Step 1: Application Requirements

Phone: 559-582-4468

Fax: 559-582-6609

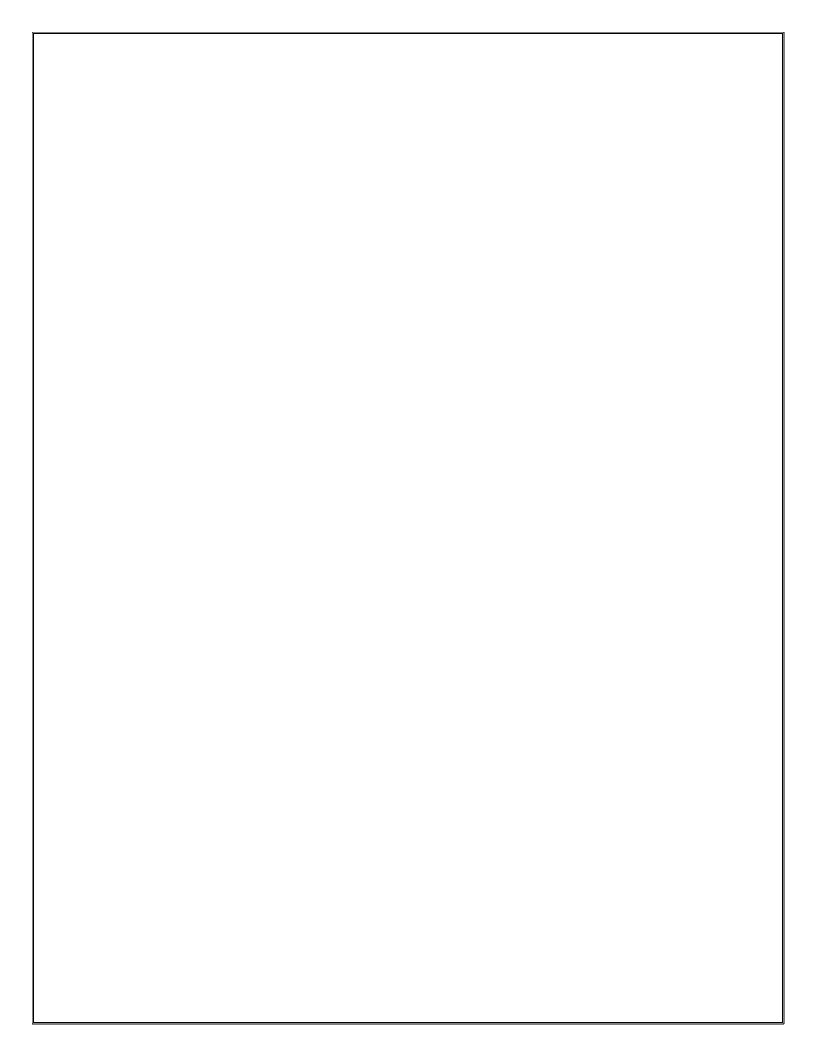
ADMISSIONS PROCEDURE

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.

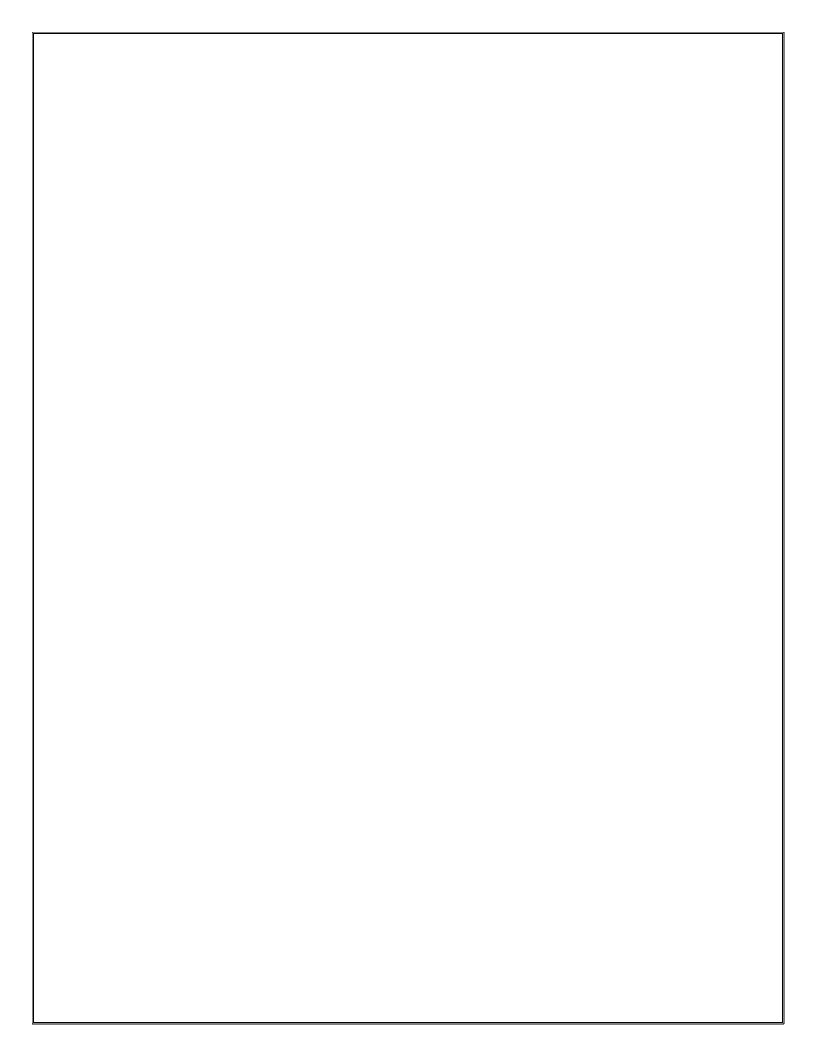
AUA strives to maintain reasonable student-teacher ratios to offer quality instruction. Admission to AUA is a privilege and not a right and may be withheld or withdrawn by the academy at its discretion. AUA does not discriminate based on race, color, national or ethnic origin in the admission of students.

1 - 11 1
☐ Be 5 years old by September 1 st
☐ Commitment to academic success
☐ A demonstrated sincere desire to attend AUA
☐ Student Application
☐ Consent to Treatment form
☐ Image Release form
☐ Riding Permission form
☐ Acceptable Use Policy
☐ Copy of <u>Immunization records</u>
☐ Report of Health Examination For School Entry filled out by a doctor
☐ Copy of Birth Certificate
☐ Financial agreement
Step: 1: For Transferring Students 2 nd Semester
☐ Commitment to academic success
☐ A demonstrated sincere desire to attend AUA
☐ Financial Agreement
☐ Satisfactory Disciplinary and Attendance Records
☐ Copy of 1 st semester Report Card
☐ Student Application
☐ Transfer of Cumulative Records
☐ Consent to Treatment
☐ Acceptable Use Policy
☐ Image Release
☐ Riding Permission
☐ Copy of <u>Immunization records</u>
☐ Report of Health Examination For School Entry filled out by a doctor
☐ Copy of Birth Certificate



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. If you will be applying for financial assistance, you will be contacted in May 2024 to set up 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 2024. 3 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





STUDENT INFORMATION Student Legal Name First Middle Last Home Address: City Zip code Street Student Email Address: ______Place of Birth: ______ Age: _____ Sex: _____ Date of Birth: Grade applying for: _____ Student Ethnicity: Please answer each question below: 1. Is this student sponsored by an Adventist church member? () Yes () No 2. Is this student a baptized member of the Seventh-day Adventist church? () Yes () No a. If yes, indicate date of baptism: _____ b. Please list where membership is held: 3. Does this student have some other church affiliation? If yes, please list: STUDENT EDUCATIONAL INFORMATION School Last Attended: _____ Address Name Phone Please answer each question below: 1. Has this student been previously identified as qualifying for a gifted education program? ☐ Yes ☐ No If yes, what kind? _____ When? ____ Where? _____ By whom? 2. Has this student been previously identified as qualifying for a special education program? ☐ Yes ☐ No If yes, what kind? _____ When? ____ Where? By whom? ___ 3. 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:

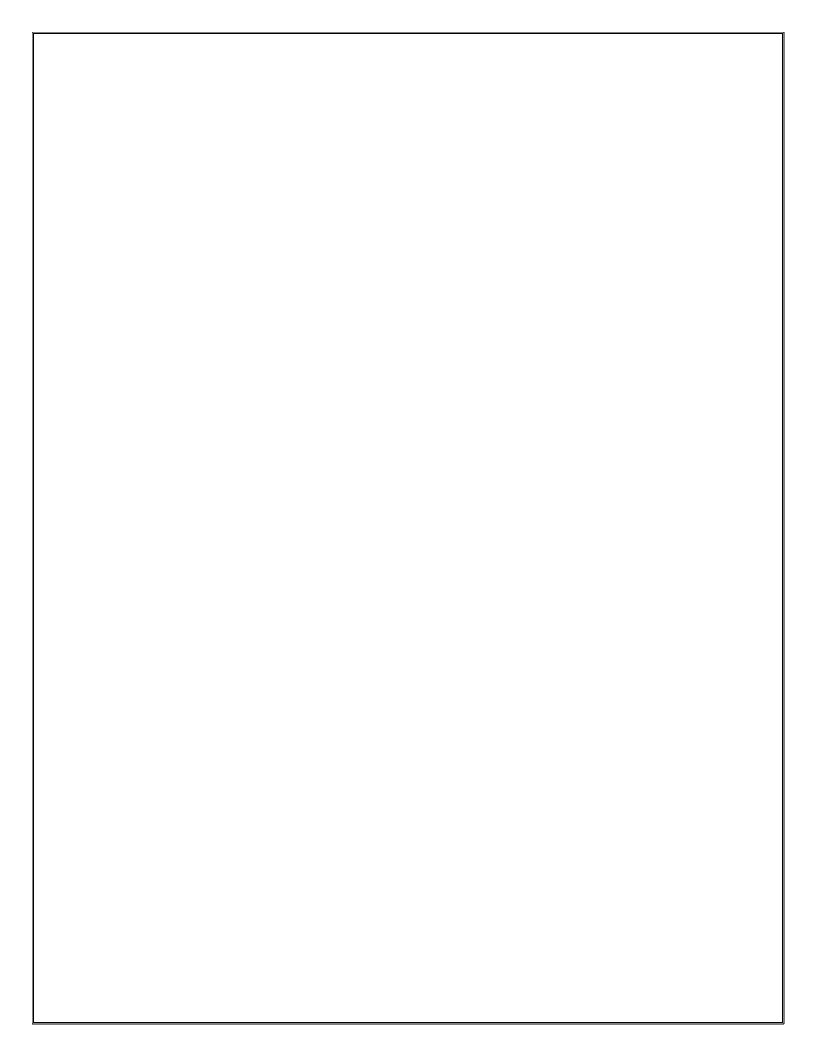
Relation to
Student:

heck all that apply:	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:				<u> </u>
Denomination:				
Church				
Membership				
Ethnicity:				
lease list names of a	ther children in the fam	ilv.		
	G NAME	SEX	AGE	SCHOOL ATTENDING
1.	G NAME	SEA	AGE	SCHOOL ATTENDING
2.				
3.				
4.				
-			-	ooperation and loyalty to the school and its
mployees. I will live			S CIII ISUI	
	udent Signature		S CIII ISUI	Date
Str PARENT CONTRA hereby agree to s examination reports	CT upport school regula s for this student, a) e	ntering	d to hel school fo	

CONSENT TO TREATMENT 2024-2025

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.

Studer	nt's Name			
Age _	Date of Birth		·	
Addre	mo. day	yr. 		
Parent	t/Guardian's Name			
Father	:/Guardian			
	Work Number	Home Number	Cellular Number	
Mothe	er/Guardian Work Number	Home Number	Cellular Number	
Please	describe allergies to substances and r	nedication.		
If on r	regular medication, please specify	Date o	of last Tetanus shot	
	give the name of your local family pleident at school and you cannot be read		son or daughter becomes ill or has	
1.	Family Physician	Off	Office Telephone	
	Address			
2.	Family Physician	Off	fice Telephone	
	Address			
Hospi	tal preference	Te	elephone	
son/da	e give the names of two relatives or fri- nughter in case of illness or accident un the school in writing.			
1.	Name	Te	elephone	
	Address			
2.	Name	Τε	elephone	
	Address			
physic for the	ergency service involving medical actician can be reached for consent, the page above named student as shall be necessization is given pursuant to the local state.	rents hereby consent to the rendering essary in the medical opinion of the	g of such emergency medical service	
Signat	ture of Parent or guardian:		Date:	



SELF-MEDICATION ADMINISTRATION CONSENT FORM 2024-2025

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:	
Parent's Phone:	Work: Cell: Home:
Medication (s)	1

SELF-MEDICATION ADMINISTRATION CONSENT FORM 2024-2025

Agreement Statement:	 I understand and agree to the following: I agree to assume responsibility for sending my child's medication in its original prescription container. I agree to make certain that my child takes responsibility of taking the medication as prescribed. 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.
Parent/Guardian Agreement	I have read and understand this form and consent to the above provisions. Signature: Date:
Student Agreement	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. Signature:
Physician Agreement	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. Name of Physician: Signature of Physician: Date:

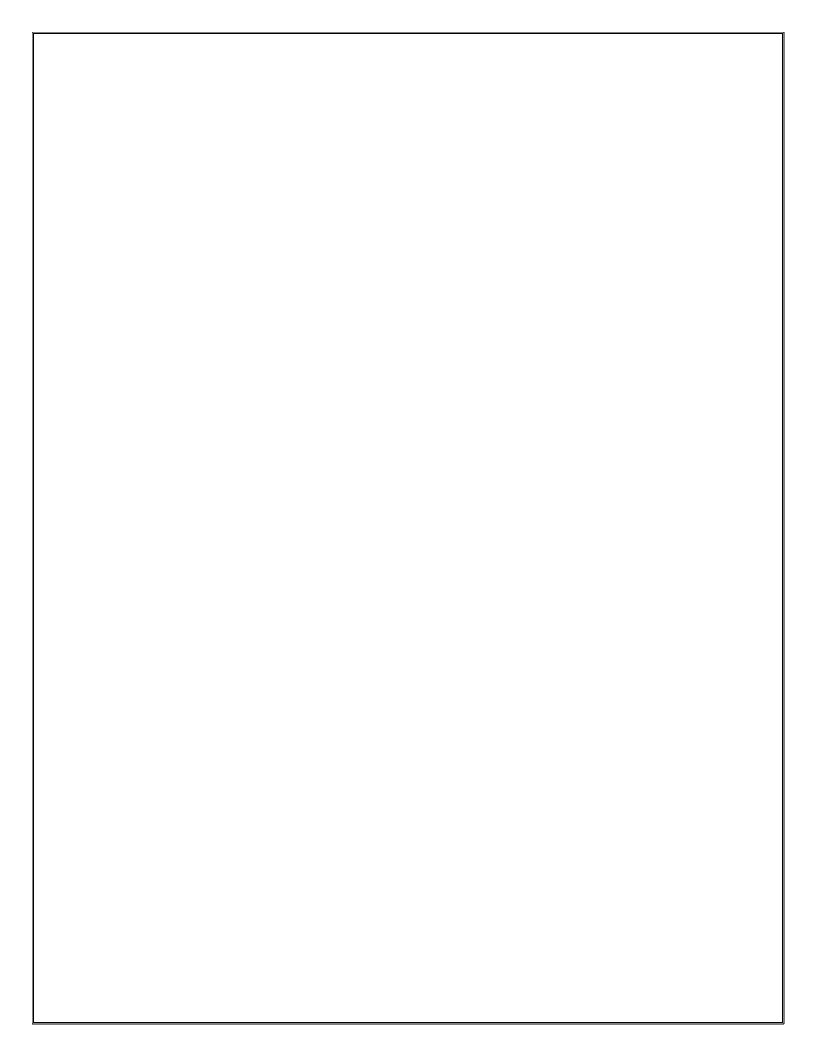
IMAGE RELEASE FORM 2024-2025

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 contact	ing our main office at (559) 582-4468.
I hereby consent and authorize Armona Union Adnames of my family members who are minors, videos and other information (or that of family meleases, advertising, publicity, publication or deconsent to such use in their present form and to hereby release Armona Union Academy from all	as listed below, as well as my likeness, photos, tembers who are minors) for the purpose of news istribution in any manner whatsoever. I further any changes, alterations, or additions thereto. I
Dated this day of	, 20
Parent/Guardian's Name (please print)	Parent/Guardian's signature
Address:	
Cellphone:	
Student to whom the release applies (students no	t 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.

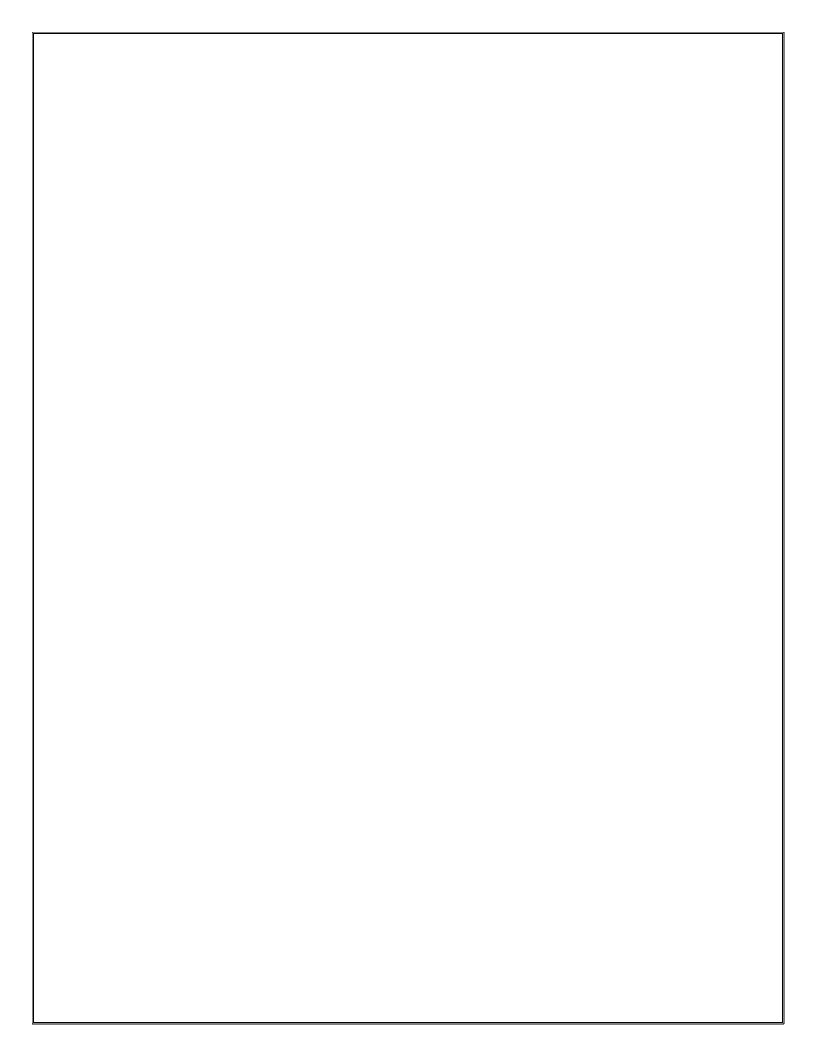
** Please return to the school office on or before the first day of school. **



Riding Permission

2024-2025

Auto r	iding consent	
Studen	nt Name	Grade:
	Has permission to ride to and from school v	with the following student(s):
	Has permission to ride to and from school v	with the following adult(s):
	The following students have permission to	ride to and from school with my child:
to ride permi mention of the	e home with the person [s] mentioned above ssion to ride home with another AUA stu- oned in their Riding Permission form. Ple	ts permission for the above-mentioned child ye. If the student mentioned above is granted dent, that student <u>must</u> also have your child ease coordinate with the parent or guardian on for your child to ride with anyone, simply
Studen	nt Signature	Date
Parent	Signature	Date



ACCEPTABLE USE POLICY [96-79] (Internet) 2024-2025

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

User Agreement and Parent Pern	nission Form	
As a user of the school's comput communicating over the network restrictions.		
Student Name	Birth Date	Grade Level
Student Signature	Date	
As the parent or legal guardian of daughter to access networked con understand that individuals and fa understand that some materials on the work with the school in guidance of follow when selecting, sharing or expectations.	nputer services such as electromilies may be held liable for a he Internet may be objectionable f Internet use setting and convey	nic mail and the Internet. I any inappropriate behavior. I , but I accept responsibility to
Parent Name	Phone Number	
Parent Signature	Date	