

Student Registration Packet

For the 2018-2019 School Year

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Grade Level _____

Hispanic/Latino? Yes No

RACE (choose one or more): American Indian/Alaskan Native Asian Black/African American Hawaiian/Pacific Islander White

Has this student been enrolled in **Special Education** classes in the past three years? Yes No

Is there a current IEP? Yes No Is there a current 504 plan? Yes No Is there a health care plan? Yes No

Does the student have a history of: Seizures Diabetes Asthma Heart Problems Other _____?

Special Needs or health concerns: _____

Medication currently taking: _____

Allergies or special dietary needs: _____

Has the student ever been suspended for a total of more than three days? Yes No (Utah Code 53A-2-208(3)(b))

If yes explain: _____

Parents/Guardians Information: (please provide any court documents regarding name changes or designations of custody)

Parent/Guardian (will be the main contact for school correspondence):

First Name: _____ Last Name: _____ Relation to child: _____

Lives with Student? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Phones: Home _____ Work _____ Cell _____

Email: _____

Parent/Guardian

First Name: _____ Last Name: _____ Relation to child: _____

Lives with Student? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Phones: Home _____ Work _____ Cell _____

Email: _____

Emergency Contacts not listed above (authorized for school to release students to in an emergency):

Name: _____ Phone Number _____ Relation to child _____

Name: _____ Phone Number _____ Relation to child _____

State law requires that a student must have a birth certificate and a current immunization record on file in order to attend school. As custodial parent/legal guardian of this student, I verify that the information to the best of my knowledge is true and correct. I also understand that misrepresentation of any information may result in this student being removed from school permanently or until the issue is resolved.

Signature: _____ Relation to child: _____ Date: ____/____/____

Health Information:

Family Physician and/or Clinic: _____ Phone: _____
Dentist: _____ Phone: _____
Preferred Hospital: _____

Does your child **wear glasses or contacts** or have other vision requirements? Yes No

Does your child have a **hearing aid** or require other hearing assistance? Yes No

In case of ACCIDENT OR SERIOUS ILLNESS, I request the school to take whatever action seems appropriate. If the school is unable to reach me or the emergency contact persons, I hereby authorize the school to call our physician or dentist and follow his/her instructions. If it is impossible to contact the physician or dentist, the school administration may make whatever arrangements they deem necessary.

Signature: _____ Relation to child: _____ Date: ____/____/____

Vision Screening Permission Form:

Vision screenings to screen your child for visual problems such as Amblyopia (lazy eye) will be conducted at our school.

Vision screenings are required by Utah State Law for all children in classes of our kindergarten, 1st, 2nd, and 3rd grades.

Utah State law requires children to provide proof they had a vision screening within a year prior to enrollment if entering kindergarten or any child entering a Utah school for the first time in older grades up to age 8 years.

Many pediatricians and Head Starts provide this proof as they conduct vision screenings at their locations and during medical physicals. It is each child’s parent or guardian’s responsibility to comply with the law to provide this proof of a vision screening. This proof is needed along with immunization records.

Children often do not complain of poor vision - they may have seen everything in the same manner for years and are not aware the world doesn't look the way they see it. Amblyopia is a common, but not always obvious, eye defect which must be identified before the age of seven for the most effective treatment. If not treated early, permanent visual loss may occur. It is often correctable, if treated promptly.

If your child wears glasses or contacts, PLEASE be sure your child brings the glasses on the day of the vision screening. Children's eyes can change in as short of time as 6 months and there may be a need to see their eye doctor for a new prescription.

Please complete the following portion and return this form to your child's school. Your permission/denied permission must be documented for the year.

Permission to Vision Screen: for my child, to receive vision screening consistent with the requirements of Utah Law for vision screening. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.

I give permission to vision screen.

I do not give permission to vision screen.

Signature: _____ Relation to child: _____ Date: ____/____/____

Medication Policy:

Some students may require medication during school hours. Please follow the procedure below for medication:

1. A Medication Administration Form must be completed by the physician and signed by the parent. This form is available in the school office and must be renewed annually.
2. Medications must be brought in the original container to the office by a parent with the Medication Administration Form. Children cannot bring any medication to school.

Per Utah Education Code, students in possession of prescribed, OTC, or illegal drugs for personal use, sale, or supplying another student are subject to suspension and/or expulsion.

Homeless (Please mark any of the following that may apply):

- Lacks a fixed or regular residence.
- Lacks adequate residence. Is out of necessity temporarily living in a residence that lacks indoor plumbing, electricity, heat, etc.
- Has a primary nighttime residence in a supervised publicly or privately operated shelter designed to provide temporary or emergency living accommodations (including a congregate shelter, welfare, hotel, domestic violence shelter, and transitional institution for individuals with mental illness).
- Has a primary nighttime residence that is a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings (including campgrounds, vacant buildings, cars, garage, etc.), all referred to as "unsheltered."
- Children and youth living in "double up" accommodations due to a loss of housing or other similar situation. (Families living in doubled-up housing accommodations voluntarily to save money should not be considered homeless).

Acceptance of Policy (Please read carefully and initial each statement):

As a parent or guardian of the above named student attending Pacific Heritage Academy (PHA), I agree to fulfill our obligation to the school as specified below. *Please read carefully and initial beside each paragraph and sign.*

____ I recognize the fact that PHA is an alternative school of choice for parents with a specific mission, vision and philosophy, and we have voluntarily chosen to enroll our student.

____ I will attend parent orientation meetings prior to the start of school.

____ I understand PHA provides an academically challenging curriculum program using experiential learning (or similar methods). I will support PHA in the implementation of its curriculum, provide a place of learning in my home, and regularly review my child's learning.

____ I will actively participate in Parent/Teacher/Student-Led conferences, Celebrations of Learning, discipline system, and home learning program.

____ I will encourage my child to adhere to the PHA Discipline Code at all times.

____ I enforce the School Code of Conduct with my child, including ensuring my child adheres to the school's uniform dress standard.

____ I understand that school bus transportation is not available to and from PHA and that parents are responsible to drop off and pick up their child each day. I will arrange for transportation of my child to and from school, on time, and within the specified timeframes allowed by the school.

____ I understand that parent involvement is key to a successful school and that PHA offers parents meaningful opportunities to serve the school community on a volunteer basis. I also understand that the school requests and encourages every PHA family to provide 40 hours (20 hours for single parent families) of volunteer service and/or in-kind donations annually.

____ I will notify the office immediately if there is a change of home address, phone number and/or when my child will be absent and provide documentation (if applicable).

____ I will assure that my child will not destroy materials (books, equipment, etc.) and/or PHA property and that all school materials loaned will be returned in the condition issue. I will pay for any lost or damaged school materials incurred by my child.

____ I understand that a student's bringing or possession of any weapon is grounds for expulsion from Pacific Heritage Academy.

Acknowledgement of Special Notices:

Students with Disabilities:

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA), Pacific Heritage Academy will provide reasonable accommodations to qualified individuals with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Education Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Pacific Heritage Academy's 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 Pacific Heritage Academy's educational programs. Pacific Heritage Academy provides English as a Second Language (ESL) instructions 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 Pacific Heritage Academy.

Equal Educational and Employment Opportunity:

It is the policy of Pacific Heritage Academy to provide equal educational and employment opportunity for all individuals. Therefore, Pacific Heritage Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. This policy extends to all aspects of Pacific Heritage Academy educational programs, as well as to the use of all Pacific Heritage Academy 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 at Pacific Heritage Academy. 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 Pacific Heritage Academy's 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.

I certify that I am the legal guardian or custodial parent of this student. I agree to notify the school in writing of any changes in the registration information.

Signature: _____ Relation to student: _____ Date: ____/____/____

Note: Pacific Heritage Academy is requesting this information to better serve the needs of our students under the authority of PL 94-192, Title IV of the Civil Rights Law and State Administrative Rule R227-716 (1 to 5). This information will be handled confidentially and will be used only for the purposes noted in the law or rule. This information will not subject you to unfair or discriminatory treatment.

FERPA Authorization:

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

- A program, showing your student's role in a production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs

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 publish yearbooks.

The School has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Electronic mail address
- Photograph
- Honors and awards received
- Grade level

I give Pacific Heritage Academy permission to disclose this directory information, **including using the student's name and picture in the yearbook.**

I **do not** give Pacific Heritage Academy permission to disclose any directory information, **including using the student's name and picture in the yearbook.**

Signature: _____ Relation to student: _____ Date: ____/____/____

Acceptable Use Computer Agreement:

The goal of using the internet is to provide support for the public education system. The Internet is a world-class tool for educators, students, and parents. It can provide many exciting educational resources and learning opportunities. Unfortunately, there are materials on the internet that are controversial in nature that do nothing to promote the educational process. It is important that all who access the Internet demonstrate judgment on the information that they access. The following is prohibited:

- Any use of the Internet for illegal or inappropriate purposes to access materials that are objectionable in a public school environment. Inappropriate use is defined as use in violation of the intended use of the Internet, to provide information to support the educational process (e.g. instant messenger, chat rooms, streaming video, audio, internet radio, file sharing, MP3 downloading, and burning copies of copyrighted CDs are prohibited).
- Any use for commercial purposes, financial gain or political lobbying.
- Access to the Internet without parental permission.

It is understood that Pacific Heritage Academy, Utah State Office of Education, and the Utah Education Network have no control of the information on the Internet. Some sites on the internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the student will receive supervision and guidance while using the internet, it is the student's responsibility to choose not to access materials that do not fit the goal of internet use at Pacific Heritage Academy. Students that break this Acceptable Use Computer Agreement may face one of all of the following consequences:

- Loss of network/Internet access
- Removal from class
- Parent conference
- Suspension from school for the remainder of the term
- Expulsion from school for repeated violation
- Civil and criminal charges filed against the student

I give permission for my student to have access to the Internet at Pacific Heritage Academy.

Signature: _____ Relation to student: _____ Date: ____/____/____



PHOTO / VIDEO RELEASE FORM

Student Name: _____ Date of birth: ____/____/____ M/F _____ Grade: _____

I hereby grant Pacific Heritage Academy/Schools [PHA] permission to use my student's likeness in a photograph and/or video in any and all of its publications, other media outlets (news stations/newspaper), including website entries, without payment or other consideration.

I understand and agree that these materials will become the property of PHA and will not be returned. I hereby irrevocably authorize PHA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing PHA's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my student's likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge PHA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I hereby certify that I am the parent or guardian of above named student.

I DO hereby give my consent without reservation to PHA on behalf of this student.

I DO NOT hereby give my consent without reservation to PHA on behalf of this student.

Parent/Guardian's Printed Name: _____ Date: ____/____/____

Parent/Guardian's Signature: _____



FIELDWORK AND SERVICE & ADVENTURE FORM

I, _____, do hereby give my permission for my child, _____, to go on walks with their class to the **Jordan River, Westpointe Park,** and the **Day-Riverside Library.** These trips are sponsored by Pacific Heritage Academy during school hours throughout the 2018-2019 school year. I do hereby hold Pacific Heritage Academy harmless for any claims that might arise out of any incident while my student participates in fieldwork, including walking back and forth from these sites. I understand that my student may be transported in private vehicles of individual volunteers. I agree to indemnify, defend and hold harmless Pacific Heritage Academy and/or its trustees, officers, employees and agents against any and all liabilities, losses, damages, claims, actions, or expenses, including reasonable attorney's fees arising out of any and all claims, demands, causes of action and suits of whatever nature, in law or equity, that arise out of or are connected with, or are based in whole or in part of any conduct, fact, matter, act or mission that relates to or is otherwise connected with transportation to any activity within the scope described above.

Our teachers and staff are responsible leaders who are trained to create experiences that are as safe as possible in order to avoid injuries. Because of the nature of the Service & Adventure program, there are risks that could result in injury. Risks include slipping and falling, falling objects, fire, water hazards, heat exhaustion, hypothermia, dehydration, sunburn, insect bites, lacerations, strains, fractures, concussions, loss of limb, drowning, or even death. Other risks include hazardous plant and animal life, sharp knives, tools, and improper lifting or carrying. Our staff seeks safety, but is not infallible. Please inform us of all medical conditions and of the physical fitness of your child so that we can assess the capability of the group. It is still possible that staff could misjudge a participant's fitness or abilities, the weather or other environmental conditions and may give incomplete warnings or instructions.

I understand that participation is purely voluntary and I assume the risk of any injury resulting from or connected to participation in the trip. I will not hold Pacific Heritage Academy responsible. I further consent to allow medical treatment that may be deemed advisable as a result of any injuries my child or I receive and I am solely responsible for all costs associated with said injuries.

I agree and promise to accept and assume all of the risks existing in this activity. I voluntarily enroll my child in this program in spite of the risks. I release, forever discharge, and agree to indemnify and hold harmless PHA, and its employees, of any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity.

Participants agree to take responsibility for safety by carefully listening to rules and following instructions. Unsafe behavior, failure to follow instructions, or extremely disruptive behavior may lead to accidents or may result in dismissal from the program.

Parent/Guardian's Printed Name: _____ Date: ____/____/____

Parent/Guardian's Signature: _____



PARENT NOTIFICATION OF COMPULSORY EDUCATION

Because of Pacific Heritage Academy's commitment to quality education, we are concerned when a child misses school for any reason. The process of education requires a continuity of instruction, class participation, learning experience, and study. Frequent absences of students from day-to-day classroom experiences disrupt the educational and instructional process.

Utah Compulsory Attendance Laws, Utah Code 53A-11-101-105, require that every school age child, ages 6-18 be enrolled in school and attend regularly. Parents and students are responsible for regular attendance. Students may be excused from school attendance for valid and legitimate reasons: illness, medical appointment, family emergencies, death of family member or close friend, observance of religious holidays, and family activity or travel, approved and arranged in advance with the director. The director will determine if these extended absences will not adversely impact the student's education.

A note to the school explaining your student's absence is required each day your student misses school.

At Pacific Heritage Academy:

1. After 10 or more days of absences or equivalent class periods within a school year, a First Truancy Notification will be issued via email or telephone call from the front office requesting the parent's help with their student's attendance.
2. After 15 or more days of absences or equivalent class periods within a school year, a Second Truancy Notification will be issued via email or telephone call from the front office requesting the parent's help with their student's attendance.
3. After 18 or more days of absences or equivalent class periods within a school year, a Third Truancy Notification will be issued. A letter from the director will be sent home requesting a meeting. Conversations will include the possibility of grade retention.

If you have questions about your child's attendance, including excused and unexcused absences, please contact the school at 801-363-1892.

Student Name: _____ Student Grade (2018-2019): _____

Parent/Guardian's Printed Name: _____ Date: ____/____/____

Parent/Guardian's Signature: _____



AFTER SCHOOL PICK UP POLICY

Pacific Heritage Academy is pleased to offer a quality After School Program. This program runs daily after school Monday – Friday until 6:00 p.m. (exceptions will be posted in advance via flyer and email). If you would like your child to regularly attend the After School Program, please sign them up in the Front Office. This application must be completely annually.

We base our After School Program fees individually according to a student’s lunch pay status:

- Full pay lunch = \$4.00 for After School Program
- Reduced lunch = \$2.00 for After School Program
- Free lunch = \$1.00 for After School Program

Please note that these fees are per student per day.

Because the safety of our students is of utmost importance while they are on school grounds, those who are still at school **20 minutes after school has been dismissed** will be redirected to After School Program and After School Program fees will be charged to their parent / guardian.

I, _____, understand that my child will be redirected to After School Program if they are not picked up within 20 minutes of daily school dismissal. I further understand that I will be charged for the After School Program on days my child is picked up 20 minutes or more after daily school dismissal.

Parent/Guardian’s Printed Name: _____ Date: ____/____/____

Parent/Guardian’s Signature: _____



HOME LANGUAGE SURVEY

Utah schools are required to obtain the following information in order to comply with federal and state educational guidelines. Please complete the information requested below. If needed, a school official may provide you with assistance in the language that you understand.

Student Name: _____ Date of birth: ____/____/____ M/F _____ Grade: _____

If student was not born in the United States, date enrolled in a US School: ____/____/____

1. What was the first language that the student learned to speak? _____
2. Which language is used most by the student? _____
3. What is the language used most often at home? _____
4. What language do you prefer for school to home communication? _____

NOTE: If there is another language at home other than English, students will automatically be tested for English language acquisition services. If parent/guardian refuses ALS program services, a letter of refusal should be in the ELL student folder. A refusal letter is only valid for one school year and is only for refusal of ALS services not testing.