

Entry Date _____ Grade _____	RR _____ SS _____ Immz _____ Pink Card _____	IEP (Y) (N) Speech (Y) (N) Fees pd \$ _____ Waiver SIS _____
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New Student Registration
2014-2015
(PLEASE PRINT CLEARLY)

Student's Legal Name (found on birth certificate) _____
Last
First
Middle

Student's Preferred Name _____

Birthdate (mm/dd/yyyy) ____/____/____ Gender (M) (F) Is the primary language spoken in the home English? (Y) (N)

If NO, indicate primary language _____

Address _____ Apt # _____ City, Zip _____

Mailing Address (if different from above) _____

Main Contact # (____) _____ (Home) (Cell) Student's email address (optional) _____

Ethnicity: Are you Hispanic/Latino? (Y) (N) Race: American Indian – Tribe _____ Asian Black White
Pacific Islander

Student lives with (circle one): Both parents Mother Father Mother/Stepfather Father/Stepmother Guardian
 Email Correspondence should be sent to (choose one): Mother Father Both parents w/same email Both parents w/different emails

Circle One:
 Mother/Stepmother/Guardian _____ Contact # _____
 Email _____

Circle One:
 Father/Stepfather/Guardian _____ Contact # _____
 Email _____

Emergency Contact (other than parent) _____ Contact # _____
 Student can be released to this Contact (Y) (N)

Emergency Contact (other than parent) _____ Contact # _____
 Student can be released to this Contact (Y) (N)

~ Does your child have an Individualized Education Plan (IEP)? (Y) (N) Speech (Y) (N)
 ~ Is your child currently suspended/expelled or has ever been suspended/expelled from school? (Y) (N)

List any health conditions (allergies, handicaps, etc.) _____

My child and I have read and agree to the Welcome letter, Discipline Policy, Uniform Policy, Attendance Policy and Vista Mission Statement that are posted on the Vista School website. Parent initials _____ Student Initials _____

I hereby certify that the information is true and correct to the best of my knowledge. Any falsification of the information may result in the cancellation of the enrollment.

Signature of Parent or Legal Guardian _____ Date _____



Vista School
585 East Center Street, Ivins, UT 84738
(435) 673-4110 Fax (435) 256-6433
vistautah.com

Release of Permanent School Records

Previous School Attended

School Name _____

Address _____

Phone # _____ Fax # _____

School District _____

Student Name	Grade (2014-2015)	Birthdate

*In Compliance with Family Education Rights and Privacy Act of 1974, which requires consent for the release of certain information, I hereby give consent for release to Vista School the records and reports indicated below:

Special Education Records (include Speech only records)

Psychological Reports

504 plans

Parent/Guardian Signature _____ Date _____

For Vista Use Only	
Requested Records	_____
Received Records	_____

*Medical Examinations are required for Kindergarten students and recommended for 6th grade.



Vista Charter School
585 E. Center Street, Ivins, UT 84738
Office: 435-673-4110
Fax: 435-256-6433

SCHOOL PHYSICAL EXAMINATION RECORD

Physician's Signature: _____

Physician's Name: _____

Address: _____

City _____ State _____ Zip _____ Phone: _____

Student Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Birthdate _____ Weight _____ Height _____

Normal=O Watch=X Medical Attention=X Needs Urgent Attention=XXX

Nutrition: HGB: _____

Ears _____

Skin & Scalp _____

Nose _____

Neck:

Cervical Glands: _____

Throat _____

Thyroid _____

Heart _____

Eyes:

Vision R _____

Lungs _____

Vision L _____

Abdomen _____

Lazy Eye Screen _____

Orthopedic _____

Findings and Recommendations: _____

VISION SCREENING PERMISSION SLIP

Vision screenings to screen your child for possible visual problems such as Amblyopia (lazy eye) will be conducted at your child's school or head start this school year.



Vision screenings are required by Utah State Law (see reverse side) for all children in classes of preschool, kindergarten, 1st, 2nd & 3rd grades.

Utah State law requires children to provide proof they had a vision screening *within a year prior to enrollment* if entering kindergarten or any child entering a Utah school for the first time in older grades up to age 8 years.

Many pediatricians, and Head Starts provide this proof as they conduct vision screenings at their locations and during medical physicals. It is each child's parent/guardian's responsibility to comply with the law to provide this proof of a vision screening. This proof is needed along with immunizations records.

If children cannot see the blackboard, they cannot learn.

Children often do not complain of poor vision whereas they may have seen everything in the same manner for years and are not aware the world doesn't look the way they see it. Amblyopia is a common, but not always obvious, eye defect which must be identified before the age of seven for the most effective treatment. If not treated early and promptly, permanent visual loss may occur.



If your child wears glasses or contacts, PLEASE be sure your child brings the glasses on the day of the vision screening. Children's eyes can change in as short of time as 6 months and my need to see their eye doctor for a new prescription.



Please complete the following portion and return this form to your child's school. Your permission/denied permission must be documented for the year.

_____ I do give permission _____ I do not give permission for my child,

(Please PRINT child's legal first and last name)

To receive a vision screening consistent with the requirements of Utah Law for vision screening. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.

Signature of Parent or Legal Guardian

Date



My child wears glasses: _____ Yes _____ No

Vista Parents,
Please complete this required form and return it to your student's homeroom teacher. Thank you.

Vista School Policy for Acceptable Use of Computers and Networks
Student's Agreement

By signing this form, I acknowledge receipt of, understand, and agree to abide by the rules and standards set forth in the Vista School Policy for Acceptable Use of Computers and Networks. I understand that to gain access to the Vista School computer network systems, I must return this form signed by me and my parent or legal guardian. I further understand that any violation of the Policy for Acceptable Use of Computers and Networks is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, monetary liability may be incurred, school disciplinary and/or appropriate legal action may be taken. I understand that this agreement will be in effect for one school year and must be re-signed in subsequent years.

PRINTED Student Name _____ **Grade** _____

Student Signature _____ **Date** ____/____/____

Vista School Policy for Acceptable Use of Computers and Networks
Parent's Agreement

I have read, understand, and agree with the Vista School Policy for Acceptable Use of Computers and Networks. I understand that by signing this form I give permission for Vista School to grant access to school electronic communications systems, including the Internet. I understand that this access is designed for educational purposes. I understand that Vista School has taken reasonable precautions to eliminate access to inappropriate material and I will not hold the school or staff members responsible if inappropriate material is inadvertently accessed. I understand that this agreement will be in effect for one school year and must be re-signed in subsequent years.

PRINTED Parent Name _____

Parent Signature _____ **Date** ____/____/____

Vista School Policies
Found on Vista School Website

I have read, understand, and agree to the Vista School Discipline Policy. _____ **Parent Initials**

I have read, understand and agree to Vista's Uniform Policy. _____ **Parent Initials**

I have read, understand, and agree to abide by Vista's Attendance Policy. _____ **Parent Initials**

Vista Parents,
Please complete this required form and return it to your student's homeroom teacher. Thank you.

Vista School Image Release

Student First Name _____ **Last Name** _____ **Grade** _____

Parent First Name _____ **Parent Last Name** _____

I understand that my student's image will appear in the Vista yearbook. _____ **Parent Initials**

I understand that all Vista performances, recitals, and programs are recorded and may be made available for parents to purchase, and that my student may appear in these recordings.
_____ **Parent Initials**

I give permission for my student's image and name to be used in the Vista School Website.

Yes

No

I give permission for my student's image and name to be used on teacher blogs and UEN pages.

Yes

No

If Vista School is featured in a news article I give permission for my student's image and name to be released to local newspapers and magazines.

Yes

No

If Vista School is featured in a news story I give permission for my student's image and name to be released to local television stations.

Yes

No

Parent Signature _____ **Date** ____/____/____

**Replace this page with
Birth Certificate**

**Replace this page with
current immunizations**