

ALPINE SCHOOL DISTRICT
DURABLE POWER OF ATTORNEY
Utah State Code § 75-5-103

The Undersigned Grantor(s) is the custodial parent(s) or legal guardian(s) of: _____ School: _____
Child's Legal Name: _____ Child's DOB: _____
Address (new): _____ Phone # _____
City _____ State _____ Zip _____

I/We _____ hereby designate _____
Print Name of Person(s) granting Durable Power of Attorney; typically parent(s)
_____, with whom
Name of Person(s) being given Durable Power of Attorney

the child lives, to act jointly or severally in my/our child's behalf and perform any and all acts necessary as determined in the judgment for benefit, health, and welfare of our child, including authorization of educational or medical services. Such action shall have the same force and effect, and shall bind the undersigned Grantor(s) to the same degree as would have been the case had the action been taken by the Grantor(s).

The Durable Power of Attorney shall not be affected by the disability of the principal and shall remain in effect until the earliest of the following:

- A. The student reaches the age of 18, marries, or is emancipated;
- B. Expires on the following date: _____
- C. This Durable Power of Attorney is revoked or rendered inoperative by the Grantor(s), the Custodian(s), or a court of law.

THIS POWER OF ATTORNEY DOES NOT CONFER LEGAL GUARDIANSHIP

GRANTOR(S) - Custodial Parent:

SIGNATURE (Parent)

SIGNATURE (Parent)

I attest by this signature that I am the Custodial Parent or Court Appointed Guardian of the student above. I acknowledge that falsifying this record makes me subject to penalty of law.

On this _____ day _____, 20____, personally appeared before me _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me the (s)he signed it voluntary for its stated purpose.

Notary Public Signature

My Commission expires on: _____

CUSTODIAN(S):

The undersigned, whose relationship to the student is _____, accepts the designation as Custodian(s) of _____ and agrees to take all action necessary for the health and welfare of the student, including authorization for educational and/or medical services and full cooperation with the public school district where the student may be enrolled.

SIGNATURE (Parent)

SIGNATURE (Parent)

On this _____ day _____, 20____, personally appeared before me _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me the (s)he signed it voluntary for its stated purpose.

Notary Public Signature

My Commission expires on: _____

ALPINE SCHOOL DISTRICT
APPLICATION FOR ADMISSION
Student Services Department

Student Services Office Use Only	
Date	_____
Expires	_____
Faxed	_____

Student's Legal Name _____ Student Number _____

Responsible Custodian's Name _____ ; relationship to the student is _____

Custodian's email: _____

Custodian's Address _____ Phone # _____

City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Parent(s) Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent(s) Email: _____

School Last Attended: _____ Grade Last Completed: _____

Address of last school _____

City _____ State _____ Zip _____

Explain your reasons for requesting admittance into Alpine School District: _____

Does this student have an IEP or need any Special Education Programs? Yes _____ No _____

SCHOOL WANTING TO ATTEND: _____ Grade: _____

Has the student been suspended or expelled from any school? Yes _____ No _____

If yes, explain: _____

Has the suspension/expulsion been cleared? Yes _____ No _____

Has the student had any involvement with the legal system/Juvenile Court? Yes _____ No _____

If yes, explain: _____

Has this issue been resolved and dismissed? Yes _____ No _____

Approval Granted _____ Approval Denied _____

DIRECTOR - Student Services

Date

** Misrepresentation will cause this application to be terminated.*

Note: The acceptance of a student into Alpine School District does not automatically make the student eligible to participate in inter-school activities. The student should check with the Utah High School Activities Association for his/her eligibility status.

ALPINE SCHOOL DISTRICT

575 North 100 East, American Fork, UT 84003

801-610-8486, FAX 801-610-8519

Student Services Department - Student Agreement

I, _____, am requesting to be a student in the Alpine
School District and understand that I have conditions which apply to my status as a student. I commit to the following
conditions for enrollment:

Student Name

School District and understand that I have conditions which apply to my status as a student. I commit to the following
conditions for enrollment:

1. I will adhere to all local and state laws.
2. I will follow all the school and school district rules. Some of which include:
 - a. No foul or abusive language.
 - b. No truancy, excessive absences or tardies. Custodian will notify the school if I can not attend.
 - c. Abide by the district dress policy.
 - d. No fighting. This includes verbal and or physical abuse (harassment), including instigating fights.
 - e. Follow all guidelines in the Alpine School District Drug and Alcohol Policy which includes having no tobacco products, drugs, imitation drugs, drug paraphernalia or alcohol on or around school grounds.
3. I will conduct myself appropriately during the school day and at all school activities.
4. I will pass all classes.

I also understand that any violation of the conditions agreed to above, may affect my ability to attend school in the Alpine School District.

Student Signature

Parent / Responsible Custodian Signature

Director / Assistant Director of Student Services

Date