

# New Student Registration Checklist

Elementary

**2022-2023**

Student Name \_\_\_\_\_

Grade: \_\_\_\_\_

1. Application completed fully—items listed below must be submitted.

- \_\_\_\_\_ 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 (**1<sup>st</sup> Grade only**)
- \_\_\_\_\_ Tdap Booster (**ALL 7<sup>th</sup> Grade** students)
- \_\_\_\_\_ Student Medical Record/Physician Examination Form (**All students**)
- \_\_\_\_\_ Sports Physical Form completed by Physician (**Students participating in sports**)
- \_\_\_\_\_ Receipt and review of 2 favorable letter of recommendations (**Grades 1<sup>st</sup> – 8<sup>th</sup>**)
- \_\_\_\_\_ Receipt and review of last semester grades/school records
- \_\_\_\_\_ Receipt and review of last years standardized testing
- \_\_\_\_\_ Attendance record of previous school

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 2022** 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 2022.

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: \_\_\_\_\_

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

\_\_\_\_\_  
Date First Request Sent

\_\_\_\_\_  
Date Second Request Sent

Sincerely,

Diana Interiano,  
Secretary



## CONSENT TO TREATMENT 2022-2023

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)  
2022-2023**

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







# Riding Permission

2022-2023

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

## 2022-2023

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 _____			

## PHYSICIAN'S EXAMINATION

Height: \_\_\_\_\_

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 \_\_\_\_\_

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

2022-2023

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.*