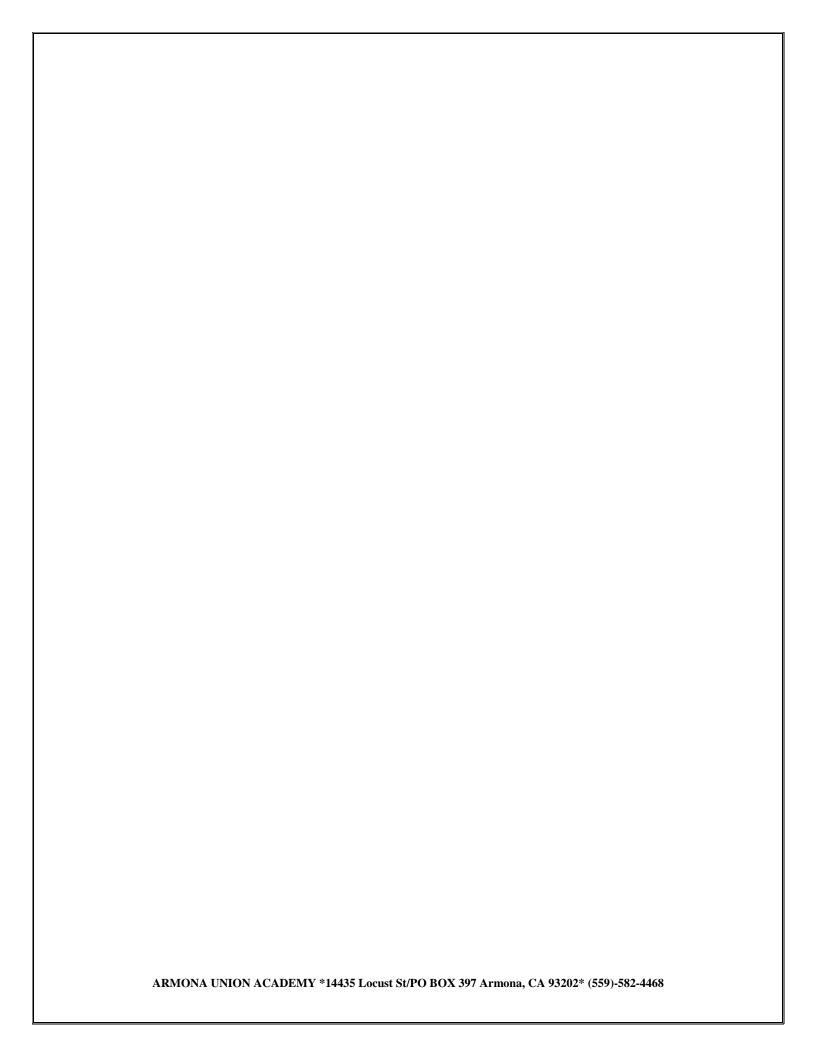
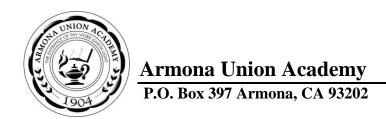
### **New Student Registration Checklist**

Elementary

### 2018-2019

| Student Name  | <b>Grade:</b>           |
|---|-------------------------|
| 1. Application completed fully.                                 |                         |
| Student Application   |                         |
| Transfer of Student Records Form                                |                         |
| Consent to Treatment Form                                       |                         |
| Acceptable Use Policy Form                                      |                         |
| Image Release Form  |                         |
| Riding Permission Form  |                         |
| Immunization Records  |                         |
| Copy of Birth Certificate                                       |                         |
| Report of Health Examination For School Entry (1st Grade on     | ly)                     |
| Tdap Booster (ALL 7 <sup>th</sup> Grade students)               |                         |
| Student Medical Record/Physician Examination Form (All student) | dents)                  |
| Sports Physical Form completed by Physician (Students partie    | cipating in sports)     |
|   |                         |
| 2 Financial Clearance Completed (Appointment with Finance Offi  | ce & Financial Contract |
| Completed)  |                         |
| 3 Receipt and review of favorable letter of recommendation      |                         |
| 4 Receipt and review of last semester grades/school records     |                         |
| 5 Testing by classroom teacher (Grades 1-8)                     |                         |
| 6 Approval of admission by Admissions Committee or School Boo   | ard                     |





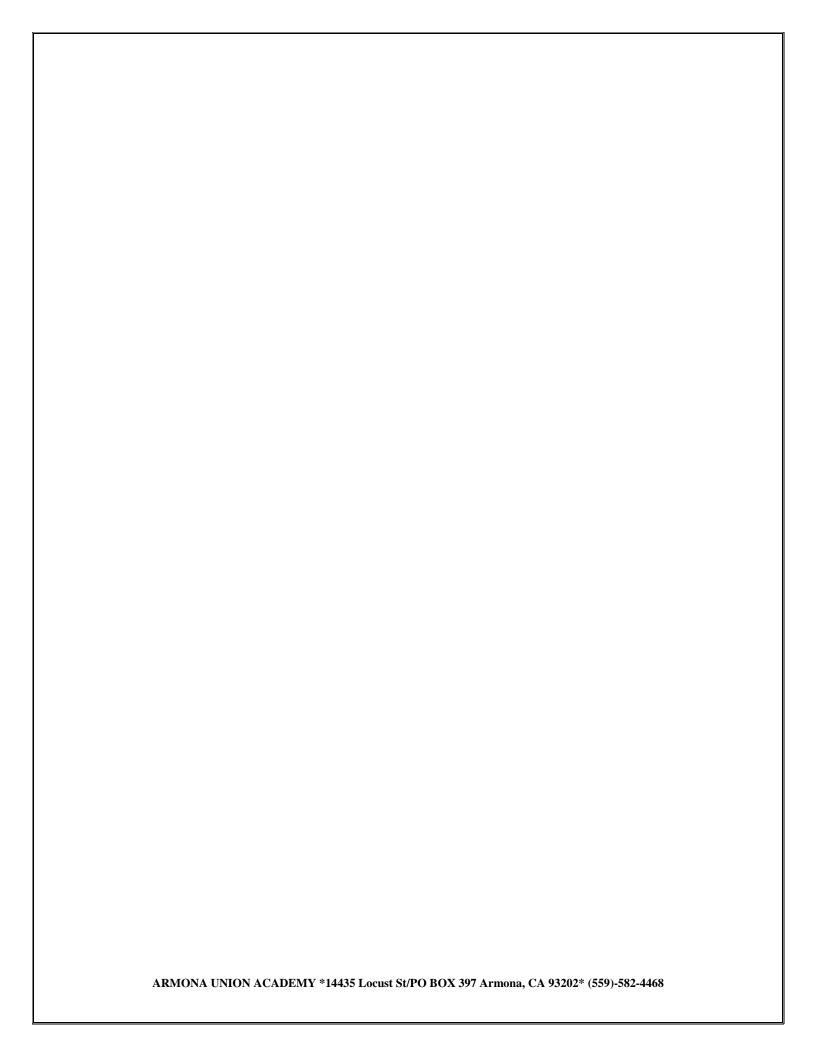
### **Transfer of Pupil Records**

Fax: 559-582-6609

# The following student has applied and been accepted to our school. Please forward their records to the address above.

| STUDENT INFORMATION:                |                                 |                 |
|-------------------------------------|---------------------------------|-----------------|
| Last Name:                          | First Name                      |                 |
| Date of birth:                      | Student Grade Level:            |                 |
| Name of School Student is leavin    | Records Being Request           | ted:            |
|                                     | Medical & Health Reco           | ords $\Box$     |
| Address:                            | Cumulative Folder & T           | Γranscripts   □ |
| Fax:                                | Psychological Testing &         | & Special       |
| Phone:                              | <b>Education Placements</b>     |                 |
| Signature of Parent of Guardian, or | tudent if over 18 years of age. | Date            |
| Date First Request Sent             | Date Second Request Sent        |                 |
| Sincerely,                          |                                 |                 |
| Diana Meneses,<br>Secretary         |                                 |                 |

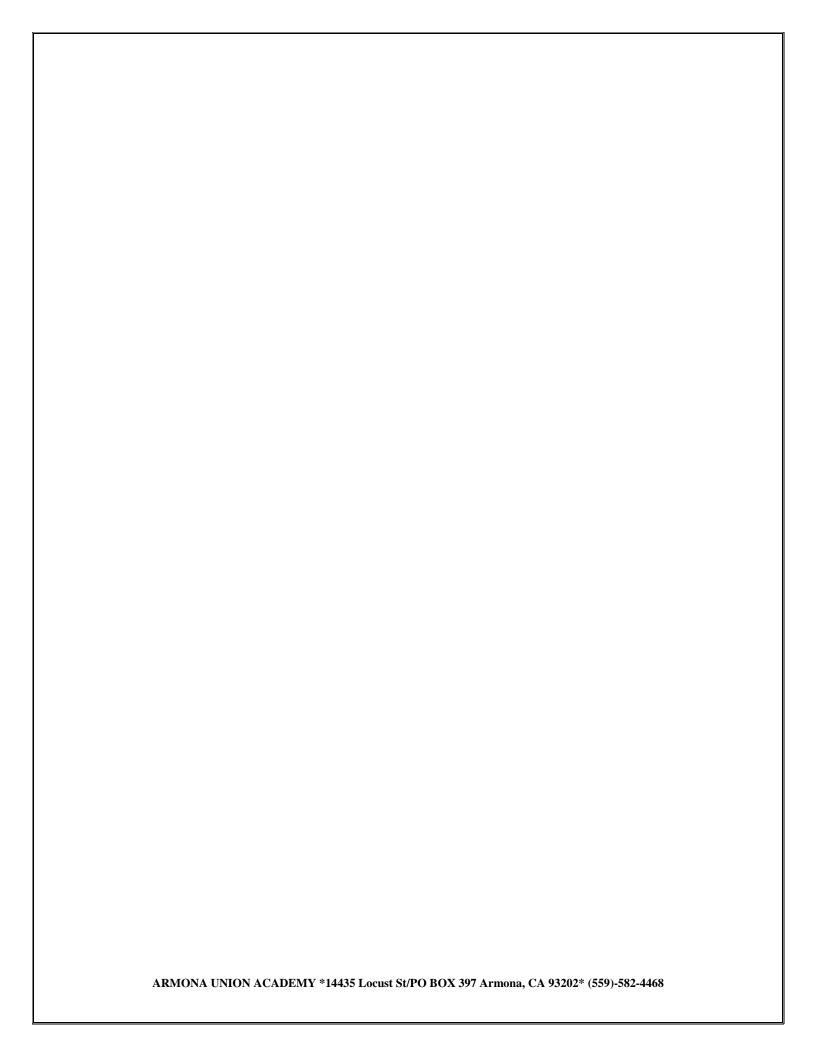
ARMONA UNION ACADEMY \*14435 Locust St/PO BOX 397 Armona, CA 93202\* (559)-582-4468



# CONSENT TO TREATMENT 2018-2019

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.

|                    | t's Name   |                                   |  |
|--------------------|--|-----------------------------------|--|
| Age                | Date of Birth<br>mo. day   |                                   | er   |
| Addres             | SS   |                                   |  |
| Parent/            | Guardian's Name  |                                   |  |
| Father/            | GuardianBusiness Number  | Home Number                       | C.D.L. M. J.   |
|                    |  |                                   | Cellular Number  |
| Mother             | r/Guardian Business Number   | Home Number                       | Cellular Number  |
| Please             | describe allergies to substances and med   | lication.                         |  |
| f on re            | egular medication, please specify  | Date                              | of last Tetanus shot   |
|                    | give the name of your local family phys<br>nt at school and you cannot be reached. | ician(s) to be called in case you | r son or daughter becomes ill or has an  |
| 1.                 | Family Physician   | 0                                 | ffice Telephone  |
|                    | Address  |                                   |  |
| 2.                 | Family Physician   | 0                                 | ffice Telephone  |
|                    | Address  |                                   |  |
| Hospit             | al preference  | T                                 | elephone   |
|                    | fillness or accident until you can be reac   |                                   | ne the responsibility of your son/daughter in<br>the named persons, notify the school in   |
| 1.                 | Name   | 7                                 | Telephone  |
|                    | Address  |                                   |  |
| 2.                 | Name   | 1                                 | Telephone  |
|                    | Address  |                                   |  |
| reacheo<br>student | d for consent, the parents hereby consent  | t to the rendering of such emerg  | ther the parent nor the family physician can<br>gency medical service for the above named<br>rvice. This authorization is given pursuant t |
| Signatı            | ure of Parent or guardian:   |                                   | Date:  |



### ACCEPTABLE USE POLICY [96-79] (Internet) 2018-2019

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**

| <b>User Agreement and Parent Permissi</b>  | ion Form  |   |
|--|---|---|
| As a user of the school's computer network in a re   |   |   |
| Student Name   | Birth Date  | Grade Level   |
| Student Signature  | Date  | _   |
| As the parent or legal guardian of the sto access networked computer service individuals and families may be held materials on the Internet may be object guidance of Internet use setting and coor exploring information and media. | es such as electronic ma<br>liable for any inappropr<br>ctionable, but I accept res | il and the Internet. I understand that iate behavior. I understand that some ponsibility to work with the school in |
| Parent Name  | Phone Number  |   |
| Parent Signature   | Date  | _   |
|  |   |   |

# IMAGE RELEASE FORM 2018-2019

#### 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.

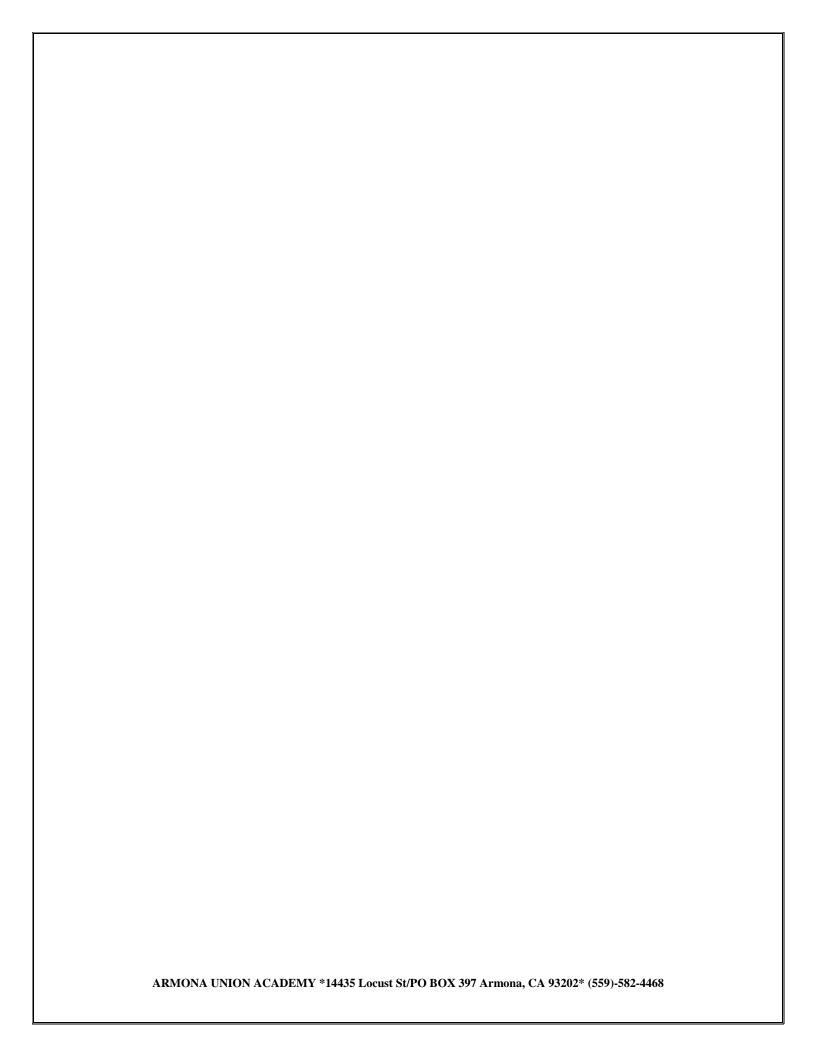
You may update this form at any time by contacting our main office at (559) 582-4468.

\_\_\_\_\_\_

| names of my family members who are minors, as and other information (or that of family members advertising, publicity, publication or distribution in | cademy, or its assigns, to use my name and/or the listed below, as well as my likeness, photos, videos who are minors) for the purpose of news releases, any manner whatsoever. I further consent to such tions, or additions thereto. I hereby release Armona all such uses. |
|---|---|
| Dated this day of   | , 20  |
| Parent/Guardian's name (please print)   |   |
| Parent/Guardian's signature   | <u>.</u>  |
| Address:  | -   |
| Telephone Number:   |   |
| All Family Members to Whom the Release Applies:   |   |
| 1.)   | 3.)   |
| 2.)   | 4. )  |

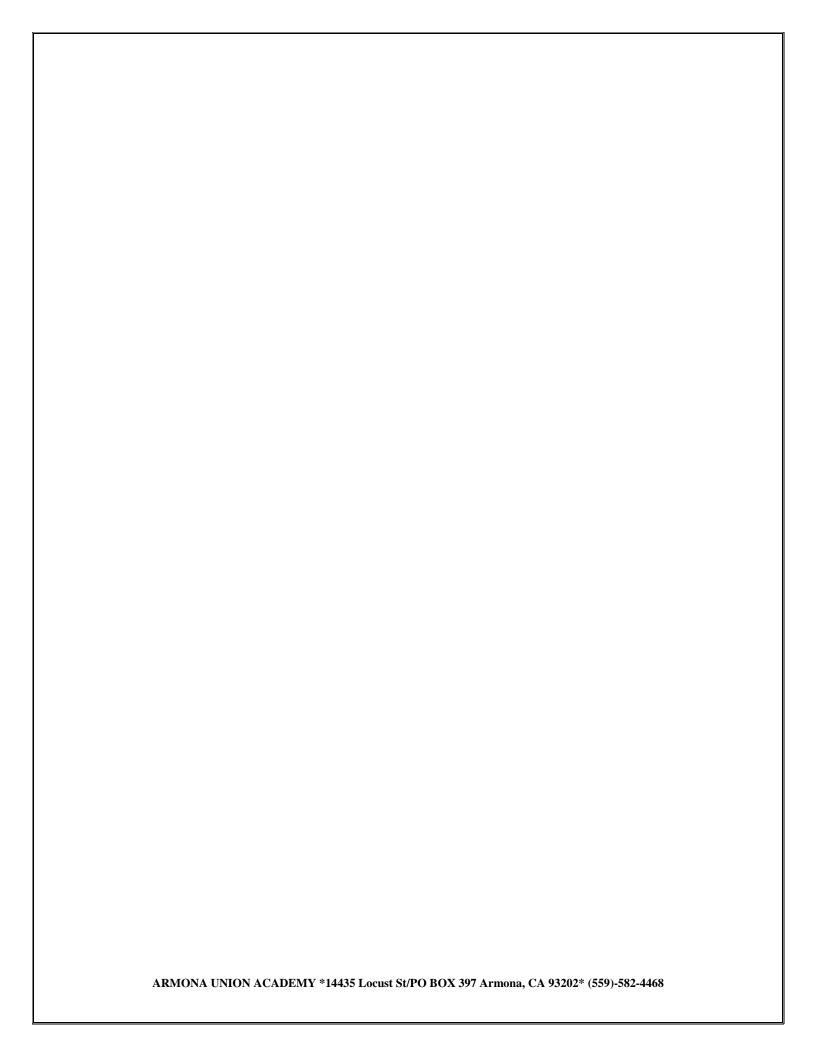
ARMONA UNION ACADEMY \*14435 Locust St/PO BOX 397 Armona, CA 93202\* (559)-582-4468

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



# Riding Permission 2018-2019

|                               | it Name   | Grade:  |
|-------------------------------|---|---|
|                               | Has permission to ride to and from school wi  | th the following <b>student(s):</b>   |
|                               |   |   |
|                               | Has permission to ride to and from school wi  |   |
|                               |   |   |
|                               | The following students have permission to rice  | de to and from school <b>with</b> my child:   |
|                               |   |   |
| le h<br>rmi:<br>entic<br>ild. | nome with the person [s] mentioned about ssion to ride home with another AUA stoned in their Riding Permission form. Plea | ting permission, for the above mentioned child, ve. If the student mentioned above is grant tudent, that student <u>must</u> also have your chase coordinate with the parent or guardian of the your child to ride with anyone simply write N |
| tne                           |   |   |
|                               | at Signature  | Date  |



# Student Medical Record 2018-2019

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 Fathe   | er  |   | Nam                                    | ne of Mother _   |                 |              |
| History (Past ill   | nesses and a  | allergies. Please chec  | ck those he/sh                         | e has had).      |                 |              |
| □ Cancer  |   |   | Rheumatic I                            | Fever            | Allergi         | ies:         |
| ☐ Chicker   | n Pox   |   | Scarlet Feve                           | r                |                 | Asthma       |
| □ Diabete   | es.   |   | Tuberculosis                           | S                |                 | Hay Fever    |
| ☐ Diphthe   | eria  |   | Whooping C                             | Cough            |                 | Insect Bites |
| ☐ Epileps   | У   |   | Ear Infection                          | ns               |                 | Penicillin   |
| ☐ Heart D   | isease  |   | Other                                  |                  |                 | Other Drugs  |
| ☐ Measles   | S   |   |  |                  |                 |              |
| Indicate physic   | cal problem   | by check: Hearing   | ng ( ) Hea                             | rt ( ) Sight     | ( ) Speech (    | )            |
| Other (specify  | ):  |   |  |                  |                 |              |
| entering school      State In     Health     O     Official | for the first<br>nmunization<br>Provider Rec<br>Physician's<br>County Hea | cord ( must have sig<br>Record<br>alth Department Rec<br>on Record from and | tates regardle<br>nature, stamp<br>ord | ss of grade leve | l. Records cons |              |
| LABORATOR   |   |   |  |                  |                 |              |
| TB  | Type*   |   | Given By                               | Date Read        |                 | Impression   |
| SKIN  |   | PPD Mantoux   | <u> </u>                               |                  |                 | □ Pos        |
| TESTS   |   | OTHER   |  |                  |                 | □ Neg        |
|   |   | PPD Mantoux   |  |                  |                 | □ Pos        |
|   |   | Other   |  |                  |                 | □ Neg        |
|   |   | PPD Mantoux   | 1                                      |                  | 1               | □ Pos        |

Person is free of communicable tuberculosis ( ) yes

Impression: ( ) normal

CHEST

X-RAY

Film date: \_

Signature/Agency

Neg

)abnormal

( ) no

### PHYSICIAN'S EXAMINATION

| Height:  | Weight:         |                  | Blood Pressure: |   |  |
|--|-----------------|------------------|-----------------|---|--|
|  | Normal          | Abnormal         | Not<br>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 ge                            | eneral appeara  | nce of the child |                 |   |  |
| Recommendations for add                              | itional medical | or dental care   |                 |   |  |
| jumping, tumblingYour If student must be restricted. | esNo            |                  |                 | h includes activities such as running, sted above, please indicate physical |  |
| activities that may be perm  Date                    |                 | hycician's cian  | afure           |   |  |
| Date   | 1               | nysician s sign  |                 |   |  |
|  | A               | 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 2018-2019

| STUDENT NAME             |                    |                 |                 |                        |
|--------------------------|--------------------|-----------------|-----------------|------------------------|
|                          | First              |                 | liddle          | Last                   |
| Height:                  | Weight             | •               | _               | Blood Pressure:        |
|                          | Normal             | Abnormal        | Not<br>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 |                    |                 |                 |                        |
| •                        |                    |                 | 1               | <b>_</b>               |
| Nutritional Status and § | general appearan   | ce of the child |                 |                        |
| Recommendations for ad   | ditional medical o | r dental care   |                 |                        |
| Athletics allowed:       |                    |                 |                 |                        |
|                          | Running races      |                 | $\Box$ Golf     |                        |
|                          | Flag Football      |                 |                 | er Hockey              |
|                          | Volleyball         |                 |                 |                        |
|                          | Basketball         |                 | □ Basel         |                        |
|                          | Soccer             |                 | □ Tenn          | 18                     |
| ∐ '.                     | Γrack & Field      |                 |                 |                        |
| Comments:                |                    |                 |                 |                        |

| hereby certify that I have examined the above=reason why he/she is not able to complete in super- | named Student and there appears to be no medical |
|---|--|
| Doctor's Name:  |  |
| Printed   |  |
| Address   | _  |
|   | _  |
| Phone   | _  |
|   |  |

\*\*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.