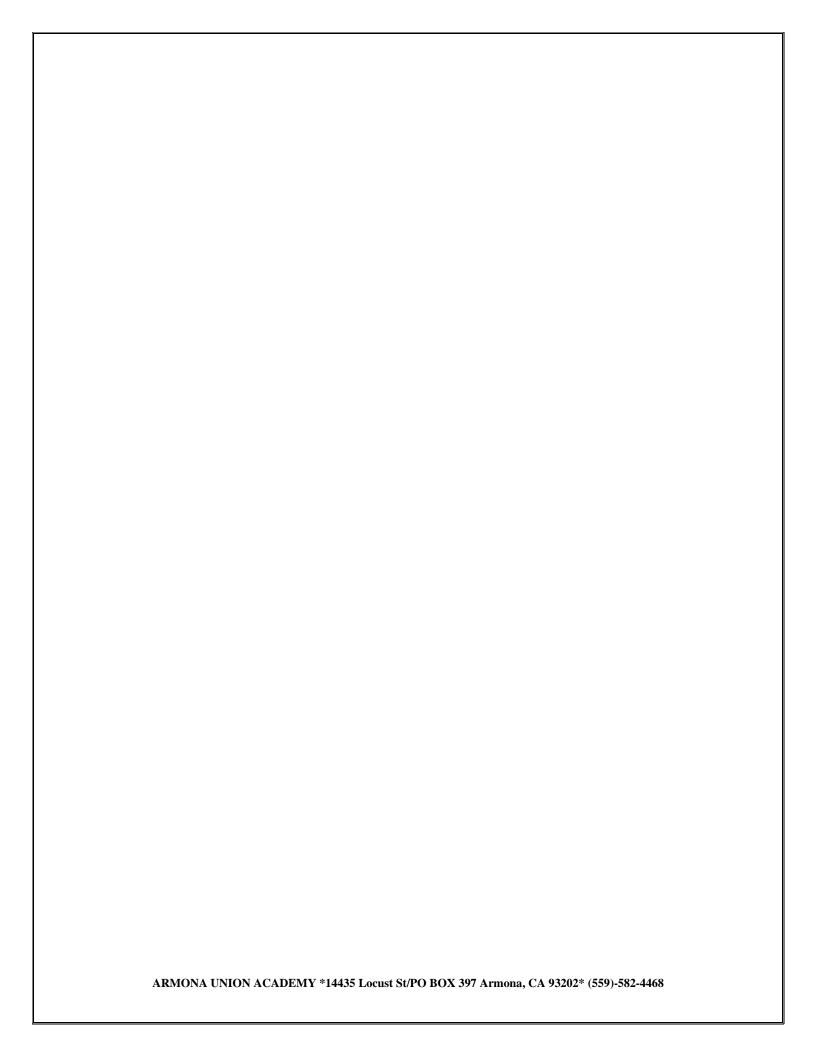
New Student Registration Checklist

Kindergarten

2022-2023

Student Name
1. Application completed fully. Student Application Transfer of Student Records Form (If entering 2 nd semester) Consent to Treatment Form Image Release Form Riding Permission Form Immunization Records Copy of Birth Certificate Report of Health Examination for School Entry
 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 financ agreement in June 2022. 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 2022-2023

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.

Stude	ent's Name				
Age _			Social Security Number		
Addr	mo. day				
Paren	nt/Guardian's Name				
	er/GuardianBusiness Number				
			Cellular Number		
Moth	er/Guardian Business	Home Number	Cellular Number		
Pleas	e describe allergies to substances and med	ication.			
If on	regular medication, please specify	Date	of last Tetanus shot		
	e give the name of your local family physient at school and you cannot be reached.	cian(s) to be called in case you	r son or daughter becomes ill or has an		
1.	Family Physician	Oi	ffice Telephone		
	Address				
2.	Family Physician	Oi	ffice Telephone		
	Address				
Hosp	ital preference	T	elephone		
	of illness or accident until you can be reac		the responsibility of your son/daughter in the named persons, notify the school in		
1.	Name	ТТ	Telephone		
	Address				
2.	Name	Τ	Selephone		
	Address				
reach stude	ed for consent, the parents hereby consent	to the rendering of such emerg	ther the parent nor the family physician can be gency medical service for the above named rvice. This authorization is given pursuant to		
Signa	nture of Parent or guardian:		Date:		

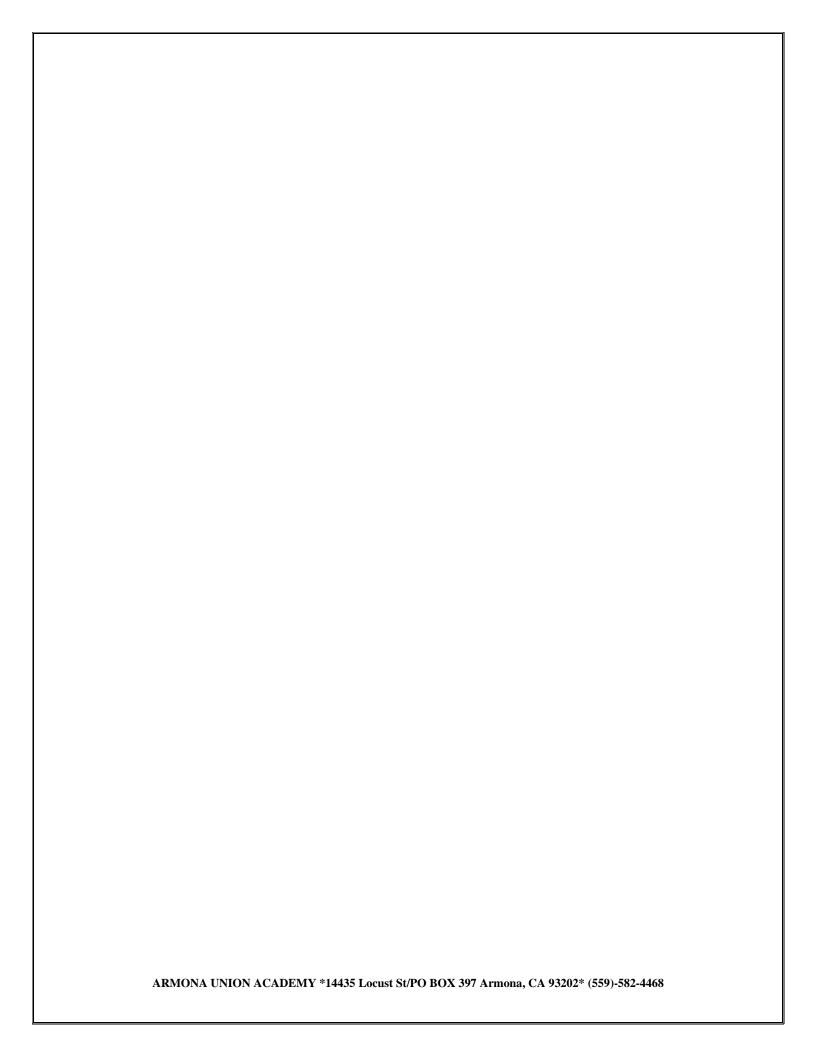


IMAGE RELEASE FORM 2022-2023

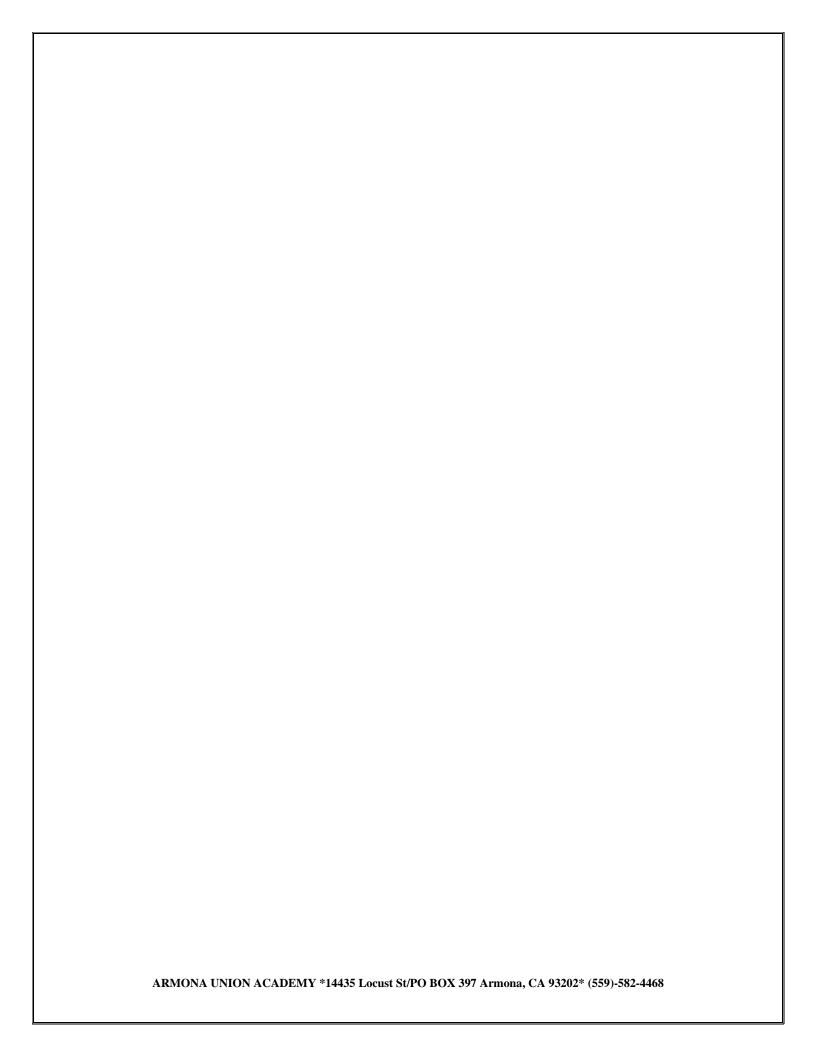
Dear Parent/Guardian:

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 contacti	ng our main office at (559) 582-4468.
of my family members who are minors, as listed information (or that of family members who are publicity, publication or distribution in any man	ademy, or its assigns, to use my name and/or the names below, as well as my likeness, photos, videos and other minors) for the purpose of news releases, advertising, ner whatsoever. I further consent to such use in their additions thereto. I hereby release Armona Union such uses.
Dated this day of	, 20
Parent/Guardian's Name (please print)	Parent/Guardian's signature
Address:	
Cellphone:	
Family Members to Whom the Release Applies (§	students not listed will be omitted from the yearbook):
1.)	3.)
2.)	4.)
☐ Check this box if you want your student to (ONLY appear in the AUA yearbook.

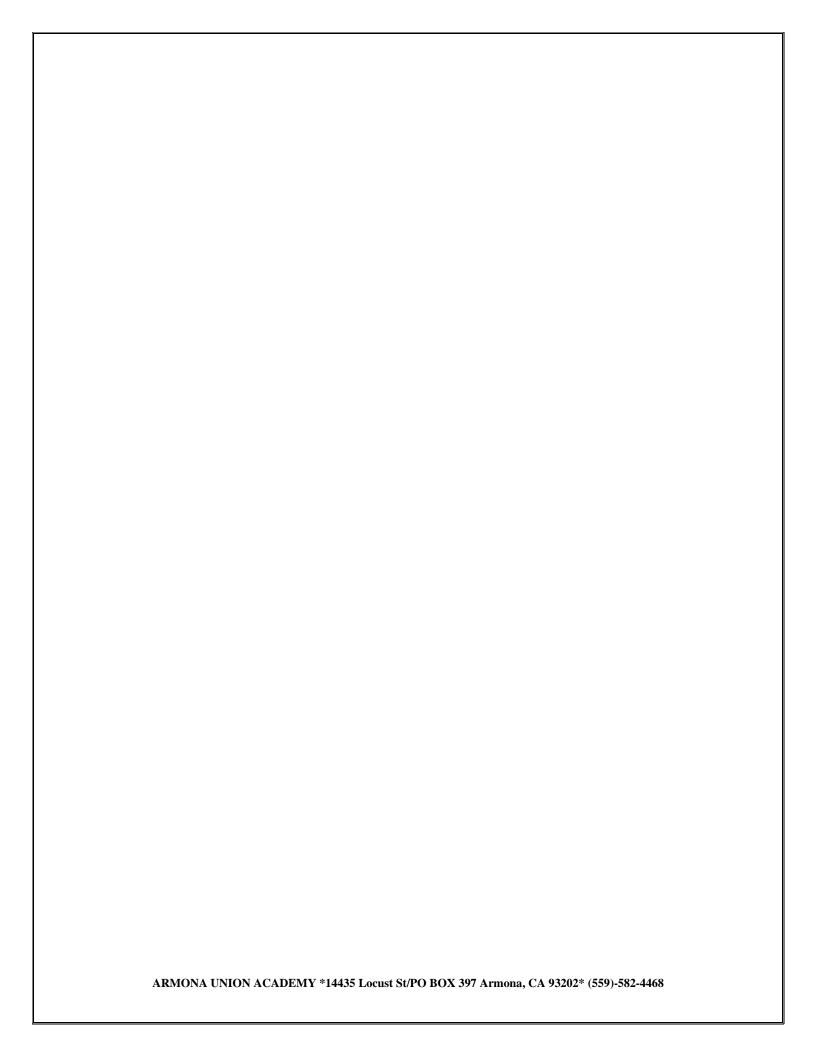
ARMONA UNION ACADEMY *14435 Locust St/PO BOX 397 Armona, CA 93202* (559)-582-4468

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



Riding Permission 2022-2023

	iding consent t Name	Grade	::			
	Has permission to ride to and from school with the following student(s):					
	Has permission to ride to and from sch	nool with the foll	owing adult(s):			
	The following students have permission		from school with my child:			
ride h permi mentic child.	arent or guardian signing this form is nome with the person [s] mentione ssion to ride home with another A oned in their Riding Permission forn If you do not want to grant permissio etion [s] it applies to.	d above. If th UA student, the n. Please coordi	e student mentioned above hat student <u>must</u> also have nate with the parent or guar	is granted your child dian of the		
Studer	nt 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.

			Birth [Date	SSN _			
Address		treet		 City	State	Zip code		
	اه	ireet	C	.ity	State	Zip code		
Name of Fath	er		Name	of Mother _				
History (Past il	lnesses and allergies.	Please chec	k those he/she l	has had).				
□ Cancer	•		Rheumatic Fev	Rheumatic Fever		Allergies:		
□ Chicke	n Pox		Scarlet Fever			Asthma		
☐ Diabete	es		Tuberculosis			Hay Fever		
☐ Diphth	eria		Whooping Cou	ugh		Insect Bites		
☐ Epileps	sy		Ear Infections			Penicillin		
☐ Heart I	Disease		Other			Other Drugs		
☐ Measle	es							
1 0	cal problem by chec				, ,)		
Other (specify	y):ONS- An official rec	cord of imr	nunizations mu	st accompany	this medical re	ecord for all stud		
Other (specify IMMUNIZATI entering school	ONS- An official rec	cord of imr	nunizations mu	st accompany	this medical re	ecord for all stud		
Other (specify IMMUNIZATI entering school • State Ir	ONS- An official record for the first time in the munication Record	cord of imr	nunizations mu tates regardless	st accompany of grade level	this medical re Records consi	ecord for all stud		
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Other (specify IMMUNIZATI entering school	ONS- An official record for the first time in the munication Record (mu Physician's Record County Health Department of the Provider Record RY RECORD Type* PPD OTH PPD Other PPD	cord of imme United Solutions and the United S	nunizations mu tates regardless nature, stamp, o ord ther state Given By Impression	st accompany of grade level r initials next Date Read : () norma	this medical re. Records consito each date)	Impression Pos Neg Pos Neg Pos Neg Neg Neg Neg		

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 gen					
Recommendations for addit	tional medical or	dental care		······	
This student may participate jumping, tumblingYe		ysical education	program, which	includes activities such as running,	
If student must be restricted activities that may be permi		ing in activities s	uch as those list	ed above, please indicate physical	
Date	Ph	ysician's signat	ure		
	Ad	ldress			

*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