Uintah River High School Registration Packet 2005-2006 Grades 9 - 12

This information is requested to complete enrollment in Uintah River High School.

To register your child please provide:
Student's original birth certificate
Proof of immunization or exemption
Student's last report card
A photocopy of previous IEP for Special Education students, if applicable
Transcript (high school students only)
Check-out sheet from previous school (mid-year transfers only)
Completed Registration Forms

INCOMPLETE REGISTRATION PACKETS WILL NOT BE ACCEPTED

For registration questions please call the school office at: (435) 725-4088

CHARTER SCHOOL STUDENT INFORMATION

This section for Office Use Only

PACKET RCVD S	TART DATE	STUDENT ID	HOMEROOM/A	DVISOR	GRADE
Legal Name (as identifie	d on birth certifica	te)			Birth Date
Last	First		Middle Initial		
Social Security Number	:	Student Home	e Phone:		
Initial above if you decline to pro Student Social Security Number	 ovide				
Student Address:					
Street Address	Apt #	— — City		State	Zip Code
If the student was born outside of the U.S., w was the date the student first enrolled in a U. Years enrolled in Utah school:			Hi V Ai Pa	ispanic Vhite, not o	
LAST SCHOOL ATT		ol Name		City	State
with parents.	in order to provide	J			communicate most effectively
2. What language do	es your son/dau	ughter most fro	equently use a	t home?	
3. What language do	you most frequ	ently use to s	peak to your s	on/daug	hter?
4. Name the language	je most often sp	oken by the a	dults at home:		

Providing this information does not mean your child will be taught in his or her native language. This will help us find additional ways to help your child learn and provide extra programs or services as needed.

ts are divorced or separated,	please provide proof of: Shared custody	y Restraining order	Single parent
		Mother	Aunt
Name		Father	Uncle
	<u> </u>	Stepmother	Sibling
Home Phone	Work Phone	Stepfather	Cousin
		Grandmother	Foster
Cell Phone	Pager	Grandfather	Other
		Voluntary:	
Occupation		Not a high schoo High school grac Some college (in	luate
E-mail Address		College graduate Post graduate Decline to state	
Employer and Address			
		Mother	Aunt
Name		Father	Uncle
		Stepmother	Sibling
Home Phone	Work Phone	Stepfather	Cousin
		Grandmother	Foster
Cell Phone	Pager	Grandfather	Other
		Voluntary:	
Occupation		Not a high schoo High school grac Some college (in	luate
E-mail Address		College graduate Post graduate Decline to state	
Employer and Address		Decline to state	
(Non-primary residence)	T/GUARDIAN INFORMATION vould like to receive mailings for school in	formation	
		Mother	Aunt
Name		Father	Uncle
		Stepmother	Sibling
Home Phone	Work Phone	Stepfather	Cousin
		Grandmother	Foster
Mailing Address	City, State, Zip code	Grandfather	Other

STUDENT HEALTH INFORMATION Please check here if there are no known health problems. VISION HEARING ALLERGIES Known eye condition (other than corrective lenses) _____ Known hearing problem ____ Food ___ Wears glasses _____ Worn at all times _____ Environmental ____ Uses hearing aid ____ Has tubes in ears _____ Wears contacts _____ Worn at all times ____ Medicine COMMENTS:_____ STUDENT HAS THE FOLLOWING CONDITIONS: Does medication need to be administered during school hours? YES NO Please provide signed Physician's Authorization for Medication in School form Administer during school hours? Condition Medication prescribed by doctor Dosage YES NO ____ Asthma _____ Epilepsy _____ Fainting spells _____ ____ Diabetes Heart condition _____ ____ Migraines ____ Allergies ____ ADHD/ADD Other (specify) ____ YES _ NO Does student have any condition which may result in a classroom emergency? Does student have a physical condition which limits participation in: Classroom activity _____ YES _____ NO Explanation: Physical Education _____ YES ____ NO

MEDICAL INFORMATION

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances I further authorize the physician named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

Physic	cian	Address	Phone
Health	n Insurance Provider	Insurance ID #	Hospital preference
The u	ndersigned hereby agrees to bea	ar all costs incurred as a result of th	ne foregoing.
Paren	t/Guardian Signature Date		
counte	er) during school hours. This must be	e renewed yearly. Per Utah Education (g medication (physician prescribed or over the code, students in possession of prescribed, over the subject to suspension and/or expulsion.
DEN	TAL INFORMATION		
			Phone
Dentis	st	Address	Thore
Insura	ance Provider	Insurance ID#	listed under Parent/Guardian)
Insura Eme	ance Provider rgency Contact Informati	Insurance ID# on (Do not include anyone	listed under Parent/Guardian) reached, please call and release my child t
Insura Eme If my #1	rgency Contact Information	Insurance ID# on (Do not include anyone or is suspended and I cannot be	listed under Parent/Guardian) reached, please call and release my child to hone Work Phone
Insura Eme If my #1	rgency Contact Information child is ill, has an emergency,	Insurance ID# on (Do not include anyone or is suspended and I cannot be Home P	listed under Parent/Guardian) reached, please call and release my child to the second
Insura Eme If my #1	rgency Contact Informatichild is ill, has an emergency, Name Relationship to child	Insurance ID# on (Do not include anyone or is suspended and I cannot be Home P	listed under Parent/Guardian) reached, please call and release my child to the company of the co
Insura Eme If my #1	rgency Contact Information child is ill, has an emergency, Name Relationship to child Name	Insurance ID# on (Do not include anyone or is suspended and I cannot be Home P	listed under Parent/Guardian) reached, please call and release my child to hone Work Phone ne Pager/Other hone Work Phone hone Pager/Other ne Pager/Other

Student Social Security Number:		Home Pho	ne:	
(Voluntary	<i>ı</i>)			
Parent/Guardian Name:				
First	La	ıst		
Address:				
Street		City	State	Zip code
Please check each of the instructional programs	s your child par	rticipated in at h	nis/her previous	school(s):
Special Education*				
Resource Specialist Program (RSP	') and Individual	Small Group Ins	truction (ISGI)	
Special Day Class/Self-Contained				
Speech and Language (SLP)				
Other Programs				
Gifted and Talented				
English as a Second Language (ES	SL) or English La	inguage Develop	ment (ELD)	
504 Plan				
Other:				
Please complete and sign this form. PLEASE LIST PREVIOUS SCHOOL ATTENDED: I hereby request and authorize the PREVIOUS scho				in the
School District	City	State	Phone	Fax
to forward the confidential records of my child to: _				
to forward the commontal records of my child to.				
Parent/Guardian Signature			/_	/ Date
3 · · · · · · · · · · · · · · · · · · ·				
School Use Only				
Date form received://				
Date records requested by Spec Ed office:	/	/	_	
Person sending request:				

DISCIPLINARY HISTORY FORM

This information is allowed under Utah Code 53A-2-208(3)(b)

STUDENT NAME	GRADE 	
Please circle the appropriate answer:		
Has your student ever been suspended from school?	Ye:	s No
2. Has your student ever been expelled from school?	Yes	s No
3. Is there any disciplinary action pending concerning your stubis/her previous school of enrollment?	udent from Yes	s No
If you answered yes to any of the above questions, please provide student's grade level at the time of the incident, approximate date which the discipline was taken, and the type of discipline handed do	of the incident, describe	
I certify that the above information is true and complete:		
	/	_/
Parent/Guardian Signature	Date	

ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Uintah River High School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Uintah River High School may disclose appropriately designated "directory information" without written consent, unless you have advised Uintah River High School to the contrary in accordance with Uintah River High School procedures. The primary purpose of directory information is to allow Uintah River High School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Uintah River High School to disclose directory information from your child's education records without your prior written consent, you must notify Uintah River High School in writing by the first day your child physically attends school.

Uintah River High School has designated the following information as directory information: [Note: an LEA may, but does not have to, include all the information listed below.]

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Major field of study
- · Dates of attendance
- Grade level
- The most recent educational agency or institution attended

Parent/Guardian Signature	
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ACKNOWLEDGEMENT OF SPECIAL NOTICES, continued

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA), Uintah River High School will provide reasonable accommodations to qualified individual with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Uintah River High School policy to provide alternative language services to limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in Uintah River High School educational programs. Uintah River High School provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact Uintah River High School.

EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY

It is the policy of Uintah River High School to provide equal educational and employment opportunity for all individuals. Therefore, Uintah River High School prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veterans status. This policy extends to all aspects of Uintah River High School educational programs, as well as to the use of all Uintah River High School facilities, and participation in all school-sponsored activities.

CIVIL RIGHTS GRIEVANCE PROCEDURE

Complaints of discrimination should be filed with the individual's principal or supervisor and/or with the school Compliance Officer/EEO Coordinator according to the provisions of the School Civil Rights Grievance Procedure, copies of which are available at (INSERT SCHOOL NAME). If the complaint is against the principal or supervisor, the complaint may be filed directly with the Compliance Officer/EEO Coordinator. The Compliance Officer/EEO Coordinator, who has been designated to monitor and coordinate Uintah River High School compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all other applicable State and Federal civil rights laws, may be reached at the following address and telephone number: Cameron Cuch, PO Box 190, Ft. Duchesne, UT 84026, (435) 722-2331.

Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved.

Parent/Guardian Signature:	
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Guidelines for Student Accounts on Utah's Public Education Network

http://www.uen.org/policy/html/aup.html

- 1. The primary purpose of the UtahLINK is for the use of the public school professional staff and secondary student access. The use of an individual student account is considered to be a privilege and is permitted to the extent that available resources allow.
- 2. Secondary students may be granted an account for up to one academic year at a time provided they:
 - a. Read and agree to follow all guidelines outlined in the Acceptable Use Policy.

This agreement is formalized through their signature on the application form:

- b. Have at least one teacher sign the application form as a sponsor;
- c. Obtain the signature of a parent on the application form.

- 3. Elementary students are not allowed individual accounts. Teachers of these grades may apply for a class account, but are obligated to directly teach these students in proper network use and supervise them regarding the Acceptable Use Policy. *The teacher holding this account is ultimately responsible for use of the account and is required to maintain confidentiality with the password (not giving it to students) and is advised to change the password frequently.
- 4. Students may not maintain accounts upon graduation unless they otherwise qualify under one of the other acceptable use provisions.
- 5. Generally, students are not permitted to enter professional UtahLINK or Usenet discussion groups. Under certain conditions, posting privileges to specific news groups may be granted.
- 6. All public school student accounts will be issued by the local node administrators and will receive final approval by the State Office of Education.
- 7. The above-mentioned use is subject to revision in policy. In all cases, use by professional public education staff shall take precedence. The State Office of Education reserves its right as final authority on use of the network.

Public School Student Application for UtahLink Account

Student Name:		
Grade:	_ School: Uintah River High School	District: CHARTER SCHOOL
School Address: PO	Box 235 Ft. Duchesne, UT 84026	School Phone: (435) 725-4088
Purpose(s) for which	n you wish to us UtahLink:	
	eptable Use Policy and Student Guidelines d in the policy may constitute suspension	, and agree to abide by their provisions. I understand that violation of the or revocation of network privileges.
		/
	Student Signature	Date
	nes while in my classes.	r responsible use of the network as defined by the Acceptable Use Policy /
	Teacher Signature	Date
I have read the Acce Link's network have Network,I will monit responsibility for sup	taken reasonable precautions to ensure to my child's daily use of the UtahLink an	for UtahLink. I understand that although administrators of the Utah- hat controversial material is eliminated on Utah's Public Education d his/her potential access to the world-wide internet, and will accept full hild's use is not in a school setting. I hereby give my permission to issue ined on this form is correct.
		/
	Parent's Signature	Date
		/
	Administrator Approval	Date

Request for Transfer of Records Notification of Enrollment

Uintah River High School Marlies Burns, Principal PO Box 235 Ft. Duchesne, UT 84026 (435) 725-4088 marliesb@utetribe.com

On		enrolled in
date	Student name	
at Uintah Riv	ver High School.	
grade		
You have been identified as t	he student's last school of attendance	e.
CFR 99-31 governing the permis if the disclosure is to officials of a certified copy of this student's	-504 Requirement of school record for tresible disclosure of education records with another school in which the student see record including the student's cumulativated testing as well as 504 Plan be sent to	thout the written consent of the parent leks or intends to enroll, we request that we file, discipline file, U-PASS testing
Thank you for your cooperation students.	on behalf of maintaining the most appro	opriate educational services for all
Signature		 Date