

Returning Student Registration Checklist 2014-2015

Student Name _____

1. Application completed fully.
 - _____ Student Information (Make necessary corrections)
 - _____ Student Application
 - _____ Consent to Treatment Form
 - _____ Medication Permission Form
 - _____ Health Examination for School Entry (**1st grade only—stop by office**)
 - _____ Acceptable Use Policy Form
 - _____ Parent Commitment Form
 - _____ Image Release Form
 - _____ Immunization Records (**Grades 4, 7-11 ONLY**)
 - _____ Student medical Record/Physician Examination Form (**Grades 7 & 9 ONLY**)
 - _____ Sports Physical Form completed by Physician (**Students participating in sports**)
 - _____ Parent and Student Sports Agreement Form (**Students participating in sports**)
 - _____ Automobile Regulations Form (**Grades 9-12 ONLY**)
2. ___ Financial Clearance Completed (Appointment with Finance Office & Financial Contract Completed)
3. ___ Re-Admissions Approved by Admissions Committee

ACADEMY STUDENTS (Grades 9 -12):

4. ___ Class schedule arranged.
5. ___ Graduation Checklist completed.
6. ___ Locker assignment.
7. ___ Parking assignment and car registration.

**STUDENT APPLICATION
(RETURNING STUDENTS)
2014-2015**

Verify information on attached student profile. To make changes simply draw a line through incorrect information and write-in current information.

Please note: “Others” includes non-custodial parents affiliated with one or more of your children and any emergency contacts you have provided the school. Please be sure to provide at least three emergency contacts.

The following information is not printed on the attached student profile, please verify below.

1. Is this student sponsored by an Adventist church member? Yes () no ()
 Is this student a baptized member of the Adventist church? Yes () no ()
 * If yes, indicate year baptized _____
 * Church where membership is held _____
 * If student has some other church affiliation, specify _____

2.

Names of other children In family	Sex	Age	Check if living at home	School child is attending

STUDENT CONTRACT:

I AGREE TO UPHOLD THE SCHOOL’S REGULATIONS. I PLEDGE MY COOPERATION WITH AND LOYALTY TO THE SCHOOL AND ITS’ EMPLOYEES. I WILL LIVE IN HARMONY WITH THE SCHOOL’S CHRISTIAN PRINCIPLES.

_____ DATE

_____ STUDENT’S SIGNATURE

PARENT CONTRACT:

I HEREBY AGREE TO SUPPORT SCHOOL REGULATIONS AND TO HELP MY CHILD OBSERVE THEM, TO SUPPLY PHYSICAL EXAMINATION REPORTS FOR THIS STUDENT, a) ENTERING SCHOOL FOR THE FIRST TIME, b) AT GRADE SEVEN (THIS SHOULD INCLUDE THE SCOLIOSIS EXAMINATION), c) AT GRADE 9, AND d) AT OTHER GRADES, WHEN REQUIRED BY THE CONFERENCE BOARD OF EDUCATION, AND TO ACCEPT ALL FINANCIAL EDUCATIONAL OBLIGATIONS FOR THIS STUDENT.

I HEREBY AGREE THAT ALL INFORMATION ON ATTACHED STUDENT PROFILE IS CORRECT AND CURRENT. ANY CHANGES THAT ARE NEEDED HAVE BEEN NOTED.

_____ DATE

_____ PARENT’S SIGNATURE

CONSENT TO TREATMENT 2014-2015

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file. This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name _____

Age _____ Date of Birth _____ Social Security Number _____
mo. day yr.

Address _____

Parent/Guardian's Name _____

Father/Guardian _____
Business Home Soc. Sec Number

Mother/Guardian _____
Business Home Soc. Sec. Number

Please describe allergies to substances and medication. _____

If on regular medication, please specify _____ Date of last Tetanus shot _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Telephone _____
Address _____

2. Family Physician _____ Office Telephone _____
Address _____

Hospital preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son/daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Telephone _____
Address _____

2. Name _____ Telephone _____
Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or guardian: _____ Date: _____

MEDICATION PERMISSION FORM

Dear Parents,

From time to time, a student will come into the office complaining of a headache, other pains, or have first aid needs. Our procedure dictates that we **cannot** dispense any medication to our students without parental consent. Please fill out the permission slip below so that we may know whether or not we have **permission** to dispense pain reliever to your child and which pain reliever we may dispense to them.

Please note: Until we receive this completed form, we will not dispense any medication to your child. Whenever a child requests a pain reliever we will confirm permission has been granted on the permission slip. A running log is maintained in the office of which medications are dispensed and the time/date they were given.

Thank you for your cooperation,

Diana Meneses
Registrar

Name of Child

Name of Parent/Guardian

I give permission for my child(ren) to be given :

Tylenol _____ Advil _____ Aleve _____ Children's Tylenol _____ Antibiotic Ointment _____

Call first? _____ yes _____ no

Parent/Guardian Signature

Date

I do not want my child(ren) to be given any medication.

Parent/Guardian Signature

Date

ACCEPTABLE USE POLICY [96-79] (Internet)

The Armona Union Academy of the Seventh-day Adventist education system is pleased to offer their students access to a computer network for electronic mail and the Internet. Both parents and student must sign and return this form to the school to gain access to email and the Internet.

The Internet is a powerful resource for expanding the educational experience of each student. Access to email and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages; and, therefore, support the school's choosing to make the Internet available to our students. Ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources. We respect each family's right to decide whether or not to apply for access.

Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege, not a right. Access entails responsibility.

Students are responsible for Christian behavior and communication on the school computer network, just as they are anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, the school will not be liable and the student will forfeit network privileges at this institution.

Computer storage files will be treated like school lockers. School staff may review files and communications to maintain system integrity and insure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- Be responsible and courteous in all communications.
- Be responsible with all computer hardware and software.
- Keep their passwords to themselves.
- Respect the confidentiality of folders, work and files of others.
- Learn about and observe copyright laws.
- Any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary or legal action.

Signature Required on Reverse Side

User Agreement and Parent Permission Form

As a user of the school's computer network, I agree to comply with the above stated rules communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Name

Birth Date

Grade Level

Student Signature

Date

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent Name

Phone Number

Parent Signature

Date

**PARENT COMMITMENT
2014-2015 School Year**

Because I recognize the unparalleled role that I play in the Christian character formation of my child or children, I covenant together with the staff at Armona Union Academy to:

- Be intentional about growing in my own faith.
- Pray daily for my son or daughter's growth as a Christian.
- Insure that (unless sickness or distance prevents it) my son or daughter is on time to school so the devotional/worship time is not missed.
- Seek support if for any reason I find myself unable to fulfill this commitment.
- Provide an hour for evening study daily.

1. One of the things I'd love for you to know about my child(ren) is: _____

2. One question that I have: _____

3. And one more thing: _____

As a condition of enrollment, I, _____, hereby agree to contribute 15 hours of service or its equivalent, \$150.00, to Armona Union Academy. I understand that this is a mandatory condition and that my service benefits myself, my child or children, and Armona Union Academy. I pledge to serve in the following areas:

- _____ Teacher's helper (Grading papers, worksheets, copying, cutting, gluing, etc.).
I will assist in _____ classroom.
- _____ Help with special events (preparing food, set-up, clean-up, etc.)
- _____ Assist with building or grounds maintenance projects.
- _____ Monetary contribution in lieu of service (\$150.00)
- _____ Other: _____

Please record in the Administrative Office once an activity is completed. I further understand that if I do not fulfill all or a part of my promised contribution hours I will pay the monetary contribution cost or its remaining equivalent.

Child(ren)'s Name: _____

Parent's Name: _____ Phone #: _____

Parent's Signature: _____ Date: _____

IMAGE RELEASE FORM
2014-2015

Dear Parent/Guardian:

During the school year, our school will hold events that the news media, the school and the conference may like to feature. A representative may be on campus to gather photographs and/or video footage highlighting the event and featuring the faces of Armona Union Academy. We value your child's participation, and ask for your permission to include him or her. Please indicate below whether your child has your permission to participate.

You may update this form at any time by contacting our main office at (559) 582-4468.

I hereby consent and authorize Armona Union Academy, or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release Armona Union Academy from all liability in connection with all such uses.

Dated this _____ day of _____, 20__.

Parent/Guardian's name (please print)

Parent/Guardian's signature

Address: _____

Telephone Number: _____

All Family Members to Whom the Release Applies:

1.) _____ 3.) _____

2.) _____ 4.) _____

**** Please return to the school office on or before the first day of school. ****

Student Medical Record

Only designated staff, such as the school nurse or physician will have access to the completed form. This form will be stored in a locked file.

Name _____ Birth Date _____ SSN _____

Address _____
Street City State Zip code

Name of Father _____ Name of Mother _____

History (Past illnesses and allergies. Please check those he/she has had).

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Cancer <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Diabetes <input type="checkbox"/> Diphtheria <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Disease <input type="checkbox"/> Measles | <ul style="list-style-type: none"> <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Ear Infections <input type="checkbox"/> Other | <p style="margin-top: 0;">Allergies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Bites <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Drugs |
|--|---|--|

Explain briefly factors, such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience: _____

Indicate physical problem by check: Hearing () Heart () Sight () Speech ()

Other (specify): _____

IMMUNIZATIONS- An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record (must have signature, stamp, or initials next to each date)
 - Physician's Record
 - County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

LABORATORY RECORD

TB	Type*	Given By	Date Read		Impression
SKIN TESTS	<input type="checkbox"/> PPD Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> OTHER				<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
CHEST X-RAY	Film date: ____/____/____ Impression: () normal () abnormal Person is free of communicable tuberculosis () yes () no Signature/Agency _____				

PHYSICIAN'S EXAMINATION

Height: _____

Weight: _____

Blood Pressure: _____

Skin
 Eyes, vision, glasses
 Ears, hearing
 Nose, throat
 Mouth, teeth, speech
 Glands
 Chest lungs
 Cardiovascular, heart
 Abdomen, enlargement
 tenderness
 hernia
 Spine, back
 Scoliosis (grade 7)
 Posture
 Extremities
 Genitourinary
 Nervous System, reflexes

Normal	Abnormal	Not Examined

Explain Abnormalities:

Nutritional Status and general appearance of the child

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program, which includes activities such as running, jumping, tumbling. ___Yes ___No

If student must be restricted from participating in activities such as those listed above, please indicate physical activities that may be permitted. _____

Date _____

Physician's signature _____

Address _____

*To be completed by the family physician and kept on file at the school for all children a) entering school for the first time, b) at grade seven (this should include the scoliosis examination, c) at least once in grades 9-12, and d) at other grades, when required by the Conference Board of Education.

Sports Physical Armona Union Academy

TO BE COMPLETED BY DOCTOR

STUDENT NAME _____

Height: _____ First _____ Middle _____ Last _____
 Weight: _____ Blood Pressure: _____

	Normal	Abnormal	Not Examined	Explain Abnormalities:
Skin				_____
Eyes, vision, glasses				_____
Ears, hearing				_____
Nose, throat				_____
Mouth, teeth, speech				_____
Glands				_____
Chest lungs				_____
Cardiovascular, heart				_____
Abdomen, enlargement				_____
tenderness				_____
hernia				_____
Spine, back				_____
Scoliosis (grade 7)				_____
Posture				_____
Extremities				_____
Genitourinary				_____
Nervous System, reflexes				_____

Nutritional Status and general appearance of the child _____

Recommendations for additional medical or dental care _____

Athletics allowed:

- | | |
|-----------------|-----------------|
| 🍏 Running races | 🍏 Golf |
| 🍏 Flag Football | 🍏 Roller Hockey |
| 🍏 Volleyball | 🍏 Softball |
| 🍏 Basketball | 🍏 Baseball |
| 🍏 Soccer | 🍏 Tennis |
| 🍏 Track & Field | |

Comments: _____

I hereby certify that I have examined the above-named Student and there appears to be no medical reason why he/she is not able to complete in supervised interscholastic activities.

Doctor's Name: _____
Printed

Signature _____

Address _____

Phone _____

Date of Physical Exam: _____

***This sports physical is required by the Central California Conference of seventh-Day Adventists of every Armona Union Academy student in grades 7-12, participating in the Central California Conference Sports Program (practices & games). It must be kept on record and file for the entire school year.*

PARENT AND STUDENT SPORTS AGREEMENT

High School
2014-2015 SCHOOL YEAR

1. I understand that I will not be allowed to practice for or participate in any of the sports until I complete both the Sports Physical and Agreement forms and return them to the Athletic Director.
2. I understand that I will be charged \$85.00 for every sport in which I participate. (non-refundable)
3. I understand that if I earn a grade of "D", "F", or "I" in attendance, citizenship, or any class, I will not be allowed to participate in any games or practices until the next progress report is issued.

Name of Student: _____

Signature of Student: _____

Date: _____

1. I understand that my son/daughter will not be allowed to practice for or participate in any of the sports until both the Sports Physical and Agreement forms are completed and returned to the Athletic Director.
2. I understand that my son/daughter will be charged \$85.00 for every sport in which he/she participates. This money is for transportation, equipment, tournament, and miscellaneous costs incurred by Armona Union Academy during each season. (Non-refundable)
3. I understand that if my son/daughter earns a "D", "F", or "I" in attendance, citizenship, or any class, he/she will not be allowed to participate in any games or practices until the next progress report is issued.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Automobile Regulations and Riding Permission

(Parents and Students must sign these regulations even if the student won't be driving a car to school)

Auto riding consent

Student Name _____

🍏 **Has permission to ride to and from school with the following student/s:**

🍏 **The following students have permission to ride to and from school with**

All students in grades 9-12 must make arrangements with the administration and sign out before leaving campus. ***NO EXCEPTIONS!***

A COPY of insurance Coverage must be submitted to the office before a student drives to school

Auto Regulations

- 1) All vehicles must be registered at registration time or before they are driven to school.
- 2) Vehicles must be parked in assigned area. AUA does not assume any responsibility for damage or personal property stolen from vehicle.
- 3) Vehicles are not to be used during school hours except by special permission of the principal.
- 4) Students are not to sit in or loiter about the vehicles during school hours, lunchtime or after school.
- 5) Permission will not be granted for a student to:
 - a) Leave campus in a borrowed vehicle
 - b) Ride with another student without written permission from parent
 - c) Leave campus with anyone other than parents, or established ride without written parent permission for both rider and driver.

I agree to support and comply with the above auto regulations.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Vehicle Information

All vehicles driven to school by students must be registered and parked in the assigned parking space.

Student License # _____ Make of Car _____

Car License # _____

Insurance Co. Name and Policy # _____

Students using cars at school are required to carry the minimum coverage that the State of California has specified.