

Vista Enrollment Form

(Please submit one form for each student)

Legal Name of Student (as found on birth certificate) _____

Birthdate (mm/dd/yyyy) ____/____/____ Gender: Male Female
(Last) (First) (Middle)

Is English the primary language? Yes No If not, indicate primary language _____

Physical Address _____ Apt # ____ City, State, Zip _____

Student's preferred name _____

Best Contact # _____ Email (for all Vista communication) _____

Ethnicity: Are you Hispanic/Latino? Yes No

Race: White Black Hispanic African American Asian Native Hawaiian

Other Pacific Islander American Indian - Tribe _____ Alaskan Native - Tribe _____

Custodial Parent _____ Relationship _____ Phone Number _____

Custodial Parent _____ Relationship _____ Phone Number _____

Indicate any guardianship concerns (attach applicable documentation) _____

Emergency Contact #1 _____ Phone Number _____

Emergency Contact #2 _____ Phone Number _____

Emergency Contact #3 _____ Phone Number _____

Please list anyone other than parents or emergency contacts that are allowed to check your student out of school _____

List allergies, medications, or other concerns _____

❖ Does this student have an Individualized Education Plan (IEP) or is he/she currently receiving Special Education Services and/or related services? Yes No

❖ Is your student currently suspended or has he/she ever been expelled from school? Yes No

If yes, provide date of expulsion and explanation _____

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 registration.

Signature of Parent or Legal Guardian _____ Date _____

My student and I have read and agree to the Discipline Policy, Uniform Policy, Attendance Policy and Vista Mission Statement that are posted on the Vista website.

Parent Initials _____ Student Initials _____

*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 _____

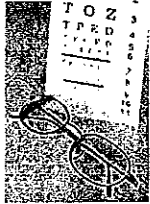
Lazy Eye Screen _____

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 may 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 & last names)

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

Current Utah Statutory Codes Amended by Chapter 132, 2011 General Session

53A-11-203. Vision screening.

(1) As used in this section, "division" means the Division of Services for the Blind and Visually Impaired, State Office of Education.

(2) A child under eight years of age entering school for the first time in this state must present the following to the school:

(a) a certificate signed by a licensed physician, optometrist, or other licensed health professional approved by the division, stating that the child has received vision screening to determine the presence of amblyopia or other visual defects; or

(b) a written statement signed by at least one parent or legal guardian of the child that the screening violates the personal beliefs of the parent or legal guardian.

(3) (a) The division:

(i) shall provide vision screening report forms to a person approved by the division to conduct a free vision screening for children aged 3-1/2 to eight; and

(ii) may work with health care professionals, teachers, and vision screeners to develop protocols that may be used by a parent, teacher, or vision screener to help identify a child who may have conditions that are not detected in a vision screening, such as problems with eye focusing, eye tracking, visual perceptual skills, visual motor integration, and convergence insufficiency; and

(iii) shall, once protocols are established under Subsection (3)(a)(ii), develop language regarding the vision problems identified in Subsection (3)(a)(ii) to be included in the notice required by Subsection (3)(b).

(b) The report forms shall include the following information for a parent or guardian: "vision screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor."

(4) A school district may conduct free vision screening clinics for children aged 3-1/2 to eight.

(5) (a) The division shall maintain a central register of children, aged 3-1/2 to eight, who fail vision screening and who are referred for follow-up treatment.

(b) The register described in Subsection (5)(a) shall include the name of the child, age or birthdate, address, cause for referral, and follow-up results.

(c) A school district shall report referral follow-up results for children aged 3-1/2 to eight to the division.

(6) (a) The division shall coordinate and supervise the training of a person who serves as a vision screener for a free vision screening clinic for children aged 3-1/2 to eight.

(b) A volunteer vision screener providing services under Subsection (6)(a) is not liable for any civil damages as a result of acts or omissions related to the vision screening unless the acts or omissions were willful or grossly negligent.

(7) (a) Except as provided in Subsection (7)(b), a licensed health professional providing vision care to private patients may not participate as a screener in a free vision screening program provided by a school district.

(b) A school district may:

(i) allow a licensed health professional who provides vision care to private patients to participate as a screener in a free vision screening program for a child nine years of age or older;

(ii) establish guidelines to administer a free vision screening program described in Subsection (7)(b)(i); and

(iii) establish penalties for a violation of the requirements of Subsection (7)(c).

(c) A licensed health professional or other person who participates as a screener in a free vision screening program described in Subsection (7)(b):

(i) may not market, advertise, or promote the licensed health professional's business in connection with providing the free screening at the school; and

(ii) shall provide the child's results of the free vision screening on a form produced by the school or school district, which:

(A) may not include contact information other than the name of the licensed health professional; and

(B) shall include a statement: "vision screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor."

(d) A school district may provide information to a parent or guardian of the availability of follow up vision services for a student.

(8) The Department of Health shall:

(a) by rule, set standards and procedures for vision screening required by this chapter, which shall include a process for notifying the parent or guardian of a child who fails a vision screening or is identified as needing follow-up care; and

(b) provide the division with copies of rules, standards, instructions, and test charts necessary for conducting vision screening.

(9) The division shall supervise screening, referral, and follow-up required by this chapter.

53A-11-201. Rules for examinations prescribed by Department of Health -- Notification of impairment.

(1) (a) Each local school board shall implement rules as prescribed by the Department of Health for vision, dental, abnormal spinal curvature, and hearing examinations of students attending the district's schools.

(b) Under guidelines of the Department of Health, qualified health professionals shall provide instructions, equipment, and materials for conducting the examinations.

(c) The rules shall include exemption provisions for students whose parents or guardians contend the examinations violate their personal beliefs.

(2) The school shall notify, in writing, a student's parent or guardian of any impairment disclosed by the examinations.

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**