

Mountainville Academy

NEW STUDENT PACKET 2023-2024

Student Name _____

Student Grade _____

Photo/Media Consent and Release

From time to time throughout the year, your child's name and image may be used in school publications, display, or webpage. Such use may include photographs, images, or video taken of your child in the course of an activity in materials that include but are not limited to; school yearbook, newsletter, brochures, newspapers, and videos.

Please review the information below and select the appropriate option below:

☐ Mountainville Academy HAS permission to display my child's name and image.

☐ Mountainville Academy does NOT have my permission to display my child's name and image.

If my preferences change during the school year, I will contact the front office.

Student First & Last Name

Parent Signature

Date

Field Trip Permission

During the course of the school year, your child may have the opportunity to participate in various field trips. Field trips provide an extension of what is being learned in the classroom.

I agree to release the state of Utah, Mountainville Academy, their officers, employees, sponsors, staff, and volunteers from any and all liability and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or any harm of any kind or nature arising out of my child's participation in field trips/activities.

In the event of an emergency, I give permission to transport my child to a hospital for the appropriate medical treatment, if in the opinion of the attending physician, such treatment is deemed necessary. I also agree to be personally responsible for costs of any emergency or other medical care that my child receives.

I also understand that my child will need to wear the appropriate school uniform unless notified otherwise.

Student First & Last Name

Parent Signature

Date

Mountainville Academy

ANNUAL ACCEPTANCE OF POLICY 2023-2024

Mountainville Academy asks each family annually to renew their understanding and commitment to the school's mission, vision, philosophy, and policies. Please read the following statements and sign below to show your acceptance and support.

- I have read MA's mission, vision, and philosophy. I am committed to support MA in the fulfillment of these goals.
- I will support MA in the implementation of its curriculum, provide a place and consistent time in which my child can complete homework. I will also regularly review my child's learning plan/planner, check their grades on Aspire/Canvas, and ensure assignments are completed in a timely manner.
- I understand that MA has a goal of at least 90% daily average attendance and that parents of MA are expected to minimize their children's tardies and absences. I will make earnest efforts to schedule appointments/lessons outside of school hours and bring my child to school on time. I also understand that if my child is absent 10 consecutive days he/she may be un-enrolled from MA (Utah Administrative Code).
- I understand that MA students are required to adhere to the school uniform policy. I have read the MA Uniform Dress Code policy and will ensure my child is in daily compliance.
- I understand that it is my responsibility to provide transportation for my child(ren) to and from school in a timely manner. This means that my student will be in their seat by 8:30am and picked up immediately after school is dismissed. I will obey carpool rules and follow the direction of staff during carpool times.
- I understand that MA does not provide a school lunch program. I will ensure that my child has a lunch sent with them to school each day or I will arrange for them to acquire one through the alternate lunch options.
- I understand that the school requests and encourages every MA family to provide 40 hours (20 hours for single-parent families) of volunteer service each year.
- I understand that volunteers may be asked to serve in confidentially sensitive aspects, including grading papers. I will abide by confidentiality guidelines as instructed and never disclose academic or personal information.
- I will use positive communication, and demonstrate courtesy and respect when interacting with staff, students, parents, and all others in the school community. I will follow the appropriate line of communication and take concerns directly to the person(s) involved and be able to address the concerns, and refrain from involving others who cannot address my concerns.
- Mountainville Academy defines bullying as: "The repeated intimidation of others by the real or threatened infliction of physical, verbal, written, electronically transmitted, or emotional abuse, or through attacks on the property of another. It may include, but is not limited to actions such as verbal taunts, name calling, and put downs (including ethnically based or gender based verbal put downs), and extortion of money or possessions." Such conduct is disruptive to the educational process, and therefore is considered unacceptable behavior at Mountainville Academy and is prohibited. Students who engage in any act of bullying while at school, at any school function, in connection to or with any school sponsored activity or event, or while en route to or from school are subject to disciplinary action, up to and including suspension or expulsion.
- Mountainville Academy maintains a safe and respectful school climate and culture. Any form of harassment, whether by word, gesture, or action, will not be tolerated. Students will have the right to participate in school activities without being subjected to conduct that is discriminatory, humiliating, demeaning, offensive, or embarrassing. Harassment refers to sexual harassment, as well as ethnic, religious, and general harassment. Students and parents should report any harassment concerns to the school leader.

Student First & Last Name

Parent Signature

Date

Mountainville Academy

STUDENT HEALTH INFORMATION

Student Name: _____ **Phone:** _____ **Grade:** _____
Parent Names _____

Which of the following over-the-counter medications will you allow to be administered to your child? (headaches, toothaches, minor injuries etc.)

___ Ibuprofen ___ Acetaminophen ___ Neo-Sporin ___ None, contact me first

Please check all that apply:

- ___ There are NO known health problems.
___ Student has a condition which may result in a classroom emergency.
___ Student has a medical action plan.
___ Medication needs to be administered during school hours.
___ Student has a physical condition which may limit participation in classroom activity or physical education.

Comments: _____

Health Conditions:

___ Allergies ___ Food: Please list _____
___ Environmental: Please list _____
___ Medicine: Please list _____
___ Asthma ___ Diabetes ___ ADHD/ADD ___ Epilepsy ___ Heart Condition ___ Migraines
___ Fainting Spells

Comments: _____

Does your child take medication? Yes ___ No ___

If yes, does the medication affect his/her behavior? Yes ___ No ___

****Does the medication need to be given at school?** Yes ___ No ___

(A signed Physicians' Authorization for Medication in School form, available from the school office, must be on file for any student taking medication, whether physician prescribed or over-the-counter, during school hours. This must be renewed yearly. Per Utah statute, 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.)

Vision	Hearing
___ Known eye condition (other than corrective lenses)	___ Known hearing problem
___ Wears glasses ___ Worn at all times	___ Uses hearing aid
___ Wears contacts ___ Worn at all times	___ Has tubes in ears

Parent/Guardian Signature: _____ **Date:** _____

Mountainville Academy

DECLARATION OF HOUSEHOLD INCOME 2023-2024

SECTION 1: ALL FAMILIES MUST FILL OUT THIS SECTION

Student's Name:

Registered In: **MOUNTAINVILLE ACADEMY**

SECTION 2: READ THIS SECTION

If the total annual income (before deductions) of all people in the student's household does not exceed the amount given in the table below for a household of that size, the student qualifies as "economically disadvantaged". Verification of income or other qualifying documentation of economic status is required in order to be eligible for fee waivers and Title 1 services such as academic support, supplemental tutoring, etc.

2023-2024 Federal Income Eligibility Guidelines

Free Lunch Qualifications					Reduced Lunch Qualifications				
House Size	Annual	Monthly	Twice per Month	Weekly	House Size	Annual	Monthly	Twice per Month	Weekly
1	\$17,667	\$1,473	\$737	\$340	1	\$25,142	\$2,096	\$1048	\$484
2	\$23,803	\$1,984	\$992	\$458	2	\$33,874	\$2,823	\$1,412	\$652
3	\$29,939	\$2,495	\$1,248	\$576	3	\$42,606	\$3,551	\$1,776	\$820
4	\$36,075	\$3,007	\$1,504	\$694	4	\$51,338	\$4,279	\$2,140	\$999
5	\$42,211	\$3,518	\$1,759	\$812	5	\$60,070	\$5,006	\$2,503	\$1,156
6	\$48,347	\$4,029	\$2,015	\$930	6	\$68,802	\$5,734	\$2,867	\$1,324
7	\$54,483	\$4,541	\$2,271	\$1,048	7	\$77,534	\$6,462	\$3,231	\$1,492
8	\$60,619	\$5,052	\$2,526	\$1,166	8	\$86,266	\$7,189	\$3,595	\$1,659
Each Additional Family Member Add:	\$6,136	\$512	\$256	\$118	Each Additional Family Member Add:	\$8,732	\$728	\$364	\$168

SECTION 3: CERTIFICATION AND SIGNATURE:

- ☐ I certify that my child 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 be used to determine how certain state and federal funds are allocated and how well the school performs academically; that school officials may need to verify my claim in the case of an audit; and that deliberate misrepresentation of my household size or income may subject me to prosecution under applicable state and federal laws.

If Yes, mark which applies below:

☐ Economically Disadvantaged – Free Lunch

☐ Economically Disadvantaged – Reduced Price

OR

- ☐ This form does **not apply** to my child.

Parent/Guardian Signature:

Date:

Printed name of Parent/Guardian

Mountainville Academy

REQUEST FOR TRANSFER OF RECORDS 1ST-9TH GRADE STUDENTS ONLY

Send Records to:
195 S Main Street
Alpine, Utah 84004
(801) 756-9805

To: _____ in the _____
(School Transferring from) (School District)

The student referenced below has registered to attend Mountainville Academy. You have been identified as the student's last school of attendance. In accordance with UCA 53A-11-504 Requirement of school record for transfer of student - Procedures, we request that this student's record, including the student's cumulative file, discipline file, U-PASS testing information, the IEP and associated testing as well as 504 Plan be sent to us at your earliest possible convenience.

Student Name: _____ Grade: (2023-24) _____

Check the instructional programs your child participated in at his/her previous school(s):

____ Special Education (IEP or Speech and Language)
____ English as a Second Language (ESL or ELD)
____ 504 Plan

Parent/Guardian Signature

Date

For office use only:

School Official

Date

1st Request / /

2nd Request / /

3rd Request / /