



HOME OF THE EAGLES

Oak Canyon Junior High

Attn: Norma Elfors-Registrar

111 South 725 East

Lindon, UT 84042

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

Welcome to Oak Canyon Junior High!

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:** Please provide immunization records. 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. **A driver's license WILL NOT BE ACCEPTED.**
- **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 Vista Heights 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. If student is living with family/friends please see the Registrar for paperwork.
- **Special Education Information: *Please bring most recent IEP with you to expedite registration process.** If the student has been receiving Special Education services please contact the previous school to obtain a current copy of the IEP or 504. When we receive a copy, we will share the IEP with our special education department

A **Free & Reduced Meal Application** can be found At

<http://205.118.9.10/welcome.aspx>



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

NEW STUDENT REGISTRATION FORM

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

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.



HOME OF THE EAGLES

Oak Canyon Junior High

Attn: Norma Elfors -Registrar

111 South 725 East

Llndon, UT 84042

Phone: (801) 610-8139 Fax: (801) 785-8768

Student Records Request (*school you would have attended if you had not enrolled at Oak Canyon*)

School: _____ Phone: _____

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

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

Date: _____ Parent or Guardian: _____

Registrar: _____ First request sent: _____

Second request sent: _____

Notes:

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS**

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.)
2. _____ I am the parent (birth or adopted) of this child and am not currently married to the 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 the 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 the foster parent or proctor parent.
6. _____ None of the above statements describe my relationship to this child. (Please describe your relationship to this child below.)

_____.

Parent Name: _____

(Please Print)

Parent 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 53G-9-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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).

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year each vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, 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 USE ONLY:

1. Exemption was granted for:

Medical reason (Expires* on: _____)

Religious belief

Personal belief

*If the medical exemption is temporary, enter date.

2. Proof of Immunity (history of disease):

This student has proof of immunity for the following antigen (s):

MMR

Haemophilus influenza type b (Hib)

Polio Pneumococcal

Tdap Varicella (Chickenpox)

DTaP Meningococcal

Hepatitis A Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.

Immunization record received for this student is from: a statewide registry
 student's former school
 legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____

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 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.

<u>Preschool</u>	<u>K-4th Grades</u>	<u>5th-6th Grades</u>	<u>7th---11th Grades</u>	<u>12th Grade</u>
<p>4 DTP/Dtap/DT 3 Polio (IPV) 1 MMR</p> <ul style="list-style-type: none"> • (mumps, measles, rubella) <p>3 Hepatitis B (HBV) 2 Hepatitis A (HAV) 1 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider <p>HIB..</p> <ul style="list-style-type: none"> • doses adequate for age <p>Prennar (Pneumonia)</p> <ul style="list-style-type: none"> • doses adequate for age, including one dose of Prennar 13 	<p>5 DTP/Dtap/DT/Tdap</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • last dose must be given after 4th birthday or 5 required • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • last dose must be given after 4th birthday or 5 required • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • last dose must be given after 6 months of age or 4 doses required <p>1 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>1 Tdap (tetanus, diphtheria, pertussis)</p> <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • Last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider <p>2 Hepatitis A (HAV) 1 Meningococcal</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>1 Tdap (tetanus, diphtheria, pertussis) given after age 7</p> <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV) 1 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider • if student is 13 years or older when receiving 1st dose then 2 doses required) <p>2 Hepatitis A (HAV)</p>

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

EXEMPTIONS

PERSONAL RELIGIOUS & MEDICAL

All **new** students, students entering **Kindergarten and 7th grade** the legal guardian must complete an on-line educational module (free of charge) and provide a copy of the completed form to the school official. The on-line course can be found at www.immunize-utah.org. *Completion of the on-line educational module can be done at the Health Department if you do not have access to a computer.* For a **medical exemption**, a written note from a licensed health care provider must be provided along with a copy of the completed on-line educational module. It should state the physical condition of the student, and why that vaccine would endanger the student's life or health.

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.*

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

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

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 TANK TOPS, BARE MIDRIFFS, BARE BACKS, OR LOW CUT TOPS

No Display of Undergarments



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.



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.

The school kitchens can accept cash or checks for meal payments, but not credit cards.



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 CHARGING GUIDELINES

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 regardless of their meal account balance.
- NO meals will be taken away from a student.

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 they are out of money and are charging this meal.
- Charge notice letters will be printed weekly by the kitchen team for all students that owe less than \$10.00 and distributed in teacher boxes to give to the students to take home to parents.
- When charges reach \$10.00 or more a charge notice letter will be mailed to the student's home.
- A weekly courtesy phone call from the kitchen team (personal and/or automated) will be made when a student owes \$5.00 or more.

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 weekly 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.

We reserve the right to send a parent to collections for unpaid meal account balances.

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, quick and efficient way to make payments to student meal accounts and check student balances.