



2018-2019 Registration Packet

Print Student's First and Last Name: _____

_____ Onsite Student

_____ Distance Education Student Which location: _____

Please provide the following to register your student:

_____ A copy of Student's Original Birth Certificate

_____ Proof of Immunizations or Exemption

_____ Proof of Physical (Kindergarten Only)

_____ Proof of Vision Screening (Kindergarten Only)

_____ Completed Registration Packet

_____ Letter of Commitment

_____ Student Information

_____ Parent/Guardian Information

_____ Emergency Contact Information

_____ Student Medical & Dental Information

_____ First Aid Release Form

_____ Special Programs Information

_____ FERPA (Acknowledgement of Special Notices) (2 Pages)

_____ Field Trip Permission

_____ Records Request Form

_____ Annual Acceptance Policy



LETTER OF COMMITMENT

On-Site Student _____

Distance Education Student _____

Parent Name: _____

Phone #: _____

Email: _____

Student Name: _____

Birth Date: ____/____/____ Grade: _____

The student named above will be attending Canyon Grove Academy for the 2018-2019 school year. If unexpected events make it impossible for my student to attend for the 2018-2019 school year, I must complete a withdrawal form and submit it to the school prior to enrolling in another school.

Parent Signature: _____

Date: _____



STUDENT INFORMATION

Packet RCVD Start Date School Year Student ID# SSID# Grade
____/____/____ ____/____/____ 2018-2019 _____ _____ _____

Legal Name (as identified on birth certificate)

Last Name First Middle Birth Date
____/____/____

Student Address Student Home Phone Number: _____

Street Address Apt # City State Zip Code

STUDENT DEMOGRAPHIC INFORMATION

Gender: Male/Female

If the student was born outside of the U.S., what was the date the student first enrolled in a U.S. school? ____/____/____

Ethnicity and Racial Data

1. Is the Student Hispanic/Latino? ____

2. Select one or more of the following races:

____ American Indian or Alaskan Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

____ Other

*If you do not select one of the above, the school is required by law to make a selection for you.

LAST SCHOOL ATTENDED

School Name City State

HOME LANGUAGE SURVEY

This information is helpful in order to provide meaningful instruction for all students and to communicate most effectively with parents.

1. Which language did your son/daughter learn when he/she first began to talk? _____

2. What language does your son/daughter most frequently use at home? _____

3. What language do you most frequently use to speak to your son/daughter? _____

Providing the 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.

Parent/Gaurdian Signature: _____



PARENT/GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN

_____ Printed Name		_____ Relationship to Student
_____ Home Phone	_____ Mobile Phone	_____ Work Phone
_____ Email Address		_____ Preferred Communication
_____ Occupation	_____ Employer Name and Address	

SECOND PARENT/GUARDIAN

_____ Printed Name		_____ Relationship to Student
_____ Home Phone	_____ Mobile Phone	_____ Work Phone
_____ Email Address		_____ Preferred Communication
_____ Occupation	_____ Employer Name and Address	

NON-CUSTODIAL PARENT/GUARDIAN INFORMATION

(Non-Primary Residence) Check here if you would like to receive emails for school information _____

_____ Printed Name		_____ Relationship to Student
_____ Home Phone	_____ Mobile Phone	_____ Work Phone
_____ Email Address		_____ Preferred Communication
_____ Occupation	_____ Employer Name and Address	



MEDICAL & DENTAL INFORMATION

Students Name: _____

Grade: _____

PHYSICIAN INFORMATION

_____	_____	_____
Family Physician	Address	Phone Number
_____	_____	_____
Health Insurance Provider	Hospital Preference	Insurance ID#

DENTAL INFORMATION

_____	_____	_____
Family Dentist	Address	Phone Number
_____	_____	
Dental Insurance Provider	Insurance ID #	

In the event of a suspension, accident, or other emergency, when a parent/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 judgement. Under such circumstances I further authorize care and treatment to be performed by a licensed physician or surgeon at a medical facility that is available. I agree to pay all costs incurred as a result of the foregoing.

Parent/Guardian Signature: _____ Date: ____/____/____

A signed medication release must be on file in the office for any student taking medication (physician prescribed or over the counter) during school hours. This must be renewed yearly. Per Utah Education Code, students in possession of prescribed, over the counter, or illegal drugs for personal use, sale, or supplying another student are subject to suspension and/or expulsion.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

_____	_____	____/____/____
Parent/Guardian Signature	Parent Name Printed	Date



MEDICAL & DENTAL INFORMATION (Continued)

Students Name: _____

Grade: _____

HEALTH INFORMATION

____ Please check here if there are no known health problems.

Vision	Hearing	Allergies
____ Known eye condition <small>(Other than corrective lenses)</small>	____ Known hearing problems	____ Food
____ Wears Glasses ____ Worn at all times	____ Uses hearing aid	____ Environmental
____ Wear Contacts ____ Worn at all times	____ Has tubes in ears	____ Medicine

Comments: _____

Student has the following Conditions:

Condition	Prescribed Medication	Dosage	Administered during school	
____ Asthma	_____	_____	Y	N
____ Epilepsy	_____	_____	Y	N
____ Fainting Spells	_____	_____	Y	N
____ Diabetes	_____	_____	Y	N
____ Heart Condition	_____	_____	Y	N
____ Other	_____	_____	Y	N

If medicine must be administered during school hours, please provide signed Physician's Authorization for Medicine in School Form.

Does student have a physical condition which limits participation in:	Classroom Activity	Y	N	
	Physical Education	Y	N	

Explanation: _____

Parent Guardian Signature: _____

Date: ____ / ____ / ____



FIRST AID RELEASE FORM

Students Name: _____

Grade: _____

I hereby authorize Canyon Grove Academy's staff to use the following forms of first Aid for my child:

YES

NO

Tylenol (Acetaminophen)

Motrin (Ibuprofen)

Cough Drops

Band Aids/Bandages

Hot or Cold Packs

Other

Canyon Grove Academy may not necessarily carry each of these items at all times, so items may vary depending on what items are in the office.

Parent/Guardian's Signature: _____

Parent/Guardian's Name Printed: _____

Date: ____/____/____



ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Canyon Grove Academy, with certain exceptions, obtains your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Canyon Grove Academy may disclose appropriately designated "directory information" without written consent, unless you have advised Canyon Grove Academy to the contrary in accordance with Canyon Grove Academy procedures. The primary purpose of directory information is to allow Canyon Grove academy to include this type of information from your child's education records in certain school publications or electronic media including newsletters, websites, blogs, etc. Examples include:

- A playbill, showing your student's role in a drama production, Honor roll or other recognition lists such as Spelling Bee, Geography Bee, Science Fair, Principal's 100 Club, Student of the Month, Newspaper, Graduation Programs, Sports Activities, Yearbook and any other school publications.

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 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, telephone listing - unless parents have advised LEA that they do not want their student's information disclosed without prior written consent.

If you do not want Canyon Grove Academy to disclose directory information from your child's education records without prior written consent, you must notify Canyon Grove Academy in writing by August 1st, 2018. Canyon Grove Academy has designated the following information as directory information:

- 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
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended

Student's Name: _____

Grade: _____

I give CGA Permission _____

Date: ____/____/____

Parent/Guardian Signature

I DO NOT give CGA Permission: _____

Date: ____/____/____

Parent/Guardian Signature



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), Canyon Grove 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 Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Canyon Grove 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 Canyon Grove Academy’s Educational programs. Canyon Grove Academy 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 Canyon Grove Academy

EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY

It is the policy of Canyon Grove academy to provide equal educational and employment opportunities for all individuals. Therefore, Canyon Grove Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran’s status. This policy extends to all aspects of Canyon Grove Academy’s educational programs, as well as to the use of all Canyon Grove Academy facilities, and participation in all school-sponsored activities.

CIVIL RIGHTS GRIEVANCE PROCEDURE

Compliance 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 Canyon Grove Academy. If the complaint is against the principal or supervisor, the complaint may be filed directly to the Compliance Officer/EEO Coordinator or to the Canyon Board Academy Board of Trustees.

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.

Students Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: ____/____/____



2018-2019 FIELD TRIP PERMISSION FORM

Most field trips are planned with an educational purpose in mind. It is our hope that parents will help facilitate the learning experience. While on a field trip, the parents are looked at as “chaperones” for the school and not just as a parent. This is how we are able to access such wonderful discounts within our community. As a chaperone, your participation is very important. In order to make a field trip educational, fun and safe learning experience, we have outlined a list of rules.

1. You must arrive to ALL field trips by the scheduled time or you will NOT be admitted to the field trip and you will forfeit the money you have paid. NO exceptions to this policy will be given.
2. Field trips are for immediate families enrolled in Canyon Grove only, unless otherwise specified.
3. Approach the trip with a good, supportive mental attitude. Your attitude can affect the entire trip. Please leave personal issues at home so everyone can enjoy themselves.
4. Please stay with your children at ALL times. It is your responsibility to watch the children you have brought with you. Do not leave them unattended.
5. While we love to socialize with each other and create new relationships, please do not let these conversations interfere with watching your children.
6. Follow all policies, procedure, and guidelines of the field trip location.
7. When a field trip location has given us a specified time to leave, you are expected to exit at that time or you may be charged additional fees.
8. Please remember that you and your children are representatives of Canyon Grove Distance Education. As such, these rules are expected to be followed. If at any time we feel that is not happening, we reserve the right to ask you/your family to leave.
9. We are unable to provide refund for field trips. The field trip locations expect us to arrive with a specific number. Sometimes they have additional staff to support our needs. If you are unable to attend you are welcome to post on our facebook group and give/sell your tickets to another Canyon Grove family.

Most of all have fun!!

Please sign and date after reading to acknowledge the above rules.

Student/Family Name: _____

Parent Signature: _____ Date: ____/____/____



Request for transfer of Student Records and Notification of Enrollment

Name of previous School: _____

Address of Previous School: _____

City, State, Zip Code: _____

Phone number: _____

Fax number: _____

The following student(s) will be enrolling at Canyon Grove Academy, a Utah Public Charter School, for the 2018-2019 school year. You have been identified as the last school of attendance.

Name:	Grade:	Date of birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In accordance with UCA 53A-11-504 and 34 CFR 99-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is too officials of another school in which the student(s) seeks or intends to enroll, we request a complete copy of each student's records, including the students cumulative file, discipline records, testing information or date, grades, health records, IEP and 504 to be sent within 30 days of this notice.

Thank you,

Briana Cannon
Canyon Grove Academy
Office Manager/Registrar

Please send records to:
Canyon Grove Academy/Registrar
588 West 3300 North
Pleasant Grove, Ut 84062

Date: ____ / ____ / ____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____



ANNUAL ACCEPTANCE POLICY

1. I understand that attendance at Canyon Grove Academy is voluntary, and that if I do not agree with the educational philosophy of CGA, I am free to place my children in a different educational setting that has a philosophy more to my liking. Therefore, I will promote the vision of CGA by using positive communication, courtesy and respect when interacting with staff, students, parents and anyone else in the school community. I will follow CGA's communication model, specifically, I will take any concerns I have directly to the person most able to successfully address those concerns, and not to others who cannot address the concern. I will work in a cooperative manner to promote the school's mission.
2. I understand that my child must have at least 95% attendance. The school year consists of 180 school days. I understand that if my child is absent 10 consecutive school days he/she may be unenrolled from CGA, according to state regulations.
3. I understand that I must meet with my child's educational specialist/teacher and provide proof of progress at least monthly.
4. I understand that my child will participate in progress monitoring, which may include benchmark assessments, DIBELS reading assessments, SAGE end of level assessments, work samples and other means similar to those listed above.
5. I understand that all resources provided by CGA are the property of CGA. I will treat the materials carefully and instruct my child to do the same. I will return items in good working condition. I will report any problems with materials/property immediately to my child's educational specialist/teacher.
6. I agree to support and accept this acceptance of policy.

Students Name: _____

Grade: _____

Parent/Guardian Signature: _____

Date: ____ / ____ / ____



FEE POLICY AND FEE WAIVER POLICY

It is Canyon Grove Academy's policy that no elementary school child (K-6) may be charged for anything that takes place or is used during the regular school day. That includes textbooks, classroom equipment and supplies, field trips, and assemblies. Fees can be charged for programs which take place before or after school or during school vacations (and for things used in those programs).

Canyon Grove Academy does have fees for 7th and 8th grades. It is clearly stated on the Fee schedule that Fee Waivers are available for qualified families. A 7th or 8th grade fee schedule will be available and posted on the school website no later than July 1st, 2018.

Canyon Grove Academy will announce field trips in advance and will accept donations towards that field trip. Verbiage in the prior notice will be: "We are forbidden by state law from charging a fee to cover the cost of this activity, which is costing the school a total of "\$ amount". We can, however, seek donations. If you can donate to cover the cost of this activity, please do so by "specified date."

The 2018-2019 Fee Waiver Application, Fee Chart, Fee Policy, and Declaration of Household Income (with instructions) will be available at the front office or on the school website no later than July 1, 2018.



UTAH DEPARTMENT OF HEALTH IMMUNIZATION REQUIREMENTS

School-aged Children:

The following vaccines are required for students entering Kindergarten-6th Grade:

5 *DTP/DTaP/DT* - 4 doses if 4th dose was given on/after the 4th birthday

4 *Polio* - 3 doses if 3rd dose was given on/after the 4th birthday

2 *Measles, Mumps, Rubella (MMR)*

3 *Hepatitis B*

2 *Hepatitis A*

2 *Varicella (Chickenpox)* - history of disease is acceptable, parent must sign verification statement on school immunization record

Jr. High-aged Students:

The following vaccines are required for students entering 7th-8th grade:

5 *DTP/DTaP/DT* - 4 doses if 4th dose was given on/after the 4th birthday

4 *Polio* - 3 doses if 3rd dose was given on/after the 4th birthday

2 *Measles, Mumps, Rubella (MMR)*

3 *Hepatitis B*

2 *Hepatitis A*

2 *Varicella (Chickenpox)* - history of disease is acceptable, parent must sign verification statement on school immunization record

+

1 *Tdap*

1 *Meningococcal*

Please provide a copy of immunization records along with the enrollment packet. Students will not be allowed attendance until documentation has been received and all vaccines are up-to-date. Exemptions are allowed. See below.



IMMUNIZATION EXEMPTIONS

Claiming an Exemption

A parent may claim an exemption to immunization for medical, religious, or personal reasons, as allowed by Section 53A-11-302 of the Utah Statutory Code. Each exemption claimed must be accompanied by the appropriate Utah Department of Health Exemption Form.

Medical Exemption

If a parent/guardian claims a medical exemption for a student, 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. The appropriate copy must be filed with the school or early childhood program.

Religious Exemption

If a parent/guardian claims a religious exemption for a student, 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. The appropriate copy must be filed with the school or early childhood program.

Personal Exemption

If a parent/guardian claims a personal exemption for a student, 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. The appropriate copy must be filed with the school or early childhood program.

Please provide a copy of exemption records along with the enrollment packet. Students will not be allowed attendance until documentation has been received.