Felix  
*Assistant  
Principal*

WILLOWCREEK  
MIDDLE SCHOOL  
Attn: Registrar  
2275 West 300 North  
Lehi, UT 84043  
Telephone 801-610-8766  
Fax 801-766-5168

School Website  
willowcreek.alpineschools.org

## 2018-2019 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 2018-2019 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.

Preschool	K-3rd Grades	4th <sup>d</sup> -6 <sup>th</sup> Grades	7 <sup>th</sup> ---10 <sup>th</sup> Grades	11 <sup>th</sup> ---12 <sup>th</sup> Grades
<p><b>4 DTP/Dtap/DT</b>  <b>3 Polio (IPV)</b>  <b>1 MMR</b></p> <ul style="list-style-type: none"> <li>• (mumps, measles, rubella)</li> </ul> <p><b>3 Hepatitis B (HBV)</b>  <b>2 Hepatitis A (HAV)</b>  <b>1 Varicella</b>                      (chickenpox)</p> <ul style="list-style-type: none"> <li>• History of disease OK, parent must sign pink immunization card</li> </ul> <p><b>HIB..</b></p> <ul style="list-style-type: none"> <li>• doses adequate for age</li> </ul> <p><b>Prennar (Pneumonia)</b></p> <ul style="list-style-type: none"> <li>• doses adequate for age, including one dose of Prennar 13</li> </ul>	<p><b>5 DTP/Dtap/DT/Tdap</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 4<sup>th</sup> birthday or 5 required</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR</b> (mumps, measles, rubella)</p> <p><b>3 Hepatitis B (HBV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 6 months of age or 4 doses required</li> </ul> <p><b>2 Varicella</b> (chickenpox)</p> <ul style="list-style-type: none"> <li>• history of disease ok – parent must sign pink immunization card</li> </ul> <p><b>2 Hepatitis A (HAV)</b></p>	<p><b>5 DTP/Dtap/DT/DTP</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 4<sup>th</sup> birthday or 5 required</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR</b> (mumps, measles, rubella)</p> <p><b>3 Hepatitis B (HBV)</b></p> <ul style="list-style-type: none"> <li>• last dose must be given after 6 months of age or 4 doses required</li> </ul> <p><b>1 Varicella</b> (Chickenpox)</p> <ul style="list-style-type: none"> <li>• history of disease OK, parent must sign pink immunization card</li> </ul> <p><b>2 Hepatitis A (HAV)</b></p>	<p><b>5 DTP/Dtap/DT/DTP</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>1 Tdap</b> (tetanus, diphtheria, pertussis)</p> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR</b> (mumps, measles, rubella)</p> <p><b>3 Hepatitis B (HBV)</b></p> <ul style="list-style-type: none"> <li>• Last dose must be given after 6 months of age or 4 doses required</li> </ul> <p><b>2 Varicella</b> (Chickenpox)</p> <ul style="list-style-type: none"> <li>• history of disease OK, parent must sign pink immunization card</li> </ul> <p><b>2 Hepatitis A (HAV)</b>  <b>1 Meningococcal</b></p>	<p><b>5 DTP/Dtap/DT/DTP</b></p> <ul style="list-style-type: none"> <li>• 4 doses ok if 4<sup>th</sup> given after 4<sup>th</sup> birthday</li> <li>• 3 doses ok if 3<sup>rd</sup> given after 7<sup>th</sup> birthday</li> </ul> <p><b>1 Tdap</b> (tetanus, diphtheria, pertussis) given after age 7</p> <p><b>4 Polio (IPV)</b></p> <ul style="list-style-type: none"> <li>• 3 doses ok if 3<sup>rd</sup> given after 4<sup>th</sup> birthday</li> </ul> <p><b>2 MMR</b> (mumps, measles, rubella)</p> <p><b>3 Hepatitis B (HBV)</b>  <b>1 Varicella</b> (Chickenpox)</p> <ul style="list-style-type: none"> <li>• history of disease OK, parent must sign pink immunization card</li> <li>• if student is 13 years or older when receiving 1<sup>st</sup> dose then 2 doses required)</li> </ul> <p><b>2 Hepatitis A (HAV)</b></p>

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

#### EXEMPTIONS

MEDICAL	PERSONAL & RELIGIOUS
<p>A letter from the physician stating which immunization(s) the student may be exempt from due to a medical condition is sufficient.</p>	<p>*As a NEW requirement starting July 1, 2018, all new students, students entering into Kindergarten and 7<sup>th</sup> grade a NEW appropriate Utah Department of Health Exemption form must be obtained and put on file at school for those children who claim exemption to immunization for religious or personal reasons.</p>

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 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	Record the month, day, & year vaccine was given.				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTP, DTaP, DT, Td, Tdap</b> <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
<b>Tdap</b> (given after 7 years of age)					
<b>Polio (IPV or OPV)</b>					
<b>Haemophilus influenzae type b (Hib)</b>					
<b>Pneumococcal</b>					
<b>Measles, Mumps, and Rubella (MMR)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday</small>					
<b>Hepatitis B (HBV)</b>					
<b>Varicella (Chickenpox)*</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>					
<b>Hepatitis A (HAV)</b> <small>Must be received on or after the 1<sup>st</sup> birthday.</small>					
<b>Meningococcal</b>					

### 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: \_\_\_\_\_

Utah Department of Health  
 Division of Disease Control & Prevention  
 Immunization Program Rev. 12/2014  
[www.immunize-utah.org](http://www.immunize-utah.org)  
 (801)-538-9450

\* If a student has history of the chickenpox disease, parent must sign to the right.

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



**INSTRUCTIONS:** This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at [www.immunize-utah.org](http://www.immunize-utah.org).

**Student Information:** Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

**Vaccine Information:**

- a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):
- 5 doses of DTap/DTp/DT/dap – 4 doses are acceptable, if the 4<sup>th</sup> dose was given after the 4<sup>th</sup> birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

**Note:** Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7<sup>th</sup> grade entry. The Tdap vaccine must be given after 7 years of age.
- 4 doses of Polio – 3 doses are acceptable, if the 3<sup>rd</sup> dose was given after the 4<sup>th</sup> birthday.
- 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of measles containing vaccine must be given on or after the 1<sup>st</sup> birthday.
- 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry.
- 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1<sup>st</sup> dose of Hepatitis A must be given on or after the 1<sup>st</sup> birthday.
- 1 dose of Meningococcal – required for students prior to 7<sup>th</sup> grade entry.

- b. Children enrolled in *Early Childhood Programs* must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

- c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

**Record Source:** Indicate source of original records. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, public health official or USHS will be acceptable as written proof required to verify the student's immunizations.

**Authorized Signature:** This is the signature of the school or health personnel who verified the USIR against the source records.

**School and Early Childhood Program Use Only:**

1. ALL REQUIREMENTS MET: Requirements are met by either up-to-date immunizations on the first day of school or by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

**Exemption Procedures:** The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions, Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

2. CONDITIONAL ADMISSION: If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.

3. NOT-IN-COMPLIANCE: On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-In-Compliance and must be excluded from school. Enter the "Not-In-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-In-Compliance" date.

**Disease Verification:** Parent/guardian must sign on reverse side verifying history of chickenpox disease.





**- 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

# Apply Online!

## Free and Reduced Meal Application

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

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.*

## Easy Online Meal Payments



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

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

## 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 are in place for meal charges:*

All students will be provided a regular 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 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 the meal account.



**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](http://alpineschools.nutrislice.com) to find out more!



# Willowcreek Middle School

## 9<sup>th</sup> Grade Registration 2018-2019

**NAME** \_\_\_\_\_

You **WILL NOT** be able to sign-up for any classes that require *an application, teacher approval, an Audition Only or IEP/Resource accommodations*. If you are accepted into any of the above type classes, a counselor will manually change your schedule in Skyward.

The following honors classes have applications that were due **Feb 16, 2018\***.

Biology Honors \*To add after this point, contact Mr. Medler [cmedler@alpinedistrict.org](mailto:cmedler@alpinedistrict.org)

Geography & World Civilizations Honors \*To add after this point, contact Ms. Robertson [erobertson@alpinedistrict.org](mailto:erobertson@alpinedistrict.org)

**Step 1: Select one English class.**

- 1) English 9 #EN091 or 2) English 9 Honors #E909H1

**Step 2: Select one Math class.**

If you are wondering what math class to take, please talk to your current math teacher.

- 1) Math Secondary 1 #M0901 or 2) Math Secondary 1 Honors #M090H1

**Step 3: Select one Science class. You have 4 choices:**

- |                         |                      |
|-------------------------|----------------------|
| 1) Earth Science        | Course #S2001        |
| 2) Biology Agriculture  | Course #C13311       |
| 3) Biology (non-Honors) | Course #S3001        |
| 4) Biology (Honors)     | Application Required |

**Please read the course description to choose the right SCIENCE & DIGITAL STUDIES class for you.**

**Step 4: Select one Digital Studies class. You have 3 choices.**

- 1) Exploring Computer Science #C60720 2) Digital Business Applications #C626010  
3) Business Office Specialist #CS100

**Step 5: Select elective classes.**

**Step 6: Select 3 alternate classes.**

The charts below are an example you may review and a worksheet to write out the classes you want.

**Example**

English	Math	World Studies	Science	PE	Spanish	Seminary	Ceramics
				Digital Studies	Spanish	Seminary	Weights

English See Step 1	Math See Step 2	World Studies	Science See step 3	PE				<i>Alternate #1</i>
				Digital Studies See Step 4				<i>Alternate #2</i>
								<i>Alternate #3</i>

# 2018-2019 Willowcreek 9<sup>th</sup> Grade Courses

Course descriptions are available at

<http://willowcreek.alpineschools.org/registration/>

## FULL YEAR ELECTIVES

### Fine Arts:

Advanced Percussion	A351A1
Concert Band ( <i>previous experience required</i> )	A3061
Symphonic Band	A3261
Wind Symphony	A3271
Jazz Band A (Advanced)	A3111
Jazz Band B (Intermediate) ( <i>early morning</i> )	Teacher Approval

Beginning Orchestra	A8001
Intermediate Orchestra	A8011
Advanced Orchestra	A8021

Acapella Choir	A4001
Intermediate Women's Choir	A430W1
Advanced Women's Choir	A420W1
Men's Choir	A420M1
Show Choir (Teacher Approval)	

Drama 2	Audition Only
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Dance Company	Audition Only
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### Foreign Language:

Chinese 1	LCH11
Chinese 2	LCH21
French 1	LFR11
French 2	LFR21
Spanish 1	LSP11
Spanish 2	LSP21

### Other:

Seminary-Release Time ( <i>non-credit</i> )	XX601
Seminary-Early Morning ( <i>non-credit</i> )	Application Required
Yearbook	Application Required

## SEMESTER ELECTIVES

### English:

Creative Writing	ENCR0
Debate 1	END10

### Fine Arts:

Art Foundations 1	A0010
Art 2D ( <i>Art Foundations 1 prerequisite</i> )	A2000
3D Arts/Crafts ( <i>Art Foundations 1 prerequisite</i> )	A2110
Art Foundations 2 ( <i>Art Foundations 1 prerequisite</i> )	A0020
Ceramics 1 ( <i>Art Foundations 1 prerequisite</i> )	A2210
Ceramics 2 ( <i>Ceramics 1 prerequisite</i> )	
Guitar 1	A3410
Drama Foundations	A6000
Drama 1 ( <i>Drama Foundations prerequisite</i> )	A6010
Musical Theater	Audition Only
Stage Crew	Application Required
Dance Fundamentals	A5000
Dance Fundamentals Advanced	A500A
Dance 1 ( <i>Dance Fund. Advanced prerequisite</i> )	A5010
Dance 2	Audition Only
Social Dance	A5060

### Other:

Peer Leader	Application Required
Peer Tutor	Application Required
Teacher's Aide	Application Required

### PE:

Weights	P8400
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### Technology:

Apparel Design & Production 1	C33010
Engineering Technology	C81020
Exploring Business & Marketing	C20010
Exploring Technology 8	C80120
Floral Design	C15120
Food & Nutrition 1	C34010
Intro to Digital Design	C83110
Manufacturing Technology	C8051

For questions regarding the following classes, please contact the teachers:

Band/Percussion	Mr. Faires	<a href="mailto:dfaires@alpinedistrict.org">dfaires@alpinedistrict.org</a>
Choir	Mr. Johanson	<a href="mailto:cjohanson@alpinedistrict.org">cjohanson@alpinedistrict.org</a>
Dance	Ms. Berrett	<a href="mailto:jberrett@alpinedistrict.org">jberrett@alpinedistrict.org</a>
Drama	Ms. Wilkes	<a href="mailto:cwilkes@alpinedistrict.org">cwilkes@alpinedistrict.org</a>

Honors English/Yrbk	Ms. Mair	<a href="mailto:bmair@alpinedistrict.org">bmair@alpinedistrict.org</a>
Orchestra	Ms. Riley	<a href="mailto:ariley@alpinedistrict.org">ariley@alpinedistrict.org</a>
Peer Tutor	Ms. Grow	<a href="mailto:sandrachristiansen@alpinedistrict.org">sandrachristiansen@alpinedistrict.org</a>
WMS Seminary	Mr. Oviatt	801-768-0590