



Kelly Rhoden, Principal

Luke Browning, Assistant Principal

Tim Reid, Assistant Principal

To: Nevada Union High School Freshmen Class of 2025

Hello Incoming Nevada Union 8th graders, Parents, and Caregivers,

With the end of the school year fast approaching, it is time to start thinking about registering your student in the 9th grade Fall of 2021. This process is completely online and we have various tools and resources to help support you! **Please visit the Freshmen Enrollment 2021-2022 link on the Enrollment tab on the <http://www.numiners.com> website for step by step directions to enroll your student.** Links for all of the information below can be found in this location.

To sign up for your classes for next year, you will need to register for a 15-minute virtual course selection appointment with one of our Nevada Union Union counselors. These appointments will be scheduled on the following dates and times (sign up required):

- Wednesday, February 17 4PM-7PM
- Saturday, February 20 9AM-1PM
- Wednesday, February 24 4PM-7PM
- Saturday, February 27 9AM-1PM

Everyone will need to register for an appointment. Please visit the website to sign up by Counselor based on your last name by alpha.

****Please note: In order to meet with virtually with a counselor you **MUST** have completed your student's online enrollment. Visit the website for the online link. If you need assistance with your 9th grade enrollment please contact our Registrars at 530-273-4431 x5005.

The last step in the whole process is completing the emergency card, providing immunization records, birth certificate and transcripts. We are requesting that all of these records are turned in to Nevada Union by Monday, May 3, 2021. Please read the information on the reverse side regarding immunization requirements.

We are here to help you! If you have any questions please do not hesitate to reach out to us... we are excited to welcome you to Nevada Union Class of 2025!!! Go Miners!!!

Kelly Rhoden

Principal

Nevada Union High School

530-273-4431 ext. 2004

www.numiners.com



IMMUNIZATION REQUIREMENTS FOR HIGH SCHOOL ENTRY

The State of California requires that students receive the immunizations listed below prior to starting high school. Please be aware that there are immunizations required upon entrance to high school that your student may have not received yet.

Your student's class schedule will not be finalized until the high school receives a copy of the student's immunization record that verifies they are fully immunized. The immunization record can be dropped off at the high school health office. Generally, the most complete record of your student's immunizations is in their current school's health file- you can contact the health office and request a copy. Once we receive a copy of your student's immunizations, the high school health office will contact you if your student requires additional immunizations to attend. Thank you.

Required Immunizations for High School

- Polio vaccine - 4 doses (3 doses meet the requirement if one dose was given on or after the 4th birthday)
- DTaP/DTP/Td/Tdap – 3 doses with at least one dose of pertussis-containing vaccine on or after the 7th birthday
- MMR – 2 doses (must be given on or after the 1st birthday)
- Hepatitis B – 3 doses
- Varicella – 2 doses (or physician documented chicken pox disease history)

Please contact the Nevada Union High School Health Office if you have further questions

Phone: 530-274-4431 x 2079

Confidential Fax: 530-272-1512

**Nevada Joint Union High School District
Emergency Medical Information 2021/2022**

Name _____ Grade in '21-'22 _____ Birthdate _____ Student ID _____

PARENT/GUARDIAN TO CONTACT CONCERNING STUDENT'S HEALTH STATUS

In the event of an emergency, if the school is unable to reach a parent/guardian, then the school will call the emergency contact listed on the online registration form.

	Parent/Guardian # 1	Parent/Guardian # 2
Name		
Home Phone		
Cell Phone		

GENERAL HEALTH

Does your student have any of the following health conditions?

CONDITION	Check if YES	DESCRIBE
Asthma		
Diabetes		
Heart Condition		
Migraines		
ADHD		
Hearing Issue		
Vision Issue		
Mental Health Issue		
Hospitalization in past 6 months		
Seizures		Date of last seizure: _____ Type and frequency of seizures: _____
Other:		

ALLERGIES

Does your student have allergies? YES ☐ NO ☐

Has student been prescribed an epinephrine auto injector to treat a severe allergic reaction? YES ☐ NO ☐

ALLERGY	Check if YES	ALLERGY TRIGGER	DESCRIBE ALLERGIC REACTION
Food			
Medication			
Bee Sting / Insect			
Environmental			
Other			

Please turn over and complete both sides

Additional Health Information

MEDICATIONS

Your student's Health Care Provider must complete the NJUHSD Medication at School Form to authorize your student to receive or carry prescription and/or over the counter medication at school.

Name of Medication	Reason for Medication	Does student take this medication at School?

Health Care Provider's Name _____ Phone _____

Health Plan/Insurance _____ Group/Policy# _____

In the event of an emergency, if a parent or guardian cannot be reached, I hereby give my permission for the school authorities to render first aid and when deemed necessary, secure medical help or ambulance service at my expense. As a legal guardian of the named student, a minor, I hereby authorize the principal or his/her designees, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Nevada Joint Union High School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility. I understand that the Nevada Joint Union High School District does not provide accident medical insurance for students for school related injuries but does offer the student accident insurance for voluntary purchase. I have received the information and application for this program. I understand the information given on this card will be given as a permanent guide for emergency care for my child and it is my responsibility to notify the school of any change.

Parent/Guardian Signature

Date

***The NJUHSD School Nurses will contact you if additional information is needed.
If you have any questions, please contact the Health Office of your student's high school.***

Bear River: 530-268-3700 x 4809 / Ghidotti: 530-274-5270 / Nevada Union: 530-274-4431 x 2079
North Point Academy: 530-477-1225 x2301 / Silver Springs: 530- 272-2635

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