



Oak Canyon Junior High

111 South 725 East

Lindon, UT 84042

(801) 610-8758

Counseling Department

Registrar: nelfors@alpinedistrict.org

Phone: (801) 610-8139

Fax: (801) 785-8767

Welcome to Oak Canyon Junior High School!

The following information will be needed to register a new student:

- **Completed Registration Packet**
- **Birth Certificate:** The state requires that we see the original birth certificate. We will make a copy to put in the student's file.
- **Complete Immunization Records:** Student immunizations must be up to date to register a student. Please see the reverse side of this page for specific requirements. If coming from out of the country, students must go to the Utah County Health Department for a TB test before enrolling.
- **Proof of Residency:** One of the following is required that shows name and address – a utility bill, a rental or purchase agreement, a building permit, a letter from a builder on approved letterhead that building is in progress.
- **Transcript/Report Card/Withdrawal Form from Previous School**
- **Custody Guardianship in Case of Divorce:** Only a parent with "physical custody" can register a student. A COPY OF THE DIVORCE AGREEMENT IS REQUIRED to establish physical and custodial rights. Divorce papers must be signed by the judge. If you do not have a copy of these papers you can Google the county clerk where papers were filed and contact them to have the papers faxed to Oak Canyon for a nominal fee. If the student is not living with the Custodial Parent you must meet with Student Services, Alpine School District, 575 North 100 East, American Fork, Utah.
- **Special Education Information:** If the student has been serviced in Special Education classes, you will need to contact the previous school to obtain a current copy of the IEP or 504. When we receive a copy, you will then meet with our resource teacher or counselor to create a schedule.
- **Complete Information Packet**

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

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,



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

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: _____

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

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

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.

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/DTaP/DT/Tdap – 4 doses are acceptable, if the 4th dose was given after the 4th 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 7th grade entry. The Tdap vaccine must be given after 7 years of age.
- 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
- 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
- 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st 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 1st dose of Hepatitis A must be given on or after the 1st birthday.
- 1 dose of Meningococcal – required for students prior to 7th 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 USIIS 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.

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? _____
_____	_____	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, 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

Student Computer & Internet Use Permission Slip

Student Name: _____ Student Id #: _____

Recognizing the fundamental role technology plays in the 21st 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.

Acceptable Use Policy

The current policy, including rules and regulation, is found in the Internet/Wide Area Network Acceptable Use Policy or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

Parental Permissions

By accepting this agreement below:

- I grant permission for my child to use district and school computers and devices and the Alpine School District wide area network/Internet in ALL the following ways:
 - Internet services
 - Online educational applications
 - Student productivity tools including email, cloud storage, and productivity applications
 - Other software and services

- I recognize that the purpose of a student email is for communication for educational purposes, and for use in account creation for educational applications. Accordingly, I grant consent to my student's teachers in Alpine School District to disclose the following subset of Directory Information to software application providers, under the terms of the provider's privacy agreement:
 - Student first name
 - Student last name
 - Student district generated email

Applications used by the teachers which contain the above student information will be communicated to parents through teacher disclosure statements or other methods.



I accept these conditions. I have read and accept the conditions above for computer use, application use, and student data disclosure.



I decline these conditions. I understand that my student will not be able to use district computer or devices, applications, and district internet services.

Parent/Guardian Signature

Date:

OAK CANYON DRESS CODE 2020-21

Alpine School District policy requires all students to conform to dress and grooming standards that avoid extremes and exemplify personal cleanliness. In order to maintain an atmosphere of academic and personal excellence, the dress code of Oak Canyon includes the following requirements:

- Clothing should be modest and not revealing.
- Appropriate undergarments and suitable footwear should be worn at all times.
- Heads should remain uncovered (no hats, hoodies, bandanas, etc.).
- Shirts and blouses should fully cover the shoulders, chest, and midriff (no tank tops, spaghetti straps, plunging necklines, belly shirts, etc.).
- Shorts and skirts should be at least mid-thigh in length.
- No display of undergarments.
- No clothing or displays with profane or vulgar language or with references to sex, violence, ethnic or religious prejudice, drugs, alcohol, tobacco, etc.
- No gang related clothing or displays such as baggy pants, hanging chains, gang color displays, slogans, symbols, gestures, etc.

The way we dress at school affects our learning environment. The school administration will make the final determination on clothing, styles, and accessories that may not be appropriate for school.

NO DISPLAY OF UNDERGARMENTS



NO DOU
(BANDA)

NO TANK TOPS, BARE MIDRIFFS, BARE BACKS, OR LOW CUT TOPS



NO SHORTS, SKIRTS, OR DRESSES ABOVE MID-THIGH



NO BARE FEET



NO HATS OR HOODIES



NO PICTURES OR ADS OF ALCOHOL, TOBACCO, DRUGS, OR ILLEGAL SUBSTANCES



NO VULGAR OR PROFANE WORDS, NO OBSCENE SLOGANS.





Oak Canyon Junior High School

111 South 725 East

Lindon, UT 84042

Phone: (801) 610-8139 Fax: (801) 785-8767

School: _____ Phone: _____

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

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 Oak Canyon Junior High School the information listed below:

Student Name: _____

Current Grade: _____ Birth Date: _____

Please send the following (where applicable):

- Transcripts
- Cumulative records
- Health Forms
- Test Data
- Grades
- Psychological Tests
- Special Placement
- SEOP or Career File
- IEP or 504 Records

Please send records to:

**Oak Canyon Junior High School,
111 South 725 East
Lindon, Utah 84042**

Date: _____ Parent or Guardian: _____

Registrar: _____ First request sent: _____

Second request sent: _____

Notes:

Apply Online!

Free and Reduced Meal Application

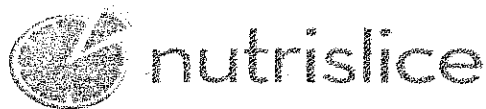
alpineschools.org/nutrition/ **click on the orange box for Free & Reduced App**

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. We do not send out emails to notify you.

*Paper applications are available at all school offices and at the Nutrition Services Office
759 E. Pacific Dr., American Fork, UT 84003*



You can make online payments to your student's meal account quickly and securely using our free service. Simply log on to www.mypaymentsplus.com and register. In addition to making payments, you can view your student account balances, history, set up automatic payments and account balance alerts.



Check out our digital school 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 to find out more!

NUTRITION SERVICES

MEAL CHARGE POLICY 2019-20

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, prior to meal service. 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 regarding meal charges. Please note - meal charging is a courtesy and should not be a regular practice.

- All students will be provided a regular school meal until their account reaches a negative \$15.00.
- Complimentary food items will be provided when a negative \$15.00 has been reached.
 - **For breakfast** – the student will be provided cereal, fruit and milk.
 - **For lunch** – the student will be provided a cheese sandwich, fruit and milk.
- The complimentary food items will continue to be provided until a payment has been made to bring the balance under the negative \$15.00.
- The Nutrition Services Office will send a collection warning letter to the parents of students that have reached the negative \$15.00, as an additional reminder that a payment is due, before being sent to collections.

Elementary Student Procedures - how parents and students are notified of low balances in meal accounts:

- The Nutrition Services kitchen team will inform students when they receive their meal, that the funds are gone and they are charging a meal (unfortunately our elementary meal system does not give a warning until funds are gone).
- Charge notice letters will be printed weekly by the kitchen team for all students that owe \$1.00 or more and distributed to teacher boxes to give to the students to take home to parents.
- A courtesy phone call from the kitchen team (personal and/or automated) will be made when a student owes \$5.00 or more.
- Charge notice letters will continue to be distributed weekly to teacher boxes to give to students, until a payment is made.
- When charges reach \$10.00 or more a charge notice letter will be mailed to the student's home.
- Once a student reaches the \$15.00 charge limit, charge notice letters will be sent to parents by the Nutrition Services Office requesting a payment – if a payment is not received the negative balance owed will be sent to a Collections Agency for collection.

Secondary Student Procedures - how parents and students are notified of low balances in meal accounts:

- The Nutrition Services kitchen team will inform students when they receive their meal, that their funds are getting low (\$5.00 or less) and will continue to inform the student if charges accrue.
- A courtesy phone call from the kitchen team (personal and/or automated) will be made when a student owes \$5.00 or more.
- Charge notice letters will be printed weekly by the kitchen team for all students that owe \$10.00 or more and will be mailed to the student's home.
- Once a student reaches the \$15.00 charge limit, charge notice letters will be sent to parents by the Nutrition Services Office requesting a payment – if a payment is not received the negative balance owed will be sent to a Collections Agency for collection.

We make every effort to request payment before a patron is referred to collections. We appreciate prompt responses to payment requests. MyPaymentsPlus.com is a **free** service and is a quick and efficient way to make payments to student meal accounts and check student balances.

NO MEAL WILL EVER BE TAKEN AWAY FROM A STUDENT

Thank you for supporting school meals!