

# ADMISSIONS PROCEDURE

## Transitional Kindergarten

A prospective student must submit a formal application to AUA. There is no application fee. Students must submit evidence of a successful completion of the previous grade or its equivalent. There must be evidence that there is no outstanding financial obligation to any previous school. Membership in the Seventh-day Adventist Church is not a requirement for admission. **However, only those students who have a sincere desire to grow spiritually, academically, and physically should apply.** A prospective student may be given placement testing prior to admission.

AUA strives to maintain reasonable student-teacher ratios to offer quality instruction. Admission to AUA is a privilege and not a right and may be withheld or withdrawn by the academy at its discretion. AUA does not discriminate based on race, color, national or ethnic origin in the admission of students.

### Step 1: Application Requirements

- Be 5 years old by **December 1, 2025**
- Commitment to academic success
- A demonstrated sincere desire to attend AUA
- Student Application
- Consent to Treatment form
- Self-Medication Administration Consent Form
- Image Release form
- Riding Permission form
- Acceptable Use Policy
- Copy of [Immunization records](#)
- [Report of Health Examination For School Entry](#) filled out by a doctor
- Copy of Birth Certificate
- Financial agreement

### Step: 1: For Transferring Students 2<sup>nd</sup> Semester

- Commitment to academic success
- A demonstrated sincere desire to attend AUA
- Financial Agreement
- Satisfactory Disciplinary and Attendance Records
- Copy of 1<sup>st</sup> semester Report Card
- Student Application
- Transfer of Cumulative Records
- Consent to Treatment
- Self-Medication Administration Consent Form
- Acceptable Use Policy
- Image Release
- Riding Permission
- Copy of [Immunization records](#)
- [Report of Health Examination For School Entry](#) filled out by a doctor
- Copy of Birth Certificate

*All documents must be submitted for your application to be reviewed.*



# TRANSITIONAL KINDERGARTEN CHECKLIST

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

1. Application completed fully.

\_\_\_\_\_ Student Application

\_\_\_\_\_ Consent to Treatment Form

\_\_\_\_\_ Image Release Form

\_\_\_\_\_ Riding Permission Form

\_\_\_\_\_ Acceptable Use Policy

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Report of Health Examination for School Entry

\_\_\_\_\_ Copy of Birth Certificate

2. Financial Clearance Completed: signed finance contract.

I will be applying for financial assistance (Booster Club)

I will not be applying for financial assistance.

3. \_\_\_ Testing by classroom teacher

4. \_\_\_ Approval of admission by Admissions Committee or School Board

## 5. 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:**

6. \_\_\_ Finance Contract Completed

7. \_\_\_ Report of Health Examination Submitted





# ARMONA UNION ACADEMY

Student Application: **Transitional Kindergarten**

## STUDENT INFORMATION

Student Legal Name \_\_\_\_\_  
 Last First Middle

Home Address: \_\_\_\_\_  
 Street City Zip code

Student Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Student Ethnicity: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Please answer each question below:

- Is this student sponsored by an Adventist church member? ( ) Yes ( ) No
- Is this student a baptized member of the Seventh-day Adventist church? ( ) Yes ( ) No
  - If yes, indicate date of baptism: \_\_\_\_\_
  - Please list where membership is held: \_\_\_\_\_
- Does this student have some other church affiliation? If yes, please list: \_\_\_\_\_

## STUDENT EDUCATIONAL INFORMATION

School Last Attended: \_\_\_\_\_  
 Name Address Phone

Please answer each question below:

- Has this student been previously identified as qualifying for a gifted education program?  
 Yes  No If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
 Where? \_\_\_\_\_ By whom? \_\_\_\_\_
- Has this student been previously identified as qualifying for a special education program?  
 Yes  No If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
 Where? \_\_\_\_\_ By whom? \_\_\_\_\_
- Does this student have an unpaid account at another school?  
 Yes  No If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
 Where? \_\_\_\_\_ By whom? \_\_\_\_\_

## EMERGENCY CONTACT (required)

Please list numbers we can reach at any time.

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

**GUARDIAN INFORMATION (required)**

Check all that apply:     Father    Stepdad    Grandparent     Mother    Stepmom    Grandparent

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Membership \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Please list names of other children in the family:

SIBLING NAME	SEX	AGE	SCHOOL ATTENDING
1.			
2.			
3.			
4.			

**STUDENT CONTRACT**

I agree to uphold the school’s regulations. I pledge my cooperation and loyalty to the school and its’ employees. I will live in harmony with the school’s Christian principles.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**PARENT CONTRACT**

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at grade 9, and d) other financial educational obligations for this student.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

# CONSENT TO TREATMENT

## 2025-2026

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 \_\_\_\_\_  
Work Number Home Number Cellular Number

Mother/Guardian \_\_\_\_\_  
Work 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 \_\_\_\_\_

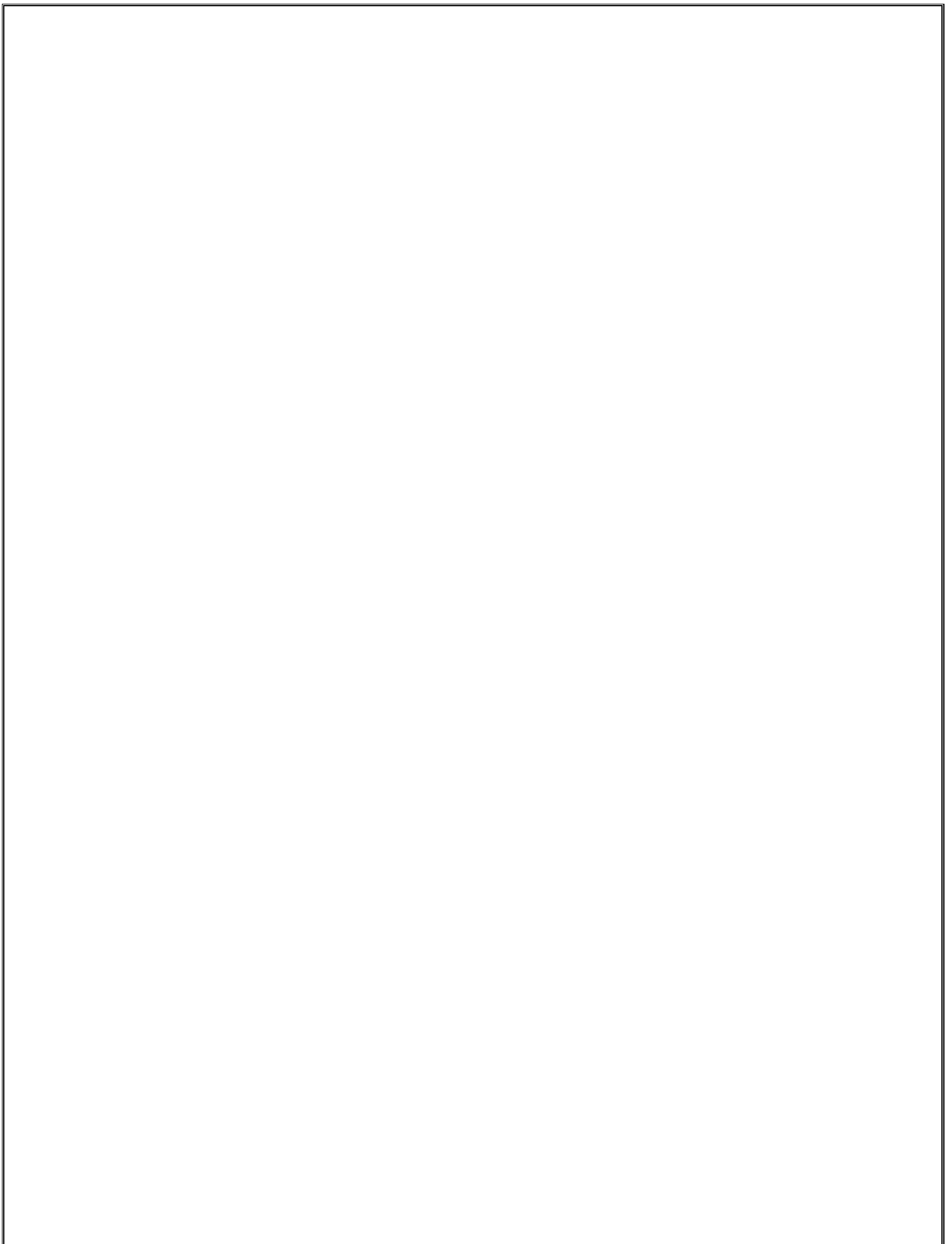
Address \_\_\_\_\_

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: \_\_\_\_\_





# SELF-MEDICATION ADMINISTRATION CONSENT FORM

2025-2026

Instructions: This form must be filled out and signed annually by the student's parent or guardian before the student will be allowed to carry and administer medication.

Student's Full Name \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

School of Attendance: Armona Union Academy

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

Teacher Name: \_\_\_\_\_

Work: \_\_\_\_\_

Parent's Phone: Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Medication (s) 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# SELF-MEDICATION ADMINISTRATION CONSENT FORM

2025-2026

Agreement Statement:	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"><li>1. I agree to assume responsibility for sending my child's medication in its original prescription container.</li><li>2. I agree to make certain that my child takes responsibility of taking the medication as prescribed.</li></ol> <p>I also agree that the Central California Conference, the school and/or their employees shall not be liable for loss, damage, injury or liability of any kind to any person caused or arising from acts, omissions, or negligence of the school or its employees relating to the self-administered medication by my child.</p>
Parent/Guardian Agreement	<p>I have read and understand this form and consent to the above provisions.</p> <p>Signature: _____</p> <p>Date: _____</p>
Student Agreement	<p>I agree and feel competent to take my own medication as prescribed. I will not at any time share my medication with another student and I will keep it secure from other students.</p> <p>Signature: _____</p> <p>Date: _____</p>
Physician Agreement	<p>This student is under my care and needs to carry this medication with him/her at school. I have given the student instructions for administration of this medication and give authorization for the self-administration of this medication.</p> <p>Name of Physician: _____</p> <p>Signature of Physician: _____</p> <p>Date: _____</p>

**IMAGE RELEASE FORM**  
**2025-2026**

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 the 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.

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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: \_\_\_\_\_  
\_\_\_\_\_

Cellphone: \_\_\_\_\_

Student 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.**

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



# Riding Permission

2025-2026

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 grants 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 \_\_\_\_\_



**ACCEPTABLE USE POLICY [96-79] (Internet)**  
**2025-2026**

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