
Student Name (Please Print)
Ashman Elementary 1ST & 2ND Grade
Registration Checkoff Sheet

The forms below are required to register your student.

THINGS TO RETURN:

STATE ISSUED ORIGINAL BIRTH CERTIFICATE & THE FOLLOWING PROOF OF IMMUNIZATIONS MUST BE PRESENTED AT SCHOOL TO REGISTER.

It is required by law that all children in Utah schools show evidence of CURRENT Immunizations. No child will be admitted the first day of school without PROOF they are CURRENT on immunizations or exempt from immunizations.

Required immunizations for admittance to SCHOOL are:

5 doses DTP (5th DTP is required if 4th is before 4th birthday)

4 doses Polio (3 doses are acceptable, if 3'd dose was given after 4h birthday)

2 doses MMR

3 doses Hepatitis B

2 dose Varicella (Chickenpox)

2 doses Hepatitis A

_____ ***Authorization to Release Records***

_____ ***Ashman Elementary Registration Information form***

_____ ***Bus Rules Form (Must be filled out. This will be used for field trips also)***

_____ ***Health Survey Form***

_____ ***Homeless Questionnaire (Fill out and return ONLY IF this applies to your child)***

_____ ***Free & Reduced Lunch Application***

SCHOOL TIMES FOR 2015-2016

MONDAY – THURSDAY 8:05 AM. – 2:50 P.M. / FRIDAYS 8:05 AM. – 1:05 P.M.

Questions? Call the school office 896-8415

Levier School District (Ashman Elementary School) does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to all groups. Please contact your school principal for further information.



Jill Porter Principal
Amee Roundy Literacy Coach
Michel Woodbury Secretary

AUTHORIZATION TO RELEASE STUDENT RECORDS

TO: _____

PHONE # _____ FAX: _____

The following student(s) have enrolled in our school.

Please send the following records to the address above:

- Cumulative Folder
- Special Education Records
- Disciplinary Records
- Testing Information
- Special Education Records/IEP etc. (Parent signature required)

Name	Birth date	Grade
_____	_____	_____
_____	_____	_____

School Official:

X _____
Mich'el Woodbury, Secretary

Date: _____

X _____/Parent/Guardian

SEND TO:

ASHMAN ELEMENTARY SCHOOL

70 North 200 West
Richfield, UT 84701
(435) 896-8415 / Fax # (435) 896-6958

FAXED: _____

RECEIVED: _____

Ashman Elementary Registration Information

FOR SCHOOL USE ONLY:

STUDENT ID # _____ FAMILY ID# _____ TEACHER ASSIGNMENT: _____
 ENTRY CODE: _____ ENTRY DATE: _____

BIRTH CERTIFICATE ☐ IMMUNIZATIONS ☐ SS# ☐ COMPUTER ENTRY COMPLETED ☐ IMMUNIZATION ENTRY COMPLETE ☐

STUDENT'S LEGAL NAME: _____

GENDER	BIRTH DATE	GRADE		HOME TELEPHONE:
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HOME STREET ADDRESS: _____ CITY _____ ZIP CODE _____

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) _____

I desire a conference to discuss my student's special needs (i.e. Special Education, IEP, Speech, Health/Medication needs. ☐ Yes ☐ No

CHILD'S RACE: (CHECK ALL THAT APPLY) ☐ Asian ☐ Caucasian (White) ☐ Black ☐ Hispanic

☐ Native American/Tribe: _____ ☐ Pacific Islander _____

HOME LANGUAGE SURVEY:

1. What was the first language the student learned to speak? _____
2. List all languages spoken or understood by student. _____
3. List all languages spoken in the home. _____
4. In what language do you need to receive communication from the school? _____
5. Date entered/entering U.S. school system _____

Previous School Attended (if any): Name of School, City & State _____

Has this child **ever** attended school in the Sevier School District? ☐ YES ☐ NO WHERE: _____

GUARDIANSHIP: Choose the statement below that best describes your relationship to the student whom is/or will be attending AES. To assist us in complying with court orders, you will need to provide us with the necessary legal documents if you mark 2, 3, 4, 5, or 6.

1. ☐ I am the parent (birth or adopted) of this child and this child lives with both parents.
2. ☐ I am the parent (birth or adopted) of this child and I am not currently married to the other parent, but I have been awarded custody/guardianship through the court.
3. ☐ I am the mother/father (birth or adopted) of this child and am not currently married to the other parent and I share custody with the other parent.
4. ☐ I am not the parent of this child; I am a relative or friend and have been awarded legal guardianship through the court.
5. ☐ I am a foster parent. Verification of DCFS placement must be provided prior to child being enrolled.
6. ☐ None of the above statements describe my relationship to this child. Explain below: _____

WEB & REAPER PERMISSION- On occasion, usually during assemblies and special events at the school, pictures of the students are taken by our staff or the Richfield Reaper staff. Please read the statements below, check the appropriate box and initial on the appropriate line.

I agree to allow my student's picture to be put on the AES web page when school activities are posted. Names will not be attached to any pictures.

☐ YES _____ ☐ NO _____

I agree to allow my student's picture to be taken and published when the Reaper visits the school. Names will be given to the Reaper when they request it.

☐ YES _____ ☐ NO _____

EMERGENCY CONTACTS: List LOCAL persons, with phone number and relationship to child, other than parent/guardian who may check student out of school.

NAME ↓	PHONE # ↓	RELATIONSHIP TO CHILD ↓

I certify that the above student is living with a natural parent or court-ordered guardian, and resides permanently in the attendance area of this school. I also hereby authorize the people listed on this form to pick up my child from AES.

⊗

 Signature of Parent or Legal Guardian

 Date

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Dear Parent/Guardian and Student Rider:

The students on the bus are under the immediate supervision of the bus driver and are thus subject to the rules set by the School Board and the State. Any infraction of these rules by a student is to be documented on a Bus Conduct Report concerning the disciplinary infraction with copies distributed to the principal, the parents, and kept on record by the transportation department.

The safety of the bus passenger is the most important part of school bus transportation. Efficient and effective use of school buses is another important factor of the school transportation system.

In order to provide safety to passengers and effective use of buses, the following rules are established to regulate conduct of school bus passengers:

1. Stand in an orderly single file line at pick-up points until the bus comes to a complete halt.
2. Enter the bus in an orderly fashion and go directly to your assigned seat.
3. All passengers must be seated while the bus is in motion.
4. At your stop, remain in your seat until the bus has fully stopped. Then enter the aisle and go directly to the front exit door.

Loud talking, use of profanity, fighting, throwing things, smoking, damaging the bus or bus seats, standing, eating or drinking, are examples of activities that draw attention of the bus driver from his/her main task of safe operation of the bus. Such actions, or any other distracting action by the riders, create a safety hazard by demanding unnecessary attention of the driver and are forms of misconduct. Misconduct at the bus stops is also considered a violation and shall be cause for disciplinary action.

When a rider is guilty of misconduct on the bus or at the bus stop, it will be reported to the principal of his/her school. Parents will be held responsible for any bus damage that may result from the student's misconduct. Misconduct may be cause to deny the privilege of transportation to the student. The following procedures will be taken by the school administration. Misconduct citations will be issued as follows:

1 st Offense:	Student given an oral warning. (Bus Driver)
2 nd Offense/1 st Citation:	Student/Parent given a written warning. (Bus driver, School Administration & Parents)
3 rd Offense/2 nd Citation:	Student/Parent given a written warning. Student denied bus privilege for 3 days. A parent conference is required (before student can return to the bus.)
4 th Offense/3 rd Citation:	Student given a written warning. Bus privileges denied for 10 days. A parent conference is required (before student can return to bus.)
5 th Offense/4 th Citation:	Transportation privilege denied for the remainder of the school year. (School Administration and school board.)

Offenses such as smoking, drugs, weapons, damaging the bus, or harming another student will be handled as 3rd citation level on the 1st offense. Violation of the law will be reported to the Sheriff's Office for investigation and prosecution.

Parents are to contact the school to schedule an appointment with the administration and the bus driver. The student will also attend. Parents are always encouraged to schedule an appointment anytime they have a concern.

Parent/Guardian/Student: Please sign below to indicate that you have read this memorandum then return it to the school office. A copy will be issued by request.

PLEASE PRINT NAME: Parent/Guardian _____

PLEASE PRINT NAME: Student _____

Parent/Guardian Signature _____

Student Signature _____

Date _____

SEVIER SCHOOL DISTRICT
Student Health Survey and File Update

Student Name: _____ Teacher _____

Child lives with:

☐ Parents ☐ Father only ☐ Mother only ☐ Other_***

Father's Name _____

Employed by: _____ Emp. Phone # _____

Mother's Name: _____

Employed by: _____ Emp. Phone # _____

Street Address: _____ Phone: _____

(Include city & zip code)

Mailing Address: _____

(Include city & zip code)

***If living with other

Name: _____ Relationship _____

Employed by: _____ Emp. Phone # _____

List 2 local people willing to be contacted if you cannot be reached should your child become ill at school.

Name: _____ Phone: _____

Name: _____ Phone: _____

1. In my judgment, my child is:

☐ Free of illness that would interfere with school activities.

☐ Has the following medical conditions (allergies, asthma, diabetes, seizures).

2. In my judgment, the following **RESTRICTIONS** should be placed on **ACTIVITY** of my child.

☐ None

☐ _____

3. The following medical history may be pertinent to my child's performance at school.

Example: orthopedic problems, chronic ear infections, visual problems, frequent colds, etc.

4. My child is taking the following medication at present that may have an effect on his/her performance at school.

☐ None

☐ Medication (please explain) _____

5. List two physicians in the **LOCAL** area in order of your choice to be called in case of emergency **ONLY** when parent cannot be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

6. ☐ Check this box if your child has a health problem that you prefer not to list on this form.

The school nurse will contact you for confidential information.

7. ☐ Check this box if your child does not have health insurance coverage and you would like information regarding the state's Children's Health Insurance Program (CHIP) or call 1-888-222-2542.

Parent/Guardian Signature

Date

Complete this form **ONLY** if it applies to your child.

**SEVIER SCHOOL DISTRICT
HOMELESS STUDENT IDENTIFICATION**

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435.
Information received will help determine the services this student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ yes _____ no
2. Is this temporary living arrangement due to loss of housing and economic hardship? _____ yes _____ no

**Complete the form below if you answered "YES"
to questions 1 and 2 above.**

Student Name _____ Grade _____

School _____ Date _____

I would like to receive free school lunch. _____ yes _____ no

Where is the student presently living? (Check one)

- ☐ 1. Doubled with another family because of loss of housing and economic hardship.
- ☐ 2. Lives in a hotel or motel.
- ☐ 3. Lives in a shelter (emergency, domestic, or transitional).
- ☐ 4. Lives in a car, park, campground, or public place.
- ☐ 5. Lives in a place without adequate facilities (running water, heat, electricity).

Parent(s)/guardian(s), please notify the school if your living status changes. Copies of Sevier School District Policy #3240 "Services for Homeless Students", including the grievance procedure, is available upon request from the local school or district office (435-896-8214).

List all **school-age brothers and sisters** of the above named student residing with you. Do **NOT** enter the above student's name.

Name of Brother or Sister	School	Grade

For school use: Send or fax a copy of this form to student services (Deb Roberts) immediately (fax 896-8804). The student will not receive free lunch until this form has been received in student services and processed.

Sevier School District, or this school, does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs. Please contact your school principal for further information.

Complete one application per household. Please use a pen (not a pencil).

1. All household members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read [How to Apply for Free and Reduced Price School Meals](#) for more information.

Child's First Name	MI	Child's Last Name	Grade										Grade Name of School	Yes	No	Child	Handwritten

Do you, Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes No

Case Number:

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section. How Often?

Child income

A. Child Income

[illegible]

D. All Adult Household Members (Including Yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income, write "0" or leave any fields blank you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	How often?			Public Assistance/ Child Support/Alimony			How Often?			Pensions/Retirement/ All Other Income			How Often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$															
	\$															
	\$															
	\$															

Total Household Members (Children and Adults)	Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member				Check if no Social Security Number			
					X	X	X	X

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws."

Street Address (if available)		Apt #	City	State
				Zip
			Daytime Phone and Email (optional)	
Printed name of adult completing the form			Today's date	