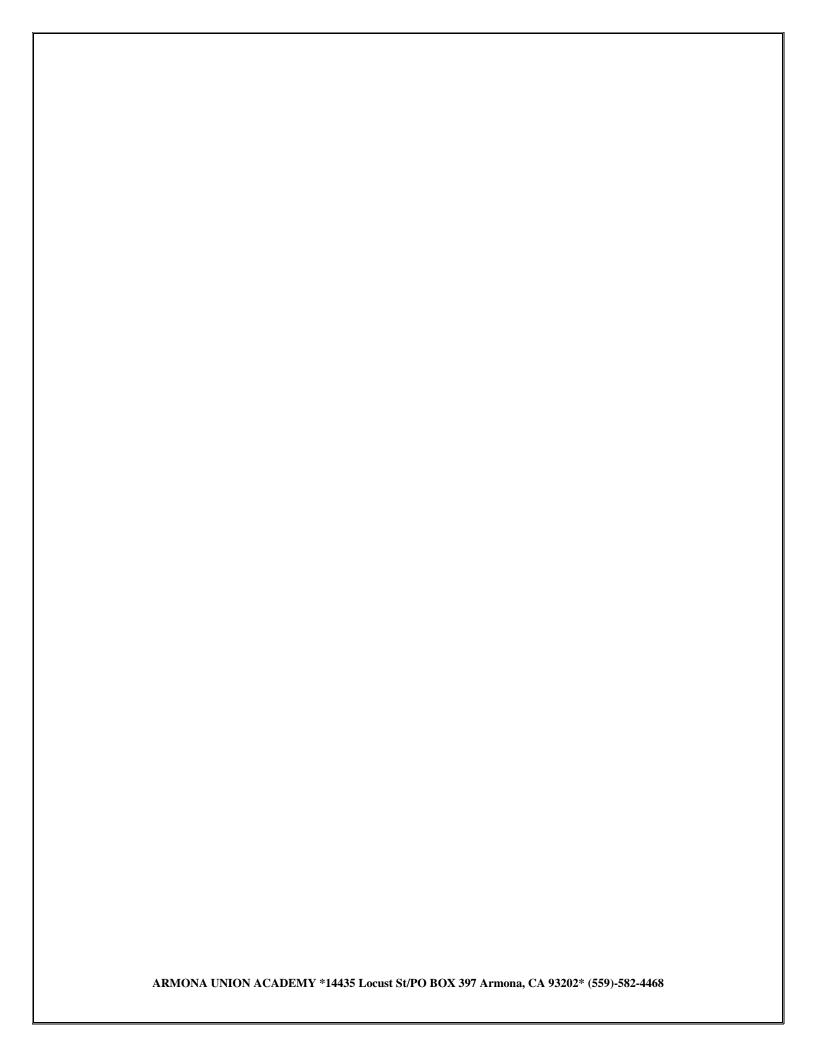
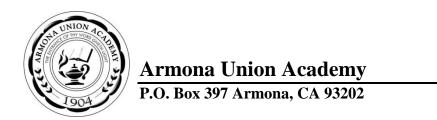
New Student Registration Checklist

High School

2018-2019

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	
Immunization Records	
Birth Certificate	
Student Medical Record/Physician Examination Form	
Sports Physical Form completed by Physician (Students part	icipating in sports)
Automobile Regulations Form	• 5 •
Financial Clearance Completed (Appointment with Finance Of Completed)	fice & Financial Contract
3 Receipt and review of favorable letter of recommendation	
4 Receipt and review of last semester grades/school records	
5 Interview with Principal	
6 Approval of admission by Admissions Committee or School Bo	oard
7 Class Schedule	
8 Graduation Checklist completed	
9 Locker Assignment	
10. Parking assignment and car registration	





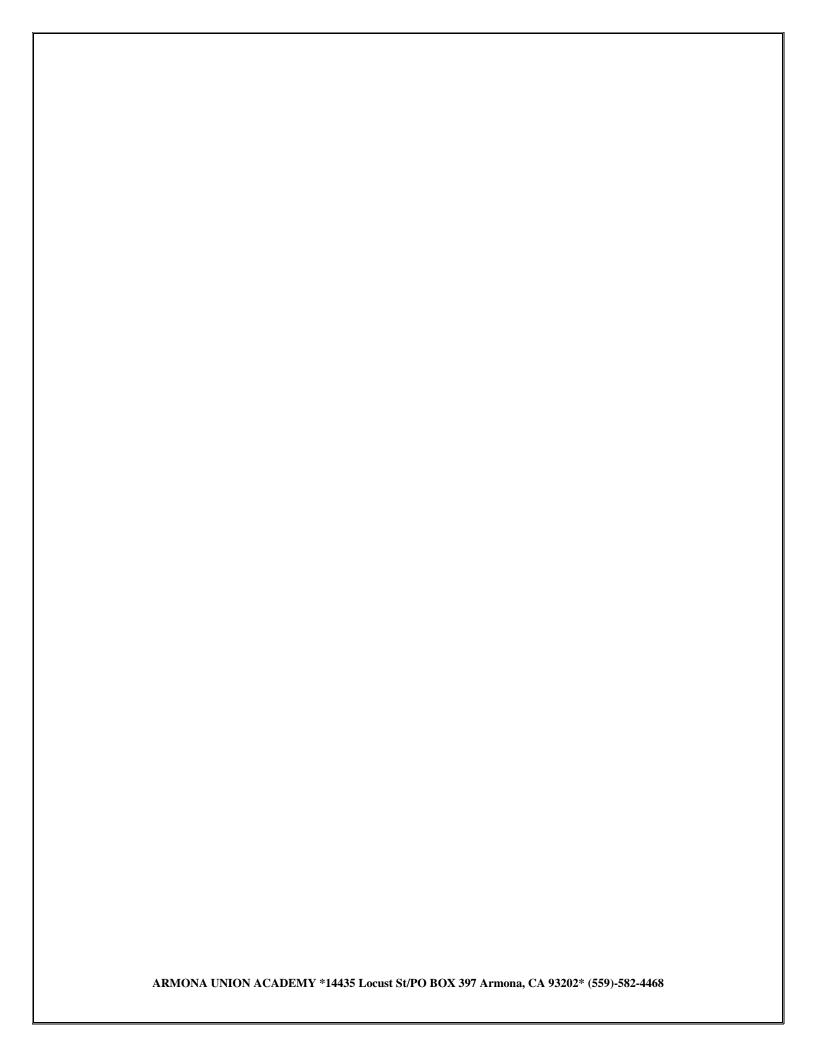
Transfer of Pupil Records

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:		
ast Name: First Name		
Date of birth:	Student Grade Level:	
Name of School Student is leaving	: Records Being Requested:	
	Medical & Health Records	
Address:	Cumulative Folder & Transcripts	
Fax:	Psychological Testing & Special	
Phone:	Education Placements	
Signature of Parent of Guardian, or st	tudent if over 18 years of age. Date	_
Date First Request Sent	Date Second Request Sent	
Sincerely,		
Diana Meneses, Secretary		

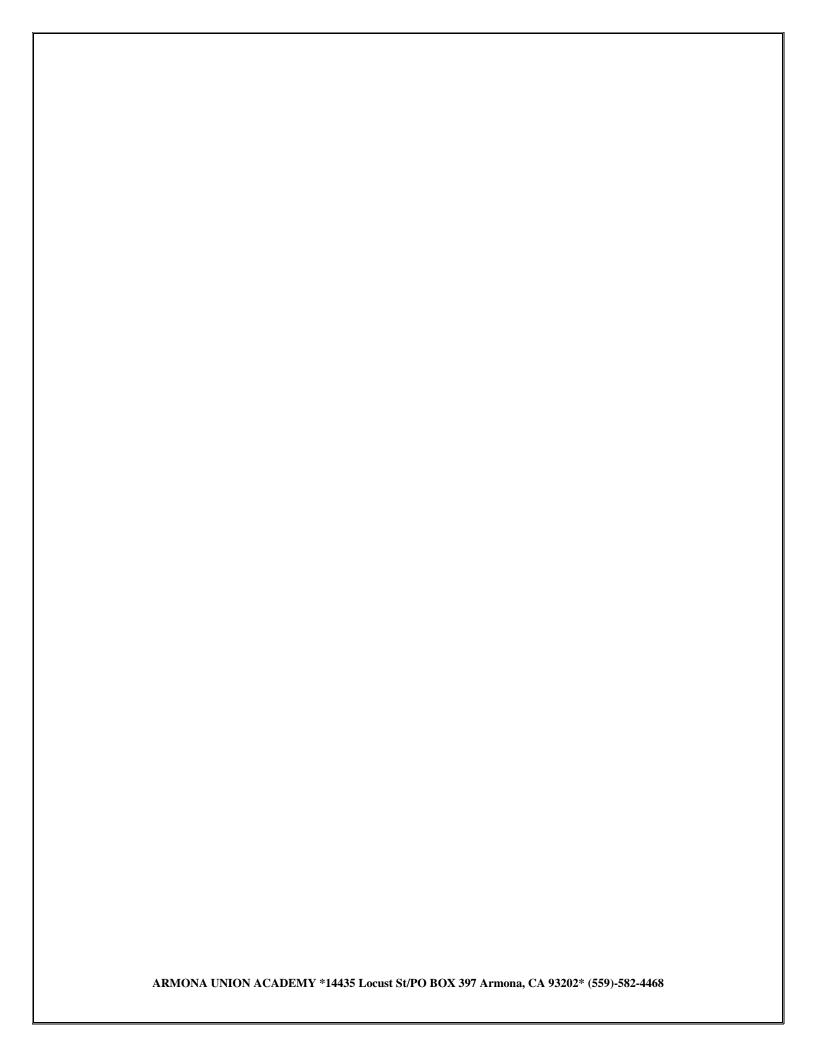
ARMONA UNION ACADEMY *14435 Locust St/PO BOX 397 Armona, CA 93202* (559)-582-4468



CONSENT TO TREATMENT 2018-2019

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			
Address	mo. day			
Parent/C	Guardian's Name			
Father/C	Guardian Business Number	Home Number	Cellular Number	
Mother/	Guardian Business Number	Home Number	Cellular Number	
Please d	escribe allergies to substances and med	ication.		
If on reg	gular medication, please specify	Date of last T	Cetanus shot	
	ive the name of your local family physical at school and you cannot be reached.	cian(s) to be called in case your son or	daughter becomes ill or has an	
1.	Family Physician	Office Tel	lephone	
	Address			
2.	Family Physician	Office Tel	lephone	
	Address			
Hospital	preference	Telephon	e	
	ive the names of two relatives or friends llness or accident until you can be reach			
1.	Name	Telephon	ne	
	Address			
2.	Name	Telephon	ne	
	Address			
reached student	for consent, the parents hereby consen	nt to the rendering of such emergency	parent nor the family physician can be medical service for the above named This authorization is given pursuant to	
Signatur	re of Parent or guardian:		_ Date:	



ACCEPTABLE USE POLICY [96-79] (Internet) 2018-2019

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 Signature	Date	_	
to access networked computer ser individuals and families may be h materials on the Internet may be o	rvices such as electronic maneld liable for any inapproprobjectionable, but I accept restl conveying standards for my	rant permission for my son or daughter il and the Internet. I understand that iate behavior. I understand that some sponsibility to work with the school in child to follow when selecting, sharing	
Parent Name	Phone Number		
Parent Signature	Date		

IMAGE RELEASE FORM 2018-2019

Dear Parent/Guardian:

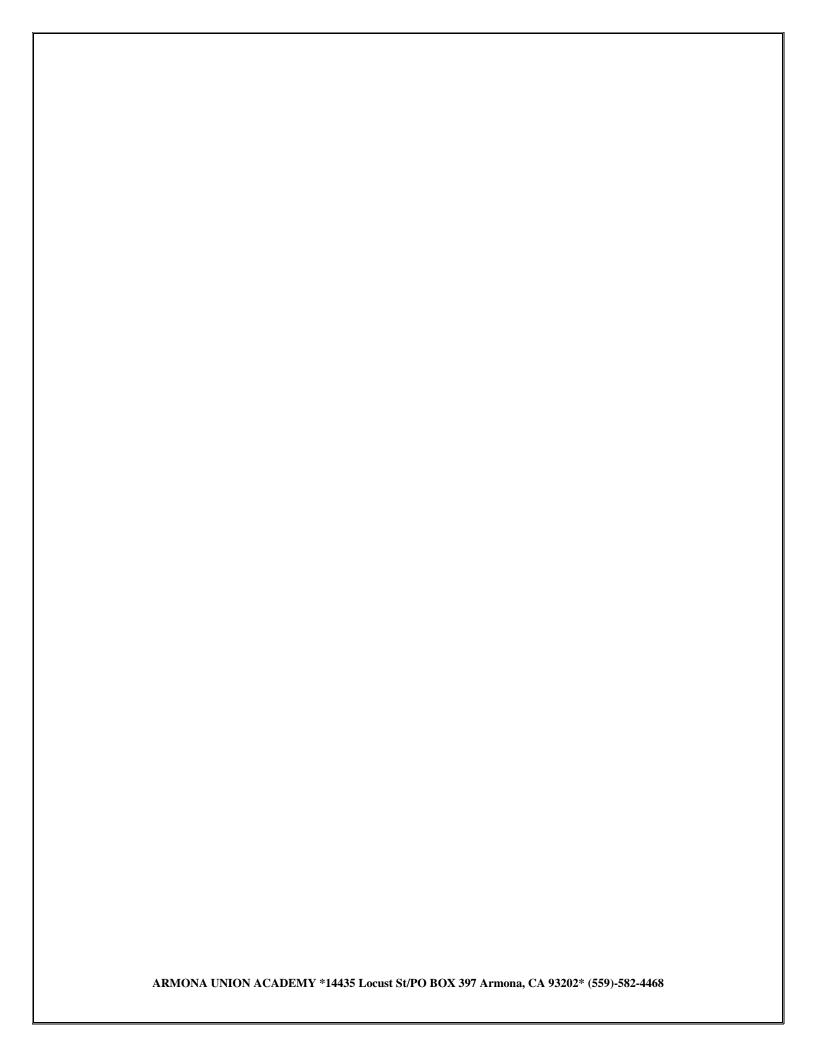
During the school year, our school will hold events that the news media, the school and the conference may like to feature. A representative may be on campus to gather photographs and/or video footage highlighting the event and featuring the faces of Armona Union Academy. We value your child's participation, 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.

and other information (or that of family members advertising, publicity, publication or distribution in	disted below, as well as my likeness, photos, videos who are minors) for the purpose of news releases, any manner whatsoever. I further consent to such tions, or additions thereto. I hereby release Armona
Dated this day of	, 20
Parent/Guardian's name (please print)	·
Parent/Guardian's signature Address:	
Telephone Number:	
1.)	3.)
2.)	4.)

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. **



Student Medical Record 2018-2019

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				
	Street	City	State	Zip code
Name of Father		Name of Mo	ther	
History (Past illnesses and aller	rgies. Please chec	ck those he/she has had).	
☐ Cancer		Rheumatic Fever	Allergi	ies:
☐ Chicken Pox		Scarlet Fever		Asthma
□ Diabetes		Tuberculosis		Hay Fever
□ Diphtheria		Whooping Cough		Insect Bites
☐ Epilepsy		Ear Infections		Penicillin
☐ Heart Disease		Other		Other Drugs
☐ Measles				C
Indicate physical problem by	y check: Hearin	ng() Heart() S	Sight () Speech ()
Indicate physical problem by Other (specify):)
Other (specify):				
Other (specify):IMMUNIZATIONS- An offic	ial record of imi	nunizations must acco	mpany this medical r	ecord for all stu
Indicate physical problem by Other (specify): IMMUNIZATIONS- An officentering school for the first tim State Immunization Re	ial record of imme in the United S	nunizations must acco	mpany this medical r	ecord for all stu
Other (specify):IMMUNIZATIONS- An officentering school for the first time	ial record of imme in the United Secord	nunizations must acco tates regardless of grad	mpany this medical r le level. Records cons	ecord for all stu
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Other (specify): IMMUNIZATIONS- An office entering school for the first time. • State Immunization Record Physician's Record County Health	ial record of imme in the United Secord d (must have sign ecord a Department Rec	nunizations must acco tates regardless of grad nature, stamp, or initial	mpany this medical r le level. Records cons	ecord for all stu
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() no

Person is free of communicable tuberculosis () yes

Signature/Agency _

X-RAY

PHYSICIAN'S EXAMINATION

Height:	Weight	:		Blood Pressure:
	Normal	Abnormal	Not Examined	Explain Abnormalities:
Skin				T
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				T
	itional medical o	or dental care		ch includes activities such as running,
jumping, tumblingY		nysicai educatioi	n program, winc	in includes activities such as running,
If student must be restricte activities that may be pern	• •	•		sted above, please indicate physical
Date	P	hysician's sign	ature	

*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 2018-2019

STUDENT NAME				
** * * * .	First		liddle	Last
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 go	eneral appearanc	ce of the child		
Recommendations for add	itional medical or	dental care		
Athletics allowed:				
	unning races			
☐ Flag Football				er Hockey
	olleyball			
	asketball		□ Base	
	occer		□ Tenn	18
□ 11	rack & Field			

Comments:	
I hereby certify that I have examined the above= reason why he/she is not able to complete in sup	named Student and there appears to be no medical pervised interscholastic activities.
Doctor's Name:Printed	Signature
Address	
Phone	
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.

Automobile Regulations and Riding Permission 2018-2019

(Parents and Students must sign these regulations even if the student won't be driving a car to school)

	iding consent nt Name				
	Has permission to ride to and from school wit	h the following student(s) / adult(s):			
	The following students have permission to ric	de to and from school <u>with</u> my child:			
campi portio	All students in grades 9-12 must make arrangements with the administration and sign out before leaving campus. <i>NO EXCEPTIONS!</i> If your student will be driving to school please complete the bottom portion of this form. A copy of insurance coverage must be submitted to the office before a student drives to school.				
Auto 1	personal property stolen from vehicle. 3) Vehicles are not to be used during school how the vehicles are not to sit in or loiter about the vehicles. 5) Permission will not be granted for a student a) Leave campus in a borrowed vehicle b) Ride with another student without the vehicles.	AUA does not assume any responsibility for damage or ours except by special permission of the principal. Vehicles during school hours, lunchtime or after school. to: le written permission from parent nan parents, or established ride without written parental			
I agre	e to support and comply with the above auto	regulations.			
Studer	nt Signature	Date			
Parent	Signature	Date			
All ve		stered and parked in the assigned parking space. ke of Car			
Car Li Insura: Studer specifi	cense # nce Co. Name and Policy # nts using cars at school are required to carry the ed.	minimum coverage that the State of California has			