

Westlake High School

New Student Registration by Appointment



Items required 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.

1. - **Withdraw Form/Transcript/Report Card**—Obtained from previous school.
2. - **Registration Form**—Signed by the Custodial Guardian.
3. - **Custodial Guardianship Form**—This form must show proof of guardianship. A copy of the **DIVORCE DECREE** is required to establish physical and custodial rights (if this applies to you). If the student is not living with the custodial guardian, you must complete a **Power of Attorney form** or meet with Student Services at the Alpine School District Offices.
4. - **Birth Certificate**—You must bring the original birth certificate to be copied, We can no longer accept the wallet size birth certificates.
5. - **Immunization Records**—Students must be current on all immunizations before they will be allowed to register or select any classes (if shots are needed, contact the Public Health Department.)

10th - 12th Grade Students must have:

- 5 DTP/Dtap/DT/Td
- 1 Tdap or Td Booster
- 4 Polio
- 2 MMR
- 3 Hepatitis B (HBV)
- 1 Varicella Chickenpox
 - History of Disease OK, Parent must sign Pink Immunization Card
 - If student is 12 years old, 2 doses is required
- 2 Hepatitis A (HAV)

**** If your student has been out of the country within the last 6 months you will also need to have a TB test and have it checked to be negative before you register. This must occur after your student has entered into the U.S.**

6. - **Proof of Residency**— You need one of the following: **Utility bill, lease agreement, or a purchase agreement.** A notarized Living with declaration of residence form is required if you are living with a family member. This paperwork must be filled out before you can enroll. (Form available in the counseling office)

7. - **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 his/her IEP.

8. - **Internet Usage Form**—Must be filled out and returned.

- ❖ This packet must be completed and submitted to the counseling office in order for us to process your students' class registration. **New student registration is by appointment only.**

Westlake High School Counseling Office	
99 N. 200 W. Saratoga Springs	801-610-8816
	Fax 801-768-1098
Alpine School District Office	
575 North 100 East, American Fork	801-610-8400
Student Services	
Debbie Hale, Room 240	801-610-8485
Public Health Department	
151 N. University Ave., Provo	801-370-8700
Bus Information	
Transportation Office	801-640-8850

Alpine School District 2016-17 AB Calendar

August/September				
M	T	W	TH	F
		17	18	19
22 A	23 B	24 A	25 B	26 A
29 B	30 A	31 B	1 A	2 B
5	6 A	7 B	8 A	9 B
12 A	13 B	14 A	15 B	16 A
19 B	20 A	21 B	22 A	23 B
26 A	27 B	28 A	29 B	30 A

October				
M	T	W	TH	F
3 B	4 A	5 B	6 A	7 B
10 A	11 B	12 A	13 B	14 A
17 B	18 A	19 B	20	21
24	25 A	26 B	27 A	28 B
31 A				

November				
M	T	W	TH	F
	1 B	2 A	3 B	4 A
7 B	8 A	9 B	10 A	11 B
14 A	15 B	16 A	17 B	18 A
21 B	22 A	23	24	25
28 B	29 A	30 B		

December				
M	T	W	TH	F
			1 A	2 B
5 A	6 B	7 A	8 B	9 A
12 B	13 A	14 B	15 A	16 B
19 A	20 B	21 A	22 B	23
26	27	28	29	30

January				
M	T	W	TH	F
2	3 A	4 B	5 A	6 B
9 A	10 B	11 A	12 B	13 A
16	17 B	18 A	19 B	20 A
23 B	24 A	25 B	26 A	27 B
30 A	31 B			

February				
M	T	W	TH	F
		1 A	2 B	3 A
6 B	7 A	8 B	9 A	10 B
13 A	14 B	15 A	16 B	17 A
20	21 B	22 A	23 B	24 A
27 B	28 A			

March				
M	T	W	TH	F
		1 B	2 A	3 B
6	7 A	8 B	9 A	10 B
13 A	14 B	15 A	16 B	17 A
20 B	21 A	22 B	23 A	24 B
27 A	28 B	29 A	30 B	31 A

April				
M	T	W	TH	F
3	4	5	6	7
10 B	11 A	12 B	13 A	14 B
17 A	18 B	19 A	20 B	21 A
24 B	25 A	26 B	27 A	28 B

May				
M	T	W	TH	F
1 A	2 B	3 A	4 B	5 A
8 B	9 A	10 B	11 A	12 B
15 A	16 B	17 A	18 B	19 A
22 B	23 A	24 B	25 A	26 B
29	30	31		

1st Term

August 22 - October 26
 A Days = 22
 B Days = 22
 Total Days = 44

2nd Term

October 27 - January 10
 A Days = 22
 B Days = 22
 Teacher Comp = 1
 Total Days = 45

3rd Term

January 11 - March 16
 A Days = 22
 B Days = 22
 Total Days = 44

4th Term

March 17 - May 26
 A Days = 23
 B Days = 23
 Teacher Comp = 1
 Total Days = 47

High School Activity Moritorium Dates can be found at: UHSAA.org/calendar

Trimester 1

August 22, 2016 - November 11, 2016

Trimester 2

November 14, 2016 - February 17, 2017

Trimester 3

February 21, 2017 - May 26, 2017

August 17- Professional Development
 August 18-19- Teacher Contract Days
 August 19 - 7th/10th Grade Day (optional)
 August 22- First Day of School
 September 5- Labor Day
 October 20-21- Fall Break
 October 24- Professional Development
 November 23- Teacher Comp. Day
 November 24-25- Thanksgiving Break

Dec. 23 through Jan. 2- Christmas Break
 January 16- Martin Luther King Day
 February 20- Washington-Lincoln Day
 March 6- Professional Development
 April 3- Snow Make-up Day
 April 4- Teacher Comp. Day
 April 5-7- Spring Break
 May 26- Last Day of School
 May 29- Memorial Day

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.

Westlake High School

Lux et Virtus "Light and Excellence"

Principal Gary Twitchell

* Assistant Principals * Kristin Packer * Scott Mansfield* Chad Wilson* Jared Huff

Date: _____

Previous School Name: _____

Address: _____

Phone: _____ Fax Number: _____

Please Fax Back a copy of the Official Transcript to: (801) 768-1098

This certifies that the student (s) named below have enrolled at Westlake High School. Please send the cumulative academic records through the date of withdrawal. Including:

- Official Signed Transcript
- Medical and Immunization Records
 - Standard Test Scores
- Withdrawal Date and Grades
- Special Education Records - IEP

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

The Federal Law 9931 allows for educational records to be sent to other educational agencies without the parent's signature. Remember that pursuant to Utah law, Federal law and the Utah State Board of Education, transcripts cannot be withheld due to the failure of the student to pay fines or other charges.

Westlake High School / Counseling Office
Attn: Ximena Johnson
99 North 200 West
Saratoga Springs, Utah 84045

Parent Signature

Westlake High School * 99 N 200 W Saratoga Springs, Utah 84045 * (801) 610-8816

Westlake High School * 99 N 200 W Saratoga Springs, Utah 84045 * 801 610-8816

- 1st _____
 2nd _____
 3rd _____



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.

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).

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 or Td Booster				Tdap is preferred for the 7 th grade requirement, but Td is acceptable.	
Polio					
Haemophilus Influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* <small>1st dose must be received on or after the 1st birthday</small>			* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box. ** If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.		
Measles (Rubeola, 10 day, red measles)**					
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>			If a student has history of the chickenpox disease, parent must sign to the right.		
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					

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 Community and Family
Health Services
Immunization Program 04/09

www.immunize-utah.org
(801)-538-9450

Record Source: Physician Registered Nurse Health Dept.

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.

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 Immunization Guidebook for required spacing of doses):**

- **5 doses of DTaP/DTP/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.
- **1 booster dose of Tdap or Td** – required for students born after July 1, 1993, prior to 7th grade entry.
- **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- **2 doses of Measles** – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
- **2 doses of Mumps** – required for all students kindergarten through grade 12. The 1st dose of mumps containing vaccine must be given on or after the 1st birthday.
- **2 doses of Rubella** – required for all students kindergarten through grade 12. The 1st dose of rubella containing vaccine must be given on or after the 1st birthday.
- **3 doses of Hepatitis B** – required for students born after July 1, 1993, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7th grade entry.
- **1 dose of Varicella (chickenpox)** – required for students born after July 1, 1996, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday. Parental history of the disease is acceptable. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- **2 doses of Hepatitis A** – required for students born after July 1, 1996, prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.

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

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

c. **Written proof is required to verify the student's immunizations.** Any immunization record provided by a licensed physician, registered nurse, or public health official will be acceptable as written proof required to verify the student's immunizations.

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

Record Source: Indicate source of original records.

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:

MEDICAL EXEMPTION: If a medical exemption is claimed, a 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.

RELIGIOUS EXEMPTION: If a religious exemption is claimed, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form 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.

PERSONAL EXEMPTION: If a personal exemption is claimed, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form 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.

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

Secondary Student Computer & Internet Use Permission Slip

School: _____

Name: _____ Core Teacher (if applicable): _____
(Last, First, Middle)

Student ID #: _____ Date: _____

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.

The current policy, including rules and regulations, is found at:

http://policy.alpinedistrict.org/policy/5225_Internet

[Wide Area Network Acceptable Use Rule](#) or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, we (the parent and student) acknowledge we have read and agree to follow the rules and regulations associated with the Alpine School District Acceptable Use policy. Furthermore, we acknowledge these rules and regulations apply to both district and personal devices while on school property.

Student's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

As the parent/guardian of the student, I grant permission for my child to use the Alpine School District network in all the following ways: Internet services, Student Email, Google docs, and Other Services. This permission shall remain in effect unless changed explicitly by a guardian.

Parent/Guardian's Signature: _____ **Date:** _____



ALPINE SCHOOL DISTRICT

Student Media Release—School/District/External Publications and Web

Dear Parents/Guardians,

From time to time, your child's name and/or photo might be considered for publication/display in a web page or publication, school/district created or other external publication (media outlet, etc.). Please take time to review the Information Release Form and select all appropriate options. If your preference changes during the year, you are responsible for contacting the school and completing a new form. If you have any other questions, please contact the school before signing.

Please initial in the box(es) below to indicate you agree to give permission.

SCHOOL DISTRICT WEB & PUBLICATION RELEASE: (For publication in school/district printed publications and web pages/websites, Facebook, Twitter, and other social networks.)

_____ The school and district have permission to display my child's photo with first and last name attached.

I understand that this information will be available to anyone on the Internet/ World Wide Web.

Please note that this does not replace the District's Acceptable Use Policy or imply permission to use internet services.

EXTERNAL MEDIA WEB & PUBLICATION RELEASE: (For publication by media outlets such as newspapers, radio, television, etc.)

_____ External media outlets have permission to display my child's photo with first and last name attached.

_____ External media outlets have permission to interview my child for newspaper or television.

By signing below, I verify that I understand the above release and that I have indicated my preferences. By leaving a box empty, I am indicating that I do not wish for permission to be granted. If my preferences change during the school year, I will contact the school.

Parent/Legal Guardian Signature

Date

Child's Name (please print)

Child's Grade

Schools should keep the completed form on file at the school.

Apply Online!

Free and Reduced Meal Application

Go to

alpineschools.org

↳ Departments

↳ Nutrition Services

↳ Parents Zone

↳ Online Free & Reduced Application



The advantage to applying online is that your application is processed within 24 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



MyPaymentsPlusTM
K12 eManagement Solution

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

Prepay with your credit card, debit card or e-check

Available 24/7 for your convenience

Free - no service fees

Free - access to purchase history and account balance information

Simply log on to www.MyPaymentsPlus.com and register to pay.

**Alpine School District
2015-2016
High School Fee Schedule
10th, 11th, & 12th Grade**

(Fees Not To Exceed Printed Amounts)

Fees For All Students

Activity Fee	\$30.00
Textbook Rental	35.00
Deposit (Refundable)	15.00
Locker Fee	2.00
Library Fee	2.00

East Shore High School Online Fees

Digital Curriculum	\$35.00
Registration	65.00
Online Curricular Access (1/8 credit)	10.00
Out-of-District	100.00

Class Fees (dependent upon the classes taken by the individual student)

Art (per course)	\$25.00
AP Art (per semester)	25.00
Technology Fee (per course)	15.00
Drafting	20.00
Drama	60.00
Drama Tech	10.00
Driver's Education	95.00
Driv. Ed. – Summer & Before or After School	140.00
Family & Consumer Science Lab	10.00
Music Instrumental Rental	70.00
Photography	15.00
Pro-Start	20.00
General P.E. (Per Semester for P.E.)	5.00
Lifetime Activity P.E. Fee	45.00
Science (plus safety equipment or clothing)	15.00
Shop (plus safety equipment or clothing)	15.00

Polaris High School

Flat Fee	\$150.00
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* If a 9th grade student is involved in a high school program, they will be charged the high school fee.

Participation Fees

Extracurricular Sports – Per Activity (Athletic Trainers, Transportation, Officials)	\$100.00
Performing Groups – Per Activity (Adjudicators, Judges, Transportation)	50.00

Extra Curricular

Per Activity – <i>not to exceed</i> (Includes: Uniforms, Personal Equipment and Apparel) * Does not include national competitions & tours.	\$900.00
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Miscellaneous Fees

Schedule Change	\$5.00
Graphing Calculator Rental	20.00
Parking Sticker	5.00
Unified Studies	203.00

Policy No. 5146(f)

Alpine School District
2015-2016
Junior High / Middle School Fee Schedule

7th & 8th Grade Fees

(Fees Not To Exceed Printed Amounts)

Fees For All Students

Middle School/Junior High Activity Fee	\$15.00
Deposit (Refundable)	15.00
Locker Fee	2.00
Library Fee	2.00

Class Fees

(dependent upon the classes taken by the individual student)

Art Lab Fee*	\$10.00
Business Lab Fee / CTE Intro	4.00
Technology Fee (Per Course)	15.00
Family & Consumer Science*	5.00
Consumer & Health Science / CTE Intro*	5.00
Industrial Tech Lab Fee / CTE Intro	4.00
Music Instrumental Rental	70.00
General P.E. (per semester for P.E.)	3.00
Science Lab (per semester)	5.00
Career & Technical Education / Tech Education Lab* **	6.00

Participation Fees

Track	\$25.00
Participation (extramural & intramural activities)	5.00

Miscellaneous Fees

Graphing Calculator Rental	\$20.00
Schedule Change	5.00

Other Fees

Clear Creek Summer Camp	\$175.00
Community Education (per hr of instruction)	3.50
Space Camp (over night)	40.00
Foreign Students I-20	20.00
Gifted & Talented Testing	20.00

* Optional projects may incur additional costs

** Plus safety equipment per course

9th Grade Fees

(Fees Not To Exceed Printed Amounts)

Fees For All Students

Activity Fee	\$15.00
Textbook Rental	35.00
Deposit (Refundable)	15.00
Locker Fee	2.00
Library Fee	2.00

Class Fees

(dependent upon the classes taken by the individual student)

Art Lab Fee *	\$15.00
Technology Fee (Per Course)	15.00
Family & Consumer Science Lab	10.00
Music Instrumental Rental	70.00
General P.E. (per semester for P.E.)	3.00
P.E. Skills	20.00
Science Lab	10.00
Career & Technical Education / Tech Education Lab * **	10.00

Extra Curricular Activities

Performing Groups***per student	\$100.00
Participation Fee (Basketball)	100.00
Participation Fee (Track)	25.00
Practice Uniforms	20.00
Participation (extramural & intramural activities)	5.00

Miscellaneous Fees

Schedule Change	\$5.00
Graphing Calculator Rental	20.00

* Optional projects may incur additional costs

** Plus safety equipment per course

***If a 7th or 8th grade student is in a 9th grade level performing group, they may be charged the 9th grade fee.

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.

Distrito Escolar de Alpine
Información de los Estudiantes de Salud

Nombre del estudiante _____ Lugar de nacimiento _____ Sexo _____
Dirección _____ Ciudad _____ Grado _____
Número de teléfono _____ Teléfono de celular _____
Padres/guardians: _____
El estudiante vive con: _____ Ambos Padres _____ Madre _____ Padre _____ Otro _____

Historia Clínica

Médico de Familia _____ Teléfono _____
Diagnóstico médico actual (en su caso) _____

Sí	No	¿Ha tenido su hijo? (en caso sí, describa)
_____	_____	¿Cualquier alergia? (Por favor, diga qué y cómo graves) _____
_____	_____	¿Asma o problemas respiratorios? _____
_____	_____	¿Problemas ortopédicos o de hueso? _____
_____	_____	¿Las enfermedades del corazón o un soplo? _____
_____	_____	¿Enfermedad renal? _____
_____	_____	¿Convulsiones? (tipo y frecuencia) _____
_____	_____	¿Diabetes? (dependiente de la insulina o una bomba de insulina) _____
_____	_____	¿Enfermedades crónicas graves? (como leucemia, trasplante) _____
_____	_____	¿Su niño ha tenido la varicela? _____
_____	_____	¿Accidente o lesión grave? _____
_____	_____	¿Examen de la vista? Fecha _____ Por los cuales _____ los resultados _____
_____	_____	¿Otros problemas de salud? _____

Medicación

¿Está el estudiante en la medicación especial que puede ser necesario dar en la escuela?
Sí _____ No _____ ¿En caso afirmativo, qué tipo y la razón? _____

En caso afirmativo, un medicamento estudiante formulario de autorización deberá ser completado por el padre y el médico y regresó a la escuela antes de que cualquier medicamento se puede administrar. Esto incluye todos los medicamentos de venta libre y recetados (incluyendo los inhaladores, Epipens, y la insulina). Puede obtener el formulario en la oficina.

*Es una violación de la droga del distrito de política gratuito para los estudiantes para llevar a cualquier medicamento. La única excepción a esto es inhaladores, Epipens, y la insulina **con el médico adecuado y la autorización firmada de los padres.***

Firma de Padres o Guardián

Fecha

Atención: La información solicitada se considera esencial para la planificación de un programa cada año, que satisfaga las necesidades de su hijo. Esta información se mantendrá confidencial y sólo las personas que trabajan directamente con su hijo (iteachers, administradores, enfermeras) tendrán acceso a esta información.