

New Student Registration Checklist

Elementary

2020-2021

Student Name _____

Grade: _____

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 only**)
- _____ Tdap Booster (**ALL 7th Grade** students)
- _____ Student Medical Record/Physician Examination Form (**All students**)
- _____ Sports Physical Form completed by Physician (**Students participating in sports**)

- 2. ___ Financial Clearance Completed (Appointment with Finance Office & Financial Contract Completed)
- 3. ___ Receipt and review of 2 favorable letter of recommendations (**Grades 3-8**)
- 4. ___ Receipt and review of last semester grades/school records
- 5. ___ Receipt and review of last years standardized testing
- 6. ___ Testing by classroom teacher (Grades 1-8)
- 7. ___ Approval of admission by Admissions Committee or School Board

8. VANPOOL—Visalia is our only pick-up/drop off location

Our vanpool service is on a first come, first served basis. We only have 14 spots available.

- Please check the box if your above-named student needs to ride the vanpool



Armona Union Academy
P.O. Box 397 Armona, CA 93202

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 leaving:	Records Being Requested:
	Medical & Health Records <input type="checkbox"/>
Address:	Cumulative Folder & Transcripts <input type="checkbox"/>
Fax:	Psychological Testing & Special <input type="checkbox"/>
Phone:	Education Placements

Signature of Parent of Guardian, or student if over 18 years of age. Date

Date First Request Sent

Date Second Request Sent

Sincerely,

Diana Interiano,
Secretary

CONSENT TO TREATMENT 2020-2021

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 Number Home Number Cellular Number

Mother/Guardian _____
Business Number Home Number Cellular 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: _____

**ACCEPTABLE USE POLICY [96-79] (Internet)
2020-2021**

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

**IMAGE RELEASE FORM
2020-2021**

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. ****

Riding Permission

2020-2021

Auto riding consent

Student Name _____ Grade: _____

- Has permission to ride to and from school with the following **student(s)**:

- Has permission to ride to and from school with the following **adult(s)**:

- The following students have permission to ride to and from school **with** my child:

The parent or guardian signing this form is granting permission, for the above mentioned child, to ride home with the person [s] mentioned above. If the student mentioned above is granted permission to ride home with another AUA student, that student must also have your child mentioned in their Riding Permission form. Please coordinate with the parent or guardian of the child. If you do not want to grant permission for your child to ride with anyone simply write N/A in the section [s] it applies to.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Student Medical Record

2020-2021

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).

- | | | |
|--|--|------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Rheumatic Fever | Allergies: |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Measles | | |
| | | |

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 _____			

Sports Physical

Armona Union Academy

2020-2021

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:

- | | |
|--|--|
| <input type="checkbox"/> Running races | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Roller Hockey |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> 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: _____ Signature _____
Printed

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.*