

New Student Registration Checklist

Kindergarten
2021-2022

Student Name _____

1. Application completed fully.

- _____ Student Application
- _____ Transfer of Student Records Form (If entering 2nd semester)
- _____ Consent to Treatment Form
- _____ Image Release Form
- _____ Riding Permission Form
- _____ Immunization Records
- _____ Copy of Birth Certificate
- _____ Student Medical Record/Physician Examination Form

2. Financial Clearance Completed: signed finance contract.

- I will be applying for financial assistance (Booster Club)
- I will not be applying for financial assistance
 - If you will be applying for financial assistance you will be contacted in **May 2021** to setup an appointment with Mrs. Cindy Hielscher.
 - If you will not be applying for financial assistance we will email and mail the finance agreement in June 2021.

3. ___ Receipt and review of last semester grades/school records (If entering 2nd semester)

4. ___ Testing by classroom teacher

5. ___ Approval of admission by Admissions Committee or School Board

6. 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

FOR OFFICE USE ONLY:

7. ___ Finance Contract Completed

8. ___ Report of Health Examination Submitted

CONSENT TO TREATMENT 2021-2022

Only designated staff 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 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: _____

IMAGE RELEASE FORM
2021-2022

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: _____

Family Members to Whom the Release Applies (students **not** listed will be omitted from the yearbook):

1.) _____ 3.) _____

2.) _____ 4.) _____

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

Riding Permission

2021-2022

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

2021-2022

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"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Insect Bites |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other | <input type="checkbox"/> Other Drugs |
| <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 _____

