



# Student Application

2026-2027

**Lottery Deadline Due April 23rd by 4:30p.m.**

**Lottery will be announced May 5th**



# Uintah River High School Registration Packet Grades 9–12

This information is requested to complete enrollment in Uintah River High School

- \_\_\_\_\_ Student's Original birth certificate
- \_\_\_\_\_ Proof of immunization or exemption
- \_\_\_\_\_ A photocopy of previous IEP for Special Education Students, if applicable
- \_\_\_\_\_ Check-out sheet from previous school (mid-year Transfers only)
- \_\_\_\_\_ Completed Registration Forms
- \_\_\_\_\_ Proof of physical address

**INCOMPLETE REGISTRATION PACKETS WILL NOT BE ACCEPTED**

**Please be advised, we will be on a lottery system as of 2020. This will consist of students who have not been admitted to URHS. Prior students will automatically roll over from the year before. Also, siblings and employees will have priority preference for new enrollee.**

**VERY IMPORTANT!!**  
MAKE SURE YOU SIGN THE BACK OF THE SCHOOL HANDBOOK AND RETURN THE BACK PAGE OF THE STUDENT HANDBOOK WITH THE APPLICATION.

## CHARTER SCHOOL STUDENT INFORMATION

This section for Office Use Only	
Date Application Received	Signature of URHS Representative receiving this application
Resident School District Name	City in which resident school district is located

For registration questions please call the school office at :

(435)725-4088

# CHARTER SCHOOL STUDENT INFORMATION

**All Sections need to be completed in order to be Accepted**

## STUDENT INFORMATION (Legal Name, as identified on birth certificate)

Last Name	First Name	Middle Initial	
Date of Birth	Anticipated Enrollment Grade	Gender	
Social Security # (Optional)	Drivers License # (Optional)	Student Phone Contact Number	
Student Address (Physical)			
Street	City	State	Zip
Student Mailing Address			
<b>Last School Attended</b>			
School Name	City	State and Zip	Phone Number

## STUDENT DEMOGRAPHIC INFORMATION

If the student was born outside the U.S., what was the date \_\_\_\_\_

The student first enrolled in a U.S. school? \_\_\_\_\_

Years enrolled in Utah school? \_\_\_\_\_

### Ethnicity:

- American Indian or Alaskan Native  
 Black, not of Hispanic origin  
 Hispanic  
 White, not of Hispanic origin  
 Asian  
 Pacific Islander  
 Other / Unknown

## 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 child learn to speak when he/ she first began to talk? \_\_\_\_\_
2. What language does your child most frequently use at home? \_\_\_\_\_
3. What language do you most frequently use to speak to your child? \_\_\_\_\_
4. Name the language most often spoken by the adults at your home? \_\_\_\_\_

Providing this information does not mean your child will be taught in his or her native language. This will help us find additional way to help your child learn and provide extra programs or services as needed.

**PARENT / GUARDIAN INFORMATION (Student's Primary Residence)**

If parents are divorced or separated, please provide proof of:  Shared Custody  Restraining Order  Single Parent

Name		<input type="radio"/> Mother	<input type="radio"/> Aunt
Home Phone	Work Phone	<input type="radio"/> Father	<input type="radio"/> Uncle
Email		<input type="radio"/> Stepmother	<input type="radio"/> Sibling
Occupation		<input type="radio"/> Stepfather	<input type="radio"/> Cousin
Employer and Address		<input type="radio"/> Grandmother	<input type="radio"/> Foster
<u>VOLUNTARY</u>		<input type="radio"/> Grandfather	<input type="radio"/> Other
Highest academic qualification achieved:			

Name		<input type="radio"/> Mother	<input type="radio"/> Aunt
Home Phone	Work Phone	<input type="radio"/> Father	<input type="radio"/> Uncle
Email		<input type="radio"/> Stepmother	<input type="radio"/> Sibling
Occupation		<input type="radio"/> Stepfather	<input type="radio"/> Cousin
Employer and Address		<input type="radio"/> Grandmother	<input type="radio"/> Foster
<u>VOLUNTARY</u>		<input type="radio"/> Grandfather	<input type="radio"/> Other
Highest academic qualification achieved:			

**NON-CUSTODIAL PARENT / GUARDIAN INFORMATION (Non-primary residence)**

Check here if you would like to receive mailing for school information

Name		<input type="radio"/> Mother	<input type="radio"/> Aunt
Home Phone	Work Phone	<input type="radio"/> Father	<input type="radio"/> Uncle
Email		<input type="radio"/> Stepmother	<input type="radio"/> Sibling
Employer		<input type="radio"/> Stepfather	<input type="radio"/> Cousin
		<input type="radio"/> Grandmother	<input type="radio"/> Foster
		<input type="radio"/> Grandfather	<input type="radio"/> Other

**Emergency Contact Information (Non-primary residence) Give at least 2 contacts**

\_\_\_\_\_ Check here if you would like to receive mailing for school information

Name		<input type="radio"/> Mother	<input type="radio"/> Aunt
Home Phone	Work Phone	<input type="radio"/> Father	<input type="radio"/> Uncle
Email		<input type="radio"/> Stepmother	<input type="radio"/> Sibling
Employer		<input type="radio"/> Stepfather	<input type="radio"/> Cousin
		<input type="radio"/> Grandmother	<input type="radio"/> Foster
		<input type="radio"/> Grandfather	<input type="radio"/> Other

Name		<input type="radio"/> Mother	<input type="radio"/> Aunt
Home Phone	Work Phone	<input type="radio"/> Father	<input type="radio"/> Uncle
Email		<input type="radio"/> Stepmother	<input type="radio"/> Sibling
Employer		<input type="radio"/> Stepfather	<input type="radio"/> Cousin
		<input type="radio"/> Grandmother	<input type="radio"/> Foster
		<input type="radio"/> Grandfather	<input type="radio"/> Other

Name		<input type="radio"/> Mother	<input type="radio"/> Aunt
Home Phone	Work Phone	<input type="radio"/> Father	<input type="radio"/> Uncle
Email		<input type="radio"/> Stepmother	<input type="radio"/> Sibling
Employer		<input type="radio"/> Stepfather	<input type="radio"/> Cousin
		<input type="radio"/> Grandmother	<input type="radio"/> Foster
		<input type="radio"/> Grandfather	<input type="radio"/> Other

U.S. DEPARTMENT OF EDUCATION  
 OFFICE OF INDIAN EDUCATION  
 WASHINGTON, D.C. 20202  
 TITL VII STUDENT ELIGIBILITY CERTIFICATION  
 Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

Name of Child  (As shown on Enrollment Records)	Date of Birth
---	---------------

School Name	Grade
-------------	-------

Name of Tribe, Band, or Group

**Tribe, Band, or Group is (check one)**

<input type="checkbox"/> Federally Recognized, including Alaskan Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of above definition
---	---	-------------------------------------	--

Name of individual with tribal membership:

Individual named is (check one)	<input type="checkbox"/> Child	<input type="checkbox"/> Child's Parent	Child's Grandparent <input type="checkbox"/>
---------------------------------	--------------------------------	---	--

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available)	Or	Other (explain)
---	----	-----------------

Name and address of organization maintaining membership data for the tribe, band, or group:

I verify that the information provided is accurate:

Parent Signature	Date
------------------	------

Mailing Address	Telephone
-----------------	-----------

# STUDENT HEALTH INFORMATION

Vision, Hearing, Allergies

<input type="checkbox"/> Known Eye Condition (other than corrective lenses)	<input type="checkbox"/> Known Hearing Problems	<input type="checkbox"/> Food
<input type="checkbox"/> Wears Glasses <input type="checkbox"/> Worn all the time	<input type="checkbox"/> Uses hearing aid	<input type="checkbox"/> Environmental
<input type="checkbox"/> Wears Contacts <input type="checkbox"/> Worn all the time	<input type="checkbox"/> Has Tubes in ears	<input type="checkbox"/> Medicine

Comments:

-----

-----

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he / she considers necessary for a child to receive medical / hospital care, including necessary transportation, in accordance with their best judgement. Under such circumstances I further authorize the physician named below to undertake such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

Physician	Address	Phone Number
Health Insurance Provider	Insurance ID	Hospital Preference

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

Name	
Signature	Date

Special Education Service / Medical Information		
Has this student had IEP service	Yes <input type="radio"/>	No <input type="radio"/>
Please indicate from when until when		
Has this student had or has health problems?	Yes <input type="radio"/>	No <input type="radio"/>
Does this student need a health screening?	Yes <input type="radio"/>	No <input type="radio"/>
Does this student need a dental screening?	Yes <input type="radio"/>	No <input type="radio"/>

# STUDENT HEALTH INFORMATION

Condition			Name of Medication prescribed by a doctor	Dosage	Administered during school hours?	
Asthma	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Epilepsy	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Fainting Spells	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Diabetes	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Heart Condition	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Migraines	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Allergies	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
ADHD / ADD	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Bipolar	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Other: (Specify)	Yes <input type="radio"/>	No <input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
Does student have any condition which may result in a classroom emergency?					Yes <input type="radio"/>	No <input type="radio"/>
Does student have a physical condition which limits participation in classroom activities?					Yes <input type="radio"/>	No <input type="radio"/>

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.

Comments:



# Family Educational Rights and Privacy Act (FERPA)

## Model Notice for Directory Information

### Directory information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Uintah River High School**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, **Uintah River High School** may disclose appropriately designated "directory information" without written consent, unless you have advised the **Uintah River High School** to the contrary in accordance with **Uintah River High School** procedures.

### Purpose of directory information

The primary purpose of directory information is to allow the **Uintah River High School** to include information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

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 manufacture class rings or publish yearbooks.

### Military recruiters and institutions of higher education

In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965, as amended (ESEA) to provide military recruiters or institutions of higher education, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. [Note: These laws are Section 9528 of the ESEA (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).]

## **Opting out**

If you do not want **Uintah River High School** to disclose any or all of the types of information designated below as directory information from your child's education records without your prior written consent, you must notify the **Uintah River High School** in writing by the first day your child physically attends school.

## **What information is designated directory information?**

**Uintah River High School** has designated the following information as directory information: [Note: an LEA may, but does not have to, include all the information listed below.]

- **Student's name**
- **Address**
- **Telephone listing**
- **Electronic mail address**
- **Photograph**
- **Date and place of birth**
- **Major field of study**
- **Dates of attendance**
- **Grade level**
- **Participation in officially recognized activities and sports**
- **Weight and height of members of athletic teams**
- **Degrees, honors, and awards received**
- **The most recent educational agency or institution attended**
- **Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user**
- **A student ID number or other unique personal identifier that is displayed on a student ID badge, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user.**

# **ACKNOWLEDGEMENT OF SPECIAL NOTES,**

## **ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES**

In compliance with Section 504 of the Rehabilitation Act (504) and the Americans with Disabilities Act (ADA), Uintah River High School will provide reasonable accommodations to qualified individuals with disabilities. Students or parents 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 Uintah River High School 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 Uintah River High School educational programs. Uintah River High School 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 Uintah River High School

## **EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY**

It is the policy of Uintah River High School to provide equal educational and employment opportunity for all individuals. Therefore, Uintah River High School prohibits all discrimination on the basis of race, color, religion, sex, national origin, disability, or veterans status. This policy extends to all aspects of Uintah River High School educational programs, as well as to the use of all Uintah River High School facilities, and participation in all school-sponsored activities.

## **CIVIL RIGHTS GRIEVANCE PROCEDURES**

Complaints of discrimination should be filed with the individual's principal or supervisor and/ or with the school compliance office / EEO Coordinator according to the provisions of the School Civil Rights Grievance Procedure. 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 Uintah River High School compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act. Complaints of discrimination should be reported as soon as possible in order to be effectively investigated and resolved.

## **PAPERWORK BURDEN STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Title One Survey

Title One is a grant available to our school based on our population of economically disadvantaged students. This grant provides our school nearly \$19,000 annually. Please fill out this survey in order for our school qualify for these funds. Please note that this information is confidential and will be treated as such.

Name of Student: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

- Student is eligible based on Income Verification (please see page 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 government supervision)
- Student is in state custody

Please give this application to the Principal, Counselor, or School Secretary.

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.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

**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 COLUMNS 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, MI. (also known as))	Earnings from work (before deductions) Job 1 Monthly	Pension/Retirement Social Security Monthly	Welfare, alimony child support Monthly	Other Income 2nd job, etc. Monthly	Total by Adult 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, 2019 to June 30, 2020**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,237	1,354	677	625	313
2	21,903	1,832	916	846	423
3	27,729	2,311	1,166	1,057	534
4	33,475	2,790	1,395	1,288	644
5	39,221	3,269	1,635	1,509	755
6	44,967	3,748	1,874	1,730	865
7	50,713	4,227	2,114	1,951	976
8	56,459	4,705	2,353	2,172	1,086
For each additional family member, add:	5,746	479	240	221	111

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.

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

**Uintah River High School  
Parent/ Guardian Agreement**

Uintah River high School will be providing services to our students that will help in understanding various life situations by way of the following programs: ADAPT, DBT, and Why Try. This focuses on dropout prevention, violence prevention, truancy reduction, and aims to increase academic success. Social and emotional principals will be taught to the youth so they can understand and see it through their own eyes. Lastly, it offers advancing decision making and problem solving exercises for students when they face life choices

URHS will have various instructors in these courses and they will take place throughout the school year. Students can receive elective credit for these courses. A signature below will clarify the interests for your student of the following courses below.

ADAPT- Students practice using strategies in the context of issues they are experiencing. Sessions include guided practice in and out of school with strategies such as : Behavioral mapping, identifying triggers, role- playing, and practicing skills in distress tolerance, mindfulness, emotions regulation, and interpersonal effectiveness.

DBT- Techniques you will learn to build skills in distress tolerance, mindfulness, emotion regulation, and interpersonal effectiveness.

Why try- Using metaphors to teach important life skills. Decisions have consequences, dealing with peer pressure and obeying the right rules. We will teach students to plug into positive support systems.

Parent/ Guardian Agreement:

I hereby give my permission for my student to attend the outreach courses provided at Uintah River High School.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
(Date)



## Extra Questions

Biological Sibling that Currently or Previously Attending	Yes/No	If So who:
Is the Student Homeless or in the court system	Yes	No





Dear Parent/Guardian:

Your child has been selected to participate on this year's Hope Squad. The Hope Squad program functions as a peer support team. The goal is to increase inclusion and connectedness in schools by teaching students how to provide friendship, encouragement, and support for students who may be bullied or feel isolated.

Your child was nominated by his or her peers and selected by school officials as someone who cares about others, displays naturally good listening skills, and is trusted. **Your child will not be asked to act as a counselor, but rather will be trained to refer student peers to a trusted adult for help.**

Each Hope Squad member is **required to attend an initial Hope Squad training session** at the beginning of the program. They are encouraged to attend monthly meetings where they will be trained in suicide prevention, resilience, mental wellness, and anti-bullying. Students are also given opportunities to develop leadership skills by organizing and participating in school wide events and activities.

The Hope Squad program regularly takes and uses photographs and/or digital images of the students for use in news releases and/or educational materials. These materials might include printed or electronic publications or monthly newsletters. Please indicate permission by checking the box below. Feel free to contact the Hope Squad advisor if you have any questions or would like further information.

Please be aware that not all students are a good fit for the Hope Squad program. Some students are uncomfortable talking with a peer who is struggling. Other students may need to focus on addressing their own challenges. If you have any concerns or are uncomfortable with your child being on the Hope Squad, please let your school advisor know. Regardless, you know your child best. **DO NOT HAVE YOUR CHILD PARTICIPATE** if you have concerns.

**Confidentiality** is important within the Hope Squad program. Members are taught that concerns about their peers are confidential and that they should not gossip to other students. Members may discuss concerns with their parents and parents should notify the advisor of concerns outside of school.

(over for signature)

(\*Hope Squad advisor fills out)

*School Name:		*Year:	
*Hope Squad Advisor:		*Advisor Contact Info:	
Student Name:			
<b>Parent/s, please carefully read the permission statements below:</b>			
I give my child <b>permission to participate</b> in the Hope Squad Program and give permission to use their photos/videos for educational purposes or news releases as stated above.			
I give my child <b>permission to participate</b> in the Hope Squad Program but <b>do not</b> give permission to use their picture for educational purposes or news releases.			
I <b>do not</b> give my child <b>permission</b> to participate in the Hope Squad Program.			
<b>Surveys are important to gather data for funding applications and research – please mark a box below:</b>			
My child and I <b>will participate</b> in a survey evaluating the Hope Squad Program.			
I <b>do not</b> want my child nor I to participate in the survey evaluating the Hope Squad Program.			
Parent/Guardian Signature:		Date:	
Parent/Guardian Email:			

# Request for Transfer of Records Notification of Enrollment

Uintah River High School  
Brittany Luck, Principal  
P.O. Box 235  
Fort Duchesne, UT 84026  
(435)725-4088  
bluck@utetribe.com

On \_\_\_\_\_, \_\_\_\_\_ enrolled in  
Date Student Name  
\_\_\_\_\_ at Uintah River High School.  
Grade

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, and 34 CFR 99-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is to officials of another school in which the student seeks or intends to enroll, we request that a certified copy of this student's record including the student's cumulative file, discipline file, testing information, the IEP and associated testing as well as 504 Plan be sent to us at your earliest possible convenience.

Thank you for your cooperation on behalf of maintaining the most appropriate educational services for all students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

