

# LOCKER PARTNER REQUEST

CURRENT ELEMENTARY SCHOOL \_\_\_\_\_

- LIST ONE CHOICE FOR A LOCKER PARTNER
- CHOOSE SOMEONE THAT YOU TRUST
- YOUR PARTNER MUST BE IN THE SAME GRADE
- **BE SURE YOUR "FIRST CHOICE" PERSON, PUTS YOU AS THEIR "FIRST CHOICE" PERSON**  
(if they don't put you down as their "first choice", you probably won't get that person as a locker partner)

YOUR NAME (print) \_\_\_\_\_ M/F GRADE \_\_\_\_\_ PHONE \_\_\_\_\_

**1ST CHOICE**

NAME (print) \_\_\_\_\_ M/F GRADE \_\_\_\_\_ PHONE \_\_\_\_\_

## 7<sup>TH</sup> GRADE REGISTRATION 2020-2021

Name \_\_\_\_\_ Gender: M or F (please circle) Date \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian E-mail Address \_\_\_\_\_  
 Last School Attended  Aspen  Lindon  Northridge  Orchard  Rocky Mountain  Valley View  Other \_\_\_\_\_

Please check if your student has been enrolled in resource classes.

**REQUIRED CREDITS 5.5 + FINE ARTS REQUIRED CREDITS \_\_\_\_\_ + ELECTIVE CREDITS \_\_\_\_\_ = 8 CREDITS**

**REQUIRED CLASSES**  
All students take the following classes

C1001	College & Career Awareness	<b>X</b>	1
C202	Digital Literacy	<b>X</b>	.5
EN07	English	<b>X</b>	1
HUT7	Utah History	<b>X</b>	.5
M071 M071A	Intermediate Math I Intermediate Math I AC	<b>X</b>	1
P107	PE Male (please circle) PE Female	<b>X</b>	.5
S170	Science	<b>X</b>	1
Total			5.5

**ELECTIVE CLASSES/CREDITS**  
Circle the classes you would like to take

C6011	Creative Coding (Computer Programming)		.5
C8011	Exploring Technology		.5
ENCR	Creative Writing 1		.5
ENHU	Humanities		.5
ENMYZ	Mythology		.5
ENPL	Popular Literature		.5
P801	Ballroom 1 Ballroom 2		.5 .5
LSP1/LSP2	Circle: Spanish 1    Spanish 2		1
LF1	French 1		1
LGR1	German 1		1
LP3	Portuguese 3DL/LPC		1.5
X540	Student Success Skills		.5
Total			_____

**FINE ARTS REQUIRED CLASSES**  
Circle at least 1 class (may be .5 or 1 credit)

A432	Beginning Chorus		.5
A422	Intermediate Chorus		1
A421	Chorus Women's OR Men's (audition required)		1
A800	Beginning Orchestra		1
A801	Intermediate Orchestra (audition required)		1
A331 A361 A332	Beg Brass: Trumpet, Trombone, Baritone, French Horn Beg Woodwind: Clarinet: Flute, Oboe Intermediate Band (audition required)		1
A001	Art 1		.5
A220	Introduction to Ceramics		.5
A601	Drama 1		.5
Total			_____

**ALTERNATIVE OPTIONS**  
Select two alternative classes


**TEACHER RECOMMENDED CLASSES**  
Placement based on testing or IEP  
(Office Use Only)

	Intermediate Math I Enrichment		1
	Intermediate Math I Co-taught		1
EN07	English Co-taught		1
ENRR	Resource Read/Write		1
ENJR	Reading Skills		.5

The above is my registration request for 7<sup>th</sup> grade. I understand that the counselors will do their best to place me in the classes I have chosen. I understand that should my choices change, my requests will be honored on availability only and may be subject to a fee.

Student signature: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

**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? _____
_____	_____	Vison 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 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  
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.