

REGISTRATION INSTRUCTIONS

2016-2017 School Year

Welcome to Wallace Stegner Academy! We are thrilled to have you join us.

As part of the registration process, please complete and submit the information requested in this student registration form. **You will need to fill out a registration packet for each student registering at Wallace Stegner Academy.**

Please review each section carefully and make sure all requested information is provided. If the registration form for your student is not submitted by the deadline given in the acceptance e-mail you received, we will assume that you have decided not to register and your student's place in the school will be offered to another student.

As a reminder, in accordance with Utah Administrative Code R277-472-5, a student who is enrolled in a charter school or who has accepted an offer of admission to another public school should follow the withdrawal procedures to avoid duplication of enrollment.

NOTE: THE REGISTRATION PROCESS WILL NOT BE FINISHED UNTIL THE SCHOOL HAS RECEIVED ALL THE REQUIRED DOCUMENTS LISTED BELOW.

Please provide COPIES of the items listed below to the school. Please do not send the original document. The school's address is:

Wallace Stegner Academy
Attn: Registrar
PO Box 25718
Salt Lake City, UT 84125

PLEASE DO NOT SEND ORIGINALS!

1. A copy of your student's **birth certificate** as required by Utah Code 53 A-11-502.
2. A copy of your student's **yellow immunization card** from the State or other proof of immunizations as required by Utah Code 53A-11-301 or an Immunization Exemption Waiver as allowed by Utah Code 53A-11-302. Please remember: your student will not be permitted to attend school unless immunizations are up-to-date or the school receives an Immunization Exemption Waiver.
3. **If applicable**, a copy of the student's **Individualized Education Plan (IEP), Individualized Health Care Plan (IHCP), or Section 504 Plan.**
4. Proof of **vision screening** as required by Utah Code 53A-11-203 for students under eight (8) years of age entering school for the first time in the state of Utah. NOTE: If you do not have proof of vision screening, the school may provide vision screening for your child at no cost.

*Thank you for choosing Wallace Stegner Academy.
If you have any questions, please contact the school.*

Wallace Stegner Academy
NEW STUDENT REGISTRATION FORM
2016-2017

Section I – Student Demographic Information

STUDENT DEMOGRAPHIC INFORMATION

Student's Legal First Name: _____

Student Legal Middle Name: _____

Student's Legal Last Name: _____

Student's Full Preferred Name (only if different than legal): _____

Birth Date: _____ Gender: Male / Female Grade Entering: _____

COMMUNICATION BETWEEN HOME AND SCHOOL

Preferred Contact Information for School Communications

Phone #1: _____ Type: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing (if different from home): _____

City: _____ State: _____ Zip: _____

INFORMATION REGARDING HOMELESSNESS

Please check this box if you believe your student should be designated as homeless. This information is requested in accordance with Utah Administrative Code R277-616:

- APPLICABLE
- NOT APPLICABLE

DISTRICT INFORMATION

Has this student previously attended a Utah public school? Yes / No

Current *District of Residence*: _____

Current *School of Residence*: _____

Last *District Attended* (Complete only if different than the District of Residence.): _____

City: _____ State: _____

Last *School Attended* (Complete only if different than the School of Residence.): _____

City: _____ State: _____

HOME LANGUAGE SURVEY INFORMATION

Answers to the following questions will help us determine the English language services we may offer your student (please exclude languages learned in school):

What was the first language the student learned to speak? _____

What is the language spoken most often by the student? _____

What is the language spoken most often in your home? _____

What language do you prefer for school to home communication? _____

RACE / ETHNICITY

Part A.

Is this Student Hispanic or Latino?

No

Yes

(Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, please answer Part B by marking one or more boxes to indicate what you consider your student's (or your) race to be.)

Part B.

Which of the following groups describe the student's race?

American Indian or Alaska Native * If Yes, which tribe? _____

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Note: Both part A and B MUST be completed. If either part (A or B) is not answered, the U.S. Department of Education requires the school to supply an answer on your behalf.

DISCIPLINARY HISTORY

Note: The school is permitted to request this information under Utah Code 53A-2-208(3)(b)

1. Has your student ever been suspended from school? Yes / No
2. Has your student ever been expelled from school? Yes / No
3. Is there any pending disciplinary action from his/her previous school of enrollment? Yes / No

If you answered YES to any of the above questions, please provide written details regarding the incident related to the discipline to the principal. Please include the school name, the student's grade level at the time of the incident, and the approximate date of the incident. Describe the nature of the type of discipline imposed by the school.

Failure to fully disclose student disciplinary information may result in denial of admission, revocation of admission, suspension or expulsion after being admitted to Wallace Stegner Academy. Students may also be denied enrollment in a public school if they leave a public school with disciplinary procedures pending at the previous Utah public school until previous allegations have been resolved.

Section II – Parent / Legal Guardian Demographic Information

PARENT / LEGAL GUARDIAN INFORMATION

Full name of **Legal Guardian #1:** _____

Relationship: _____

Lives with Student? Yes / No

Home Address: _____

City: _____ State: _____ Zip: _____

Please list the phone numbers in the order you would like us to call, if necessary.

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

E-mail Address: _____

Full name of **Legal Guardian #2:** _____

Relationship: _____

Lives with Student? Yes / No

Home Address: _____

City: _____ State: _____ Zip: _____

Please list the phone numbers in the order you would like us to call, if necessary.

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

E-mail Address: _____

LEGAL BINDINGS

Are there any legal documents the school should have record of such as a divorce decree, custody order, or restraining order?

Yes / No

Note: If yes, please provide a copy of the legal documentation to the school office. We will not be able to take actions required by any such documentation unless we have a copy on file.

NOTE: If the parents / guardians entered above are not the student's parents as listed on the birth certificate or if there are other unique custody arrangements, please provide a copy of relevant legal documentation to the school.

Section III - Emergency Contacts

EMERGENCY CONTACTS

Please list individuals who are not previously entered above. By listing this individual you are granting permission for the school to release your student to this person if the parent or guardian cannot be contacted.

Name of **Emergency Contact #1:** _____

Relationship: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

Name of **Emergency Contact #2:** _____

Relationship: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

Name of **Emergency Contact #3:** _____

Relationship: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

NOTE: Additional phone numbers and emergency contacts may be added through the school's Student Information System.

Section IV – Other Information

OTHER INFORMATION

Please mark all health or medical conditions that your student experiences:

- Vision impairment
- Hearing impairment
- Physical/medical conditions
- Medications taken during school hours
- Allergies
- Special Dietary Needs
- Other: _____

Note: If you marked any of the conditions above, contact the school to determine if your student needs an Individualized Health Care Plan (IHCP).

Please check the following items that may be applicable to your student:

- My student has a current Individual Educational Plan (IEP) (Speech Therapy, Resource, etc.).
- My student previously had an IEP (Speech Therapy, Resource, etc.) (If yes, please write in the year: (____))
- My student has a current Section 504 Plan.
- My student previously had a Section 504 Plan. (If yes, please write in the year: (____))
- My student has a current Individual Health Care Plan (IHCP).
- My student previously had an IHCP. (If yes, please write in the year: (____))

VISION SCREENING INFORMATION

Under Utah Code 53A-11-203, the parent or guardian of any student under eight years old who is entering school for the first time in Utah, including kindergarten students, must provide proof that their student has received a vision screening from a licensed physician, optometrist, or other licensed health care provider. Your registration will not be considered complete until we receive this documentation. Many pediatricians and Head Start programs can conduct the vision screening and provide the required documentation.

I understand the results of the vision screening will become part of his/her educational records and may be shared with other educators and health care professionals working with Wallace Stegner Academy as necessary to provide appropriate follow-up services for him/her.

Vision Screening Permission:

- Yes: I give permission for my student to receive a FREE vision screening.
- No: I do NOT give permission for my student to receive a FREE vision screening.

USIIS VACCINE INFORMATION SHARING AUTHORIZATION FORM

Under Utah Code 53A-11-301, no student may attend the school unless the school receives either documentation that the student has received required immunizations or documentation of a personal, religious, or medical exemption in accordance with Utah Code 53A-11-302.

The Utah Department of Health maintains a voluntary, confidential record system to assist parents/guardians, health care providers, and schools in documenting immunization records. This record system is called the Utah Statewide Immunization System (USIIS). Allowing my student's school to share his/her immunization history with USIIS will aid you, his/her health care provider, and the school to determine which immunizations he/she has received and which may still be needed.

I give my permission for the school to exchange my student's immunization information with USIIS at no charge to the parents.

- Yes
- No

Section V – Annual Acknowledgments

ANNUAL ACKNOWLEDGMENTS

The school provides each of the items listed below to parents annually. For your convenience, these policies will also be placed on our website and will be available at the front office during regular office hours.

The following policies are available on the school website and will also be available through the school office beginning on the first day of school.

I acknowledge that I have been provided with the policies and notices shown below.

Attendance Policy	Bullying and Hazing Policy	Computer Use Policy
Concussion and Head Injury Policy	Dress Code Policy	Electronic Device Policy
Fee Waiver Policy	Fees Notice for Grades K – 6	FERPA
Medication Administration Policy	Notice to Parents Regarding Withdrawing from School	Parent Handbook
Parent / Student Compact	Parental Rights Notification	Religion and Education Policy
Safe Schools Policy	Section 504 and ADA Notice	Sexual Abuse and Molestation Prevention Policy

****Please Note: Wallace Stegner Academy will not charge school fees for 2016-2017.**

COMPUTER USE AGREEMENT FORM

For the Parent or Legal Guardian:

As the parent or legal guardian, I have read and reviewed the Computer Use Agreement for Wallace Stegner Academy (the School) with my student. I understand that the use of these electronic information resources is for educational purposes. I recognize the School has initiated reasonable safeguards to filter and monitor inappropriate materials. I understand that while the School has also taken steps to restrict student access on the Internet to inappropriate information and sites, it is impossible to restrict access to all controversial materials. I further recognize that if my student does not abide by the rules of acceptable use, he/she may be disciplined. I will not hold the School responsible for materials he/she may acquire on the Internet. I hereby give permission to the School to permit my student to have access to the Local and Wide Area Networks and the Internet.

Please check this box to acknowledge you understand a copy of the Computer Use Agreement is available on our website and that you understand your responsibilities as outlined in the Computer Use Agreement. Hard copies of this agreement are available upon request.

PARENT / STUDENT COMPACT

Each year we ask parents to review and sign a Parent/Student Compact that outlines the parents' and the school's responsibilities. You may read and print a copy of the Compact on the school's website.

- Please check this box to acknowledge you understand a copy of the Parent / Student Compact is available on our website and that you understand your responsibilities as outlined in the Parent / Student Compact. Hard copies of this agreement are available upon request.

NOTICE FOR DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Wallace Stegner Academy ("the school"), with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student's education records.

Under FERPA, "**directory information**" is information that is generally not considered harmful or an invasion of privacy if released. The School may disclose directory information without your written consent unless you have advised the School to the contrary in accordance with School procedures.

The primary purpose of this rule is to allow the School to include this type of student information (directory information) in certain school publications without requiring the school to obtain parental consent every time. Examples include:

- The annual school yearbook
- Graduation Program
- Honor roll or other school recognitions
- Parent names and contact information (for use by the school's PTO for school-related purposes)
- Social media
- Class and school blogs

The School has designated the following student information as directory information:

- Student's name
- Photograph
- Grade level
- Participation in officially recognized activities and sports
- Parent names and contact information
- Degrees, honors and awards

Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that publish yearbooks. *Note: The School will not give or sell your information to vendors for the purpose of advertising, sales, or marketing.*

Please restrict the following directory information for my student:

- No Restrictions
- Restrict Directory Data Only *(Please note, selecting this option will exclude your student from the yearbook.)*
- Restrict Photos Only *(Please note, selecting this option will exclude your student from the yearbook.)*
- Restrict Directory Data and Photos *(Please note, selecting this option will exclude your student from the yearbook.)*

DECLARATION OF HOUSEHOLD INCOME

The school is requesting this information for the sole purpose of calculating statistics that may qualify the school to receive federal funds and other grants. Providing this information will NOT automatically qualify the student to receive free or reduced price lunch.

Name of Student: _____

If the total annual income before deductions of all persons in the student’s household does NOT exceed amounts determined to meet federal income eligibility guidelines for a household of this size (and listed below), your student(s) may qualify for as “economically disadvantaged” (Federal Register Notice Vol. 76 No. 58, Friday, March 25, 2011).

INCOME ELIGIBILITY GUIDELINES											
[Effective from July 1, 2015 to June 30, 2016]											
Household Size	Federal Poverty	Reduced price meals - 185%					Free meals - 130%				
	Annual	Annual	Monthly	Twice per Month	Every two weeks	Weekly	Annual	Monthly	Twice per Month	Every two weeks	Weekly
1	\$ 11,770	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295
2	\$ 15,930	\$ 29,471	\$ 2,456	\$ 1,228	\$ 1,134	\$ 567	\$ 20,709	\$ 1,726	\$ 863	\$ 797	\$ 399
3	\$ 20,090	\$ 37,167	\$ 3,098	\$ 1,549	\$ 1,430	\$ 715	\$ 26,117	\$ 2,177	\$ 1,089	\$ 1,005	\$ 503
4	\$ 24,250	\$ 44,863	\$ 3,739	\$ 1,870	\$ 1,726	\$ 863	\$ 31,525	\$ 2,628	\$ 1,314	\$ 1,213	\$ 607
5	\$ 28,410	\$ 52,559	\$ 4,380	\$ 2,190	\$ 2,022	\$ 1,011	\$ 36,933	\$ 3,078	\$ 1,539	\$ 1,421	\$ 711
6	\$ 32,570	\$ 60,255	\$ 5,022	\$ 2,511	\$ 2,318	\$ 1,159	\$ 42,341	\$ 3,529	\$ 1,765	\$ 1,629	\$ 815
7	\$ 36,730	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307	\$ 47,749	\$ 3,980	\$ 1,990	\$ 1,837	\$ 919
8	\$ 40,890	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455	\$ 53,157	\$ 4,430	\$ 2,215	\$ 2,045	\$ 1,023
9	\$ 45,050	\$ 83,343	\$ 6,946	\$ 3,473	\$ 3,206	\$ 1,603	\$ 58,565	\$ 4,881	\$ 2,441	\$ 2,253	\$ 1,127
10	\$ 49,210	\$ 91,039	\$ 7,588	\$ 3,794	\$ 3,502	\$ 1,751	\$ 63,973	\$ 5,332	\$ 2,667	\$ 2,461	\$ 1,231
For each additional family member add:	\$ 4,160	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104

***48 Contiguous States, District of Columbia, Guam and Territories

I certify that my student qualifies as economically disadvantaged according to the table above. I understand that this information will be submitted by the school to the Utah State Office of Education and may affect how certain state and federal funds are allocated and to calculate the school’s academic performance. I understand that school officials may need to verify this information in the event of an audit. I understand that deliberate misrepresentation of my income or household size may subject me to prosecution under applicable state and federal laws.

- Yes
- No

Section VI – Signature

By returning this Student Registration Packet to Wallace Stegner Academy, I acknowledge that my student must adhere to the policies and procedures established by Wallace Stegner Academy and the information I have provided is accurate to the best of my knowledge. You must submit all other required documentation before the registration process will be considered complete.

Parent or Guardian Signature: _____ Date: _____

Section VII – Request to Transfer Records

REQUEST TO TRANSFER RECORDS

From Current School to Wallace Stegner Academy
Attn: Registrar
PO Box 25718
Salt Lake City, UT 84125

Please forward all records regarding the following student, including but not limited to: educational, behavioral, health, special education, speech, testing, and developmental records.

Student Full Legal Name: _____

Grade entering for the 2016-2017 school year: _____

WITHIN-STATE TRANSFER STUDENT:

District where student records should be requested from: _____

School where student records should be requested from: _____

OUT-OF-STATE TRANSFER STUDENT (if applicable):

Please write in the name of the school, the name of the school district, and the phone number (if known).

School Name: _____

School District: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____

Parent or Guardian Signature: _____ Date: _____
