



Registration Form

This form is used **ONLY for Active ASD Transfer Student** registration

Student Name: _____ **ID#:** _____ **DOB:** _____

Home Address: _____

Parent/Guardian Name:

Mother: _____ Phone: _____

Email: _____

Father: _____ Phone: _____

Email: _____

Are you transferring from an Alpine School District school? YES NO

Did you withdraw from the previous ASD school? YES NO

Name o previous ASD school: _____

Are there any Court documents pertaining to this student? YES NO

Does your Student have an existing **IEP/504**? YES NO

Do you live in our boundary? YES NO

Are you living with friends or relatives? YES NO

Is your Contact/Emergency information accurate in skyward? YES NO

Does your student have an existing medical plan? YES NO

If YES, explain: _____

***Complete all of the attached forms and return to the registrar for verification.**

Entire registration must be completed and verified before a student will be assigned a class schedule.



**MOUNTAIN RIDGE
HUSKIES**

Mountain Ridge Junior High School

5525 W 10400 N

Highland UT 84003

Registrar Phone: (801) 610-8759 Fax: (801) 763-7017

Request for Records

Please send all records for the student listed below

Transcripts
Cumulative Records
Test Data

Grades
Psychological Tests
Special Placement

Career file
IEP folder
504 plan

Student: _____

Grade Enrolled: _____ Date of Birth: _____

School Last Attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Date: _____ Parent/Guardian: _____

Pursuant to the Family Education Rights and Privacy Act of 1974, which requires consent for the release of information outside the school, I hereby give consent to you to furnish Mountain Ridge Junior High School the information.

First request sent: _____ Second request sent: _____

Registrar: **KHARENT WARREN**

For questions, please contact:

Kharent Warren, Registrar
(801) 610-8759
Kwarren@alpinedistrict.org

**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.