

6th Grade Student Registration Fees & Data Information

Student Name: _____ Home Phone # _____

Address: _____

City, State, Zip: _____

Father's Name: _____ Cell # _____ Work # _____

Father's Email: _____

Mother's Name: _____ Cell # _____ Work # _____

Mother's Email: _____

Student lives with: Mother Father Both Other: _____

Emergency Contact: _____ Phone # _____

List of Persons (with phone number) who may check student out of school:

Name: _____ # _____ Name: _____ # _____

Name: _____ # _____ Name: _____ # _____

6th Grade Fees (Required)

Book Rental	\$25.00
Student Fee	\$12.50
Fine Arts Fee	\$12.00
Science Lab	\$10.00

Other Fees (Optional)

School T-Shirt	\$8.00
Yearbook	\$30.00
Instrument Rental	\$75.00
Percussion Rental	\$25.00
P.E. Uniform	\$15.00

Payment Options: In **JULY** you will be able to pay online at <https://myschoolfees.com> or pay cash in the office during summer registration hours. An email will be sent home over the summer with more information.

Fee Waivers: Fee Waiver applications are available at Fossil Ridge. Eligibility will be determined after acceptable documentation is submitted to the school and the Fee Waiver requirements have been met. Documentation accepted: most recent income tax returns or the last three pay stubs, or both (if available) for each household member.

F O S S I L R I D G E I N T E R M E D I A T E S C H O O L

383 S. Mall Drive | St. George, UT 84790 | www.fossilschool.org | 435-652-4706 | Fax 435-652-4758

Fossil Ridge Intermediate School
6th Grade Registration Sheet 2017-2018

Student Name _____

Language Arts- Select ONE (Teacher Signature Required)

- _____ LA 6 Co-taught
- _____ LA 6 Inclusion
- _____ LA 6 Grade level
- _____ LA 6 Advanced

Mathematics- Select ONE (Teacher Signature Required)

- _____ Math 6 Co-taught
- _____ Math 6 Inclusion
- _____ Math 6 Grade Level
- _____ Math 6 Advanced
- _____ Math 6 Advanced Plus

Science- Select ONE (Teacher Signature Required)

- _____ Science 6 Grade Level
- _____ Science 6 Advanced

*6th grade students will also take Social Studies, P.E. and Computer Keyboarding during the school year.

Fine Arts Elective- Select ONE

- _____ Arts Exploratory (One trimester each of the following: Visual Art, Choir and Theater)
- _____ Beginning Orchestra (Violin, Viola, Cello, Bass)
- _____ Intermediate Orchestra (For students who have had at least one year of strings instruction)
- _____ Beginning Band- Woodwinds (Flute, Clarinet, Saxophone)
- _____ Beginning Band- Brass (Trumpet, Baritone, Trombone, Tuba)
- _____ Percussion (Piano lessons recommended. List years of piano lessons taken _____)
- _____ Intermediate Band (For students who have had at least one full year of band instruction)

*Check here if student has a current IEP/Special Education Plan _____

*Check here if student has a current 504 Plan _____

*Check here if student is required to take medication at school _____

*Check here if student has limited English language proficiency _____

*Check here if student will be the first to attend college in his/her family _____

Parent Signature _____

Washington County School District Student Registration Information

Student's <u>Legal</u> Last Name		First and Middle Names			Preferred Name	
Gender	Birth Date	Country of Birth	Grade	Social Security Number (Optional)	Home Telephone	
Home Street Address			City	Zip Code		
Mailing Address (if different)						
Email Address (Secondary schools: all information will be sent electronically including report cards)				Secondary Schools Only: <input type="checkbox"/> I prefer to have information mailed to my home and understand that I will be charged a fee of \$5.00 per year for this service.		
My student has special needs (i.e. Special Education, IEP, medical, 504, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No						
Father's Name		Place of Employment		Work Telephone	Cell Phone	
Mother's Name		Place of Employment		Work Telephone	Cell Phone	
Guardian's Name/Relationship (if other than natural parent)		Place of Employment		Work Telephone	Cell Phone	
Emergency Contact Name (to call if parent/guardian cannot be reached)			Relationship to Student		Emergency Telephone	
Are you Hispanic/Latino/Spanish origin? <input type="checkbox"/> No, not Hispanic/Latino/Spanish origin <input type="checkbox"/> Yes, Hispanic/Latino/Spanish origin						
Select your race: (You must select one, even if you answered "yes" on the above question. You may select more than one if applicable.) <input type="checkbox"/> American Indian or Alaska Native (Tribe: _____) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White						
Please complete all information: 1. What was the first language the student learned to speak? _____ 2. List all languages spoken or understood by the student. (Please do not include languages learned through foreign language programs.) _____ 3. List all languages spoken in the home. (Please do not include languages learned through foreign language programs.) _____ 4. In what language do you need to receive communication from the school? _____ 5. Date entered U.S. school system (m/d/yyyy) _____						
Previous School Attended (Name, Address, City and Zip):						
List persons, with phone number, other than parent/guardian who may check student out of school:						

I acknowledge that I have reviewed and been given a copy of the Washington County School District Schools Policy and Grounds for Suspension and Expulsion as located in School Handbook. (_____ Initial)

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.

Signature of Parent or Legal Guardian (Relationship to Child) _____
Date

The Washington County School District does not discriminate on the basis of race, color, national origin, or disability in any educational program.

Information on this document is classified as private in accordance with Government Records Management Act (Utah Code 63-2-302).

WCSD Form 901

Revised 09/2013

For School Use Only:					
School _____	Entry Code _____	Entry Date _____	Birth Certificate <input type="checkbox"/>	Immunization <input type="checkbox"/>	
Student ID# from previous school _____	Other _____	Bus Number _____			

WASHINGTON COUNTY SCHOOL DISTRICT SAFE SCHOOLS RELEASE OF RECORDS

(Enrollment in Washington County School District does not automatically guarantee activity/athletic eligibility. Utah High School activities Association transfer rules apply)

PARENT/LEGAL GUARDIAN EDUCATION RECORDS RELEASE

As parent/legal guardian of:

_____	_____	_____
<i>(Student's Legal Name)</i>	<i>(Student's Date of Birth)</i>	<i>(Grade)</i>
_____	_____	_____
<i>(Student's Legal Name)</i>	<i>(Student's Date of Birth)</i>	<i>(Grade)</i>

I authorize _____
(Name of previous school)

(Address of previous school)

To release all education records needed for enrollment including:

Immunization
Birth Certificate
Special Education _____
(Parent's Signature)

To:
FOSSIL RIDGE INTERMEDIATE SCHOOL
383 S. MALL DR.
ST. GEROGE, UT 84790
PHONE: 435-652-4706 FAX: 435-652-4758

You are authorized to release records relative to my child's conduct, specifically: (1) suspensions; (2) expulsions; (3) safe school violations; and/or (4) truancy problems. It is understood that these records may be used as part of the application process. These records will be for the use of Washington County School District professional staff and will fall under the guidelines of the Family Education Rights and Privacy Act (FERPA).

Federal Law 99.31: No parent or guardian signatures are required to send files to another bona fide educational agency.

(Parent/Legal Guardian Signature)

Thank you for your help. If you have any questions or concerns please call Debbie Crawford, Registrar, at 435-652-4706 Ext. 100

UTAH DEPARTMENT OF HEALTH
UTAH IMMUNIZATION PROGRAM &
UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM

PERMISSION TO SHARE IMMUNIZATION INFORMATION

Student Name _____

Student ID Number _____ Student Grade _____

School _____ School District _____
(if applicable)

Utah 53A-11-301 requires documentation of immunizations for school attendance.

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

I **give** my permission for the school to share my child's/legal dependent's immunization information with USIIS.

I **do not give** permission for the school to share my child's/legal dependent's immunization information with USIIS.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

WASHINGTON COUNTY SCHOOL DISTRICT SAFE SCHOOLS CONDUCT STATEMENT

1. STUDENT AND PARENT/LEGAL GUARDIAN STATEMENT

The Student Applicant _____

A. Has Has Not had criminal charges filed against him/her in the past two years from the date on this statement. If so, please note the charges and explain.

B. Is Is Not the subject of a current criminal investigation. If yes, please note the charges and status.

(Parent/Legal Guardian's Signature) (Date) (Student's Signature) (Date)

Any omission, falsification, or misstatement will be considered a violation of the School District Safe Schools Policy.

2. PARENT/LEGAL GUARDIAN RELEASE FOR POLICE AUTHORITY STATEMENT

(Required for any student twelve (12) years of age or older if answer is yes in A or B of #1)

As parent/legal guardian of _____
(Student's name) (Student's date of birth)

_____ I authorize the POLICE AUTHORITY OF
(Student legal address during the last two years)

_____ to release the information requested below to (school)_____. It is understood that this information will be evaluated by the Washington County School District professional staff as part of the residency application process and will not be transferred to any other person or jurisdiction without parental permission. UTAH CODE 75-5-206 (i) (ii) UTAH CODE 53A-2-208 (3).

(Parent/Legal Guardian Signature) (Date)

Regarding (Student)_____ please list any criminal charges filed against him/her during the last two years and whether or not the student is currently the subject of any criminal investigation with your agency.

(Officer and Badge Number) (Police Department) (Date)

**SCHOOL FEES NOTICE
FOR FAMILIES OF CHILDREN IN KINDERGARTEN THROUGH SIXTH GRADES**

[IF YOU NEED HELP IN UNDERSTANDING THIS LETTER, CALL 435-652-4706]

The Utah Constitution prohibits the charging of fees in elementary schools. That means that if your child is in kindergarten through grade six (unless your child is in grade six and attends a school that includes one or more 7-12 grades), you cannot be charged for textbooks, classroom equipment or supplies, musical instruments, field trips, assemblies, snacks (other than food provided through the School Lunch Program), or for anything else that takes place or is used during the regular school day.

If you wish to purchase school pictures, yearbooks, or similar items through the school, those costs are not fees and will not be waived. Also, if your student loses or damages school property, the costs of replacement or repair are not fees and need not be waived.

Federal law permits schools to charge for food or milk provided as part of the School Lunch Program. If you cannot afford to pay, you may be eligible for free or reduced price meals or milk. Your school will give you information about applying for free or reduced price meals and milk. **All information which you provide in your application will be kept confidential.**

State law and State Board of Education rules **do not permit schools to charge fees for anything that takes place during the regular school day** unless your child is in grade six and attends a school that includes one or more 7-12 grades! Fees may only be charged for programs offered before or after school, or during school vacations. *If your child is eligible based on income verification or receives SSI payments (QUALIFIED CHILD WITH DISABILITIES), or if you are receiving TANF (currently qualified for financial assistance or food stamps) or if the child was placed in your home by the government as a foster child, the school must waive the fees.* If you are having a financial emergency caused by job loss, major illness, or other substantial loss of income beyond your control, you **might** be eligible for a waiver even if other eligibility criteria are not met. **If your local school board/charter school allows your school to charge fees, a Fee Waiver Application (Grades K-6) is enclosed.** Your school will give you additional information about fee waivers if you ask.

School funds are limited, and your school may need help. As a result, **the school may ask you for tax-deductible donations of school supplies, equipment, or money**, but the school **cannot require donations** or tell anyone else the names of those who have or have not made donations (except that the school may honor those who make major donations). **No child may be penalized for not making a donation.** For example, if donations are used to pay for a field trip, every child must be allowed to go on the trip even though some may not have made a donation.

State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must “apply for fee waivers.” Local/charter boards will have policies and/or guidelines for determining eligibility for fee waivers.

School district/school administrators shall request documentation of fee waiver eligibility from those who apply for fee waivers if fees or charges are required for non-regular school day activities, such as after-school music or foreign language programs or Friday ski programs.

Fee waiver eligibility documentation is NOT required annually. Also, documentation shall NOT be maintained for privacy reasons. Schools may transfer fee waiver eligibility information to other schools to which students advance or transfer.

NOTE: If your district/school does not require parents in the entire district area or parents and students in

specific schools or sections of the district to “apply for fee waivers,” district administrators NEED NOT require verification of eligibility under this section.

If you have questions, first talk to your school or school district representative listed below. If you still need help, contact one of the other agencies listed:

School telephone no.: 435-652-4706
Ask for: Kathy Musso

District telephone no.: 435-673-3553
Ask for: Front Desk

Utah State Office of Education
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200
801-538-7830

USOE 4/15/13

FEE WAIVER APPLICATION (GRADES K-6)

Please read the School Fees Notice before completing this Application!

No elementary school child may be charged for anything that takes place or is used during the regular school day. That includes textbooks, classroom equipment and supplies, musical instruments, field trips, assemblies, and snacks which are not part of the school lunch program. Fees can only be charged for programs which take place before or after school or during school vacations (or for things used in those programs). But all of those fees must be waived for eligible children. Fees may be charged to students in sixth grade only if the student attends a school that includes one or more 7-12 grades.

All information on this application will be kept confidential

SECTION A. STUDENT INFORMATION AND BASIS FOR FEE WAIVER.

Name of student: _____ Student #: _____

Address: _____

School: _____ Grade level: _____

Name of parent or guardian: _____ Phone number: _____

Please check if applicable: (attach supporting documents for each category that applies)

- _____ Student is eligible based on income verification. (See Section D, Page 2 of 2)
- _____ Student receives (SSI)* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES)
- _____ Family receives TANF (currently qualified for financial assistance or food stamps)
- _____ Student is in Foster Care (under Utah or local governmental supervision)
- _____ Student is in State Custody

**Please note: Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.*

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district/charter school policies and/or guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees will be waived. **Costs for lost or damaged school property or for school pictures, yearbooks, and similar things are not fees and will not be waived.** If you wish to have all applicable fees waived, please write "all" in the "Fee Description" column.

Fee Description	Amount	Fee Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give this Application to the Principal/School Director or School Fee Coordinator when it is complete. **All fee payments will be suspended until the school has decided if your student is eligible for fee waivers.** You will then be given notice of the decision. **The school shall require you to prove eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent "applies for fee waivers." Local/charter boards will have policies and/or guidelines for determining required documentation for eligibility for fee waivers. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.

DATE: _____

PARENT'S OR GUARDIAN'S SIGNATURE

Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)

LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12

The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.

NAME Last	First	M.I. (also known as)	Earnings from work (before deductions)	Pension/Retirement Social Security	Welfare, alimony child support	Other income 2nd job, etc.	Total by Adult Monthly
			Job 1 Monthly	Monthly	Monthly	Monthly	Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household _____

Section C. EXAMPLES OF INCOME

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2017 to June 30, 2018

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
For each additional family member, add:	5,434	453	227	209	105

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department. This form and all supporting documents will be destroyed after the approval process is complete.

Washington County School District

Student Information Questionnaire for McKinney-Vento Eligibility

This questionnaire is intended to address the McKinney-Vento Education Assistance Improvement Act 42 U.S.C. 11435. The answers to this questionnaire help determine the services the student is eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to either of the above questions, please complete the remainder of this form.

If you answered NO to both questions, you may stop here.

Which of the situations below apply to the student?

- H1 Student is sharing a residence with one or more families temporarily.
- H2 Student is living in a motel or hotel.
- H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
- H4 Student is living in a car, park, campground, or public place.
- H5 Student is living in a place without adequate facilities (running water, heat, electricity).
- H6 Student is seeking enrollment without an accompanying parent (not in foster care).

Student is “physically” living with a parent or guardian in the above situation? _____ Yes _____ No

Yes = Accompanied N = Unaccompanied

- IF a false claim is made about your living situation, enrollment may be affected.
 - *Please notify the school if your living status changes.
-

Please list all your children that will be enrolling in the Washington County School District at this time:

Student's Name	Student's School	Grade	Gender	Date of Birth

Parent signature: _____ Today's Date: _____ *Form updated 5/2/2016*

**** Office Staff **** Please make enough copies for the parent to take to the other schools within our district. Also, remember to enter this information into PowerSchool and then email me the student's name & any other important information. Thank you! *Homeless Liaison*