

Home of the Panthers

ANDERSON VALLEY JR/SR HIGH SCHOOL

Post Office Box 130
Boonville, California 95415
(707) 895-3496 - 895-3497
Rancheria High - 895-3151

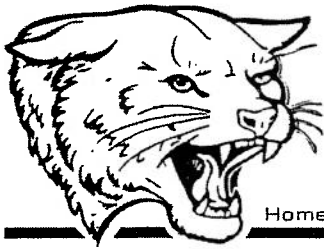
Anderson Valley Jr/Sr High School Enrollment Form

1. Student full name _____
2. Grade level _____
3. Birth Place _____
4. Birth Date _____
5. Home Language _____
6. Ethnicity _____
7. Physician Name _____
8. Physician Telephone Number _____
9. Mailing Address _____
10. Physical Address _____
11. Parent's highest grade level completed _____
12. Mothers full name _____
 - a. Home Phone _____
 - b. Work Phone _____
 - c. Cell Phone _____
13. Fathers full name _____
 - a. Home Phone _____
 - b. Work Phone _____
 - c. Cell Phone _____
14. Emergency Contact #1 full name _____
 - a. Phone Number _____
15. Emergency Contact #2 full name _____
 - a. Phone Number _____
16. *Parent link notification preference and telephone number _____

* Parent link is an automated service that our district uses to notify parents of student absences and notifications. Notification is available in text or voice form, please indicate your preference.

In case of medical emergency, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and follow instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.

Signature Parent/Guardian _____ Date _____



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Name of Student: _____

Please check if your child has any of the following conditions:

Asthma ___ Diabetes ___ Allergic to: _____ Seizures ___ Wears glasses ___ Has hearing loss ___

Takes medications(what) _____ (when) _____ (for) _____

Other health information _____

In case of an Accident or Serious illness, I hereby authorize the school to call the

Physician _____. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Please read and initial each item below that you agree with and sign at the bottom.

___ **Health Screening** - I do agree to have my son/daughter screen for:

Scoliosis ___ Vision ___ Hearing ___ Dental ___

___ **Student Use of Technology** - I, the undersigned, parent/guardian, have received and signed Acceptable Use Agreement.

___ **Transportation to school Activities** - My son/daughter may be transported to and from school and, to and from school sponsored activities and field trips within Anderson Valley.

___ **Notification Certification** - I have received parent notification of my rights and responsibilities (pursuant to Education Code 48980). Signing this certification does not indicate consent has been given or withheld to any particular program.

___ **Pesticide Notification/Health School Act** - I understand that, upon written request, the school district is required to supply information about individual pesticide application at least 72 hours before application.

___ **Student Injuries and Insurance** - I understand that my child's school does not provide medical insurance coverage for school activities. Parents are responsible for medical bills if a child gets hurt during school activities. Student accident insurance is available through the school. See main office for application.

___ **Release for Photographs, Video/Audio/Digital Recordings of Students Enrolled in AVHS Classes** - I understand these recordings are being produced for educational purposes and may be used for the following: display on educational website(s), classroom use, yearbook, school and community brochures, newspapers, presentations to individuals and agencies over funding allocations for schools.

___ **Counseling** - I give permission for my son/daughter to receive personal counseling services through Anderson Valley Unified School district. If your child will be receiving ongoing counseling, the parent will be notified by the counselor.

___ **Family Life & Drug Education** - My child may participate in Family Life Education and alcohol, tobacco, and drugs information. I understand I may review all educational materials prior to presentation.

___ **California Healthy Kids Survey** - My child may participate in this survey, I understand the survey is confidential and anonymous. The survey will be scored and evaluated by West Ed.

I acknowledge that I have read, understand, and indicated my choices in all of the above matters.

Signature of Parent of Guardian

Date

Authorization for Administering Medication

The California Education Code allows pupils to take physician-prescribed medication during the regular school day, provided the school district has received:

1. *A written statement from the physician that identifies the medication, the dosage, the administration method and the schedule.*
2. *A written statement from the pupil's parent or guardian asking the school district to assist the pupil in the manner set forth in the physician's statement.*
3. *Medication in an appropriately labeled prescription container.*

Child's name _____

School _____ **Date** _____

Physician's Statement

I have prescribed the following medication for the above-named child:

Medication _____

Dosage _____

Administration method _____

Schedule _____

The school should be aware of the following possible side effects:

Signature of Physician

Date

Parent or Guardian's Statement

I hereby give permission for the designated school personnel to administer the above medication to my child.

Signature of Parent or Guardian

Date

HOME LANGUAGE SURVEY

Date/Fecha

English

School/Escuela

USO DEL IDIOMA EN EL HOGAR

Español

Teacher/Maestro (s)

The California Education Code requires schools to determine the language(s) spoken at home by each student, this information is essential in order for schools to provide meaningful instruction for all students.

El Código de Educación de California requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you.

Le pedimos su cooperación en ayudarnos a cumplir este requisito importante. Por favor conteste las siguientes preguntas y haga que su hijo o hija devuelva esta forma a su maestro. Gracias por su ayuda.

Name of student:

Nombre del alumno: Last/APELLIDO First/Primero Middle/Segundo Grade/Grado Age/Edad

1. Which language did your son or daughter learn when he or she first began to talk? Cuando su hijo(a) empezó a hablar ¿Cual idioma aprendió primero?

2. What language does your son or daughter most frequently use at home? ¿Cual idioma usa principalmente su hijo(a) cuando conversa en la casa?

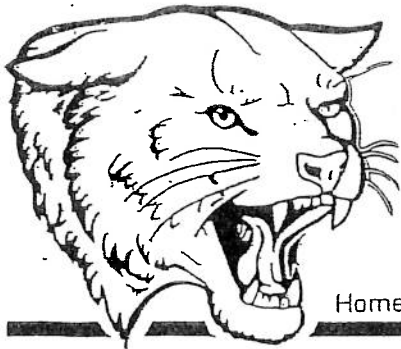
3. What language do you use most frequently to speak to your son or daughter? ¿Cual idioma usa usted con mas frecuencia cuando habla con su hijo(a)?

4. Name the language most often spoken by the adults at home: ¿Cual idioma hablan los adultos con mas frecuencia en la casa?

State of California Department of Education

ph

Signature of parent or guardian Firma del padre o tutor



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Post Office Box 130
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Fax (707) 895-3153

Request for Release of School Records

To: Registrar/Records

School of Last Attendance _____

City _____ State _____ Zip _____

School Phone _____ Fax _____

The following student is enrolling:

Student Name _____

DOB _____ Enrolling Grade _____

To facilitate enrollment, please fax at your earliest convenience:

- Immunizations
- Transcripts
- This cover sheet – with bottom questions completed

As soon as possible, please send all records including:

- CUM folder
- Health Information
- Psychological testing
- Special Ed files

Please answer the following questions about this student:

Has the student ever been expelled?	_____ Yes	_____ No
Has the student ever been suspended?	_____ Yes	_____ No
Does the student receive Special ED services?	_____ Yes	_____ No

Requesting Person _____ Date _____