

**Cover Sheet - Student Enrollment Check list (Office Use)**

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Entry Date \_\_\_\_\_  
2 sided form

New Horizon School for the Performing Arts  
446 East Broadway Rd. Mesa, Arizona 85204  
480 655-7444 fax: 480 655-8220  
[www.nhorizon.net](http://www.nhorizon.net)

5/21/18

### Student Information/Enrollment Card

Last Name		First Name		Middle Name	
Gender Male / Female		Grade		SAIS ID	
Birth Date Month, Day, Year		Birth STATE		Birth COUNTRY	
Address				Home Phone #	
City		State		Zip Code	
				Student's cell # if they have one: ( )	
Mother/Legal Guardian– Last, First, Middle name			Father/Legal Guardian –Last, First, Middle name		
Address			Address		
City		State		Zip Code	
City		State		Zip Code	
Cell #	Email		Cell #	Email	
Work #	Employer		Work #	Employer	

#### EDUCATION INFORMATION

Previous School Name			Last Grade Completed		
City		State		Zip Code	
			Last Day of Attendance		

Has student ever been **SUSPENDED** from school?  No  Yes  
 Has student ever been **EXPELLED** from school?  No  Yes

If YES, name of school, city, state and date of offense and explanation

I, the Parent / Legal Guardian state that the above information is true and correct, signed and dated.  
 After receiving records from your previous school or any school the student has attended and the above is YES regarding your child being **SUSPENDED OR EXPELLED**, and we find that you have not told the truth regarding these . Your student will be withdrawn from New Horizon School for the Performing Arts

Legal  
 Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Language Survey	What is the primary language used in the home regardless of the language spoken by the student? _____				
	What is the language most often spoken by the student? _____				
	What is the language that the student first acquired? _____				
	Has student ever participated in ELL, ELD, or ESL Classroom <input type="checkbox"/> No <input type="checkbox"/> Yes ___ Don't know				

#### STUDENT TRANSPORTATION

Before School	<input type="checkbox"/> Walks Alone	<input type="checkbox"/> Walks w/ Adult _____	<input type="checkbox"/> Daycare _____
After School	<input type="checkbox"/> Car	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Daycare
Daycare name: _____		Address _____ Phone _____	



## McKinney-Vento Eligibility – 42 U.S.C. 11435 Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind.  
 If you have questions contact the Homeless Liaison at the school .

\_\_\_\_\_

**Student's last name** **First Name** **Middle**

**The Student lives with?**

Parent(s)/Legal Guardian(s)

An adult who is not the parent/legal guardian

No adult; student is unaccompanied youth

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**The Student?**

Lives in own home, rented home or apartment

Lives iwth friends or relatives temporarily

Lives in a shared residence with one or more families temporarily

Lives in a motel/hotel

Lives in a shelter (domestic violence, emergency, or transitional housing unit).

Lives in a car, park, campground, or public place.

Lives in a place without adequate facilities (no running water, heat, electricity).

Is moving from place to place

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**Is the Student's living arrangement temporary?**     No     Yes

**If Yes answer the below:**

Is living arrangement due to loss of housing, foreclosure, financial hardship or similar reason?

Is the Student in a temporary foster care placement or awating foster care services?

Is the current housing substandard or considered inadequate?

\_\_\_\_\_

PRINT: First/ Last name of Mother or Legal Guardian

\_\_\_\_\_

PRINT: First /Last name of Father or Legal Guardian

\_\_\_\_\_

**Parent or Legal Guardian Signature**

\_\_\_\_\_

**Date**

<b>Office Use Only</b>	<b>School Liaison Signature</b>	<b>Date</b>

### Medical Information/Special Needs Survey

Last	First	Middle
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#### MEDICAL HISTORY

<input type="checkbox"/> Allergies <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Blood Disorder <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Convulsive Disorder <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Daily Medication <input type="checkbox"/> Diabetes <input type="checkbox"/> Depression <input type="checkbox"/> Drug Use <input type="checkbox"/> Ear Aches/Infections <input type="checkbox"/> Eating/Weight Disorder	<input type="checkbox"/> Eczema <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Endocrine Disorder <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Gastrointestinal Disorder <input type="checkbox"/> German Measles <input type="checkbox"/> Genitourinary Disorder <input type="checkbox"/> Head Injury <input type="checkbox"/> Hearing Disorder <input type="checkbox"/> Frequent Ear Aches <input type="checkbox"/> Tubes in ears <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Hearing Aide	<input type="checkbox"/> Heart Condition <input type="checkbox"/> Hypertention <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Muscular/Skeletal <input type="checkbox"/> Neurological Disorder <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular Disorder <input type="checkbox"/> Operation/Surgery <input type="checkbox"/> P.E. Restriction <input type="checkbox"/> Physical Disability <input type="checkbox"/> Pneumonia	<input type="checkbox"/> Scoliosis <input type="checkbox"/> Speech Problems <input type="checkbox"/> Strep Throat <input type="checkbox"/> Sickle Cell Disorder <input type="checkbox"/> TB or Contact <input type="checkbox"/> Vision/Eye Disorder <input type="checkbox"/> Known Vision Loss <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Color Deficiency <input type="checkbox"/> OTHER _____ _____
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Is student currently receiving regular medication?     No     Yes    Specify:  
 (STUDENTS ARE NOT TO CARRY PRESCRIPTION OR OVER-THE-COUNTER MEDICATIONS AT SCHOOL OR TO AND FROM SCHOOL)

#### BEHAVIORAL HISTORY

Bites Nails	No    Sometimes    Always	Prefers to play alone	No    Sometimes    Always
Difficulty Sleeping	No    Sometimes    Always	Restlessness/hyperactivity	No    Sometimes    Always
Fights with others	No    Sometimes    Always	Sucks thumb	No    Sometimes    Always
Frequent crying	No    Sometimes    Always	Tantrums	No    Sometimes    Always
Nightmares poor coordination	No    Sometimes    Always	Teeth grinding	No    Sometimes    Always
Poor eating habits	No    Sometimes    Always	Wets the bed	No    Sometimes    Always

Is student under treatment for any medical, physical, emotional or pshychological disorder?     No     Yes    Specify:

#### SPECIAL NEEDS SURVEY

**New Horizon School does not have a nurse on site, we treat for minor injuries or call 911 if needed.**

<input type="checkbox"/>	Has no history of significant medical problems.
<input type="checkbox"/>	Has a birth defect or developmental disability. ( Ex: Spina Bifida, Mental Retardation, Down Syndrome)
<input type="checkbox"/>	Takes medication(s) which may need monitoring or administration at school. (Ex: topical, injectable, oral, inhaled, or rectal medication)
<input type="checkbox"/>	Has been or presently is under the care of a doctor for a significant medical condition. (Ex: seizure condition, diabetes, uses oxygen, gastrointestinal tube, tracheostomy, acute allergic reaction)
<input type="checkbox"/>	Has significant physical impairment. (Ex: use orthopedic devices or a wheelchair; has impaired vision or hearing)
<input type="checkbox"/>	Requires special health care procedures to be performed at school. (Ex: intermittent catheterization, suctioning, tube feeding, percussion)
<input type="checkbox"/>	Requires special medical equipment or appliances at school. (Ex: oxygen tank, feeding tubes, suctioning machine, slow volume nebulizer [svn] machine)
<input type="checkbox"/>	Has a significant history of medical problem (s) which could affect his / her health status at school.
<input type="checkbox"/>	Has a behavioral concern that may impact school performance.
List any concerns about your child's health status:	

**PRINT: First/ Last name of Mother or Legal Guardian**

**PRINT: First /Last name of Father or Legal Guardian**

**Parent or Legal Guardian Signature**

**Date**

**Varicella Verification, Chickenpox (Varicella) Disease , Shot**

Student's last name

First Name

Middle

Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Dear Parent, Beginning with the 2005-2006 school year, students entering childcare, preschool, kindergarten, 1st and 7th grade will be required to have proof of receiving the chickenpox (Varicella) shot / vaccination OR a history of having had the chickenpox disease. The Arizona Department of Health Services (ADHS) following the Centers for Disease Control and Prevention (CDC) guidelines has required compliance with new vaccine (shot) requirement.

Please review your student's record and check the correct box below and then bring this letter and your student's vaccination record to your school health officer prior to the beginning of the 2017-2018 school year.

\_\_\_\_ Yes, my student has had chickenpox. Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_ Yes, my student has had chickenpox shot/Vaccine\* Date \_\_\_\_\_

\_\_\_\_ No, my student has not had chickenpox.

\_\_\_\_ No, my student has not had EITHER the chickenpox disease or the Vaccination. \*

Please obtain the vaccination immediately. If you need vaccinations, please contact your private provider, Community Information and Referral at 602-263-8856, 800-352-3792 or find them on the web at [www.cirs.org](http://www.cirs.org). Ask for flyer of the FREE clinics in the school area.

\*Please note that prior vaccination exemption release forms DO NOT include chickenpox / Varicella. Please contact your school health office to file the appropriate form.

If you have filed a vaccine exemption form with your student's school health officer, please note that this new requirement is NOT covered and you are required to complete this form and bring to your student's school health officer. Thank you for your cooperation.

\_\_\_\_\_  
PRINT: First/ Last name of Mother or Legal Guardian

\_\_\_\_\_  
PRINT: First /Last name of Father or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Maricopa County Department of Public Health, Office of Community Health Nursing  
923 E. McDowell Road, Phoenix, AZ 85006 602-506-6767 [www.maricopa.gov](http://www.maricopa.gov)

## **FREE IMMUNIZATION CLINIC INFORMATION**

### **Mesa Immunization Clinic**

635 E Broadway Rd.  
(Broadway and Olive)  
Mesa, 85204  
Monday, Tuesday, Wednesday, and Friday (closed Thursday)  
8:00am -5:00 pm  
Closed for lunch from 12:30-1:30 pm for lunch  
For information call 602-506-6767

### **Mesa Fire Department**

Fiesta Mall  
1455 W Southern Ave (down stairs next to Macy's)  
Mesa, 85202  
2nd Wednesday of each month 5:00-7:00 pm  
For information call 480-644-3459

### **Apache Junction Clinic**

575 N. Idaho St., # 301  
Apache Junction, AZ 85219  
Wed-Sat 8am-6pm  
For Information call 1-866-960-0633

### **Kid Shots at Mesa Fire Station # 217**

10434 E Baseline Road  
Mesa, AZ 85212  
2<sup>nd</sup> Tuesday of every month 3:30-5:30 pm  
For information call 480-728-3777



## **Immunizations needed 6th Graders or 11 year olds**

**All 11 Year olds or any student going into the 6th Grade  
Must have verification by July 17, 2017 or sooner**

### **THE LAW UPDATED SHOT RECORD**

**Dear Parents:**

**It is by law that the students who are in 6th grade or who are 11 years old must have two immunizations, which are reported to the State Department of Immunizations.**

**Bring the shot records that show the dates these immunizations have been given, to the school by July 17, 2017 or sooner. All 11 year olds and any student going into the 6th grade must have the following immunizations in their student office files before the first day of school.**

**The Vaccinations are:**

- 1. MCV4 Meningococcal Conjugate**
- 2. Tdap (Tetanus, Diphtheria, Pertussis)**

**FREE Immunization clinics:**

**Roosevelt Clinic  
1645 E. Roosevelt St.  
Phoenix, AZ 85006  
(across the street from Ranch Market)  
602-506- 8815  
602-839- 2289**

**Mesa Fire Department  
Fiesta Mall  
1455 W. Southern Ave.(down stairs next to Macy's)  
Mesa, 85202  
480-644- 3459**

**Apache Junction Clinic  
575 N. Idaho St. #301  
Apache Junction, AZ 85219  
Wed-Sat 8am - 6pm  
1-866- 960-0633**

**Mesa Immunization Clinic  
635 E. Broadway Rd. (Olive street y Broadway)  
Mesa, AZ 85204  
480-834- 2660**

**Kid Shots at Mesa Fire Department  
10434 E. Baseline Rd.  
Mesa, AZ 85212  
480-728- 3777  
2nd Tuesday of every month 3:30pm-5:30pm**

**Jann Wyler  
Administrator**



State of Arizona  
 Department of Education  
 Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
 Home Language Survey**  
 (Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

-----  
 Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

## Arizona Residency Documentation Form

**PRINT:**

\_\_\_\_\_  
Student's last name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Name of Mother Parent/Legal Guardian

\_\_\_\_\_  
Name of Father Parent/Legal Guardian

As the Parent/ legal Guardian of the student listed above , I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following documentation.

The documentation submitted must have your name , residential address or physical description of the property where the student resides. You must submit one of the below items.

\_\_\_ Water, electric, gas, cable or phone bill

\_\_\_ Real estate deed or mortgage documents

\_\_\_ Residential lease or rental agreement

\_\_\_\_\_  
PRINT: First/ Last name of Mother or Legal Guardian

\_\_\_\_\_  
PRINT: First /Last name of Father or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



**Student Supply list 2018-2019**

**K-6<sup>th</sup> All students BRING all items the 1<sup>st</sup> day of school**

- \_\_\_ K-6<sup>th</sup> Headphones or 2 pair of ear buds.
- \_\_\_ 1 package of **College** ruled lined paper
- \_\_\_ 1 packages of blank white copy paper
- \_\_\_ 48 #2 Pencils (**no designs just plain yellow outside**)
- \_\_\_ 2-large pink erasers
- \_\_\_ 4- boxes of tissues
- \_\_\_ 2- spiral notebooks plain color **NO BLACK**  
with at least 70 sheets (**wide** ruled)
- \_\_\_ 2 glue sticks
- \_\_\_ 1- package of colored markers
- \_\_\_ 1-box of colored pencils
- \_\_\_ 1-pack of pencil top erasers
- \_\_\_ 1-box of **16 Crayola Crayons**

- **Headphones or ear buds are to be put in your backpack  
The teacher will collect them on the first day of school.**
- **Bring all items the first day of school August 8, 2018**
- **Do not put names on any items.**
- **All items listed below will be left at school.**
- **No mechanical pencils, pencil sharpeners, or permanent markers.**

**All items can be purchased at Wal-Mart or the \$1.00 store**

**BRING all items on the 1<sup>st</sup> day of school**

**UNIFORM SCHOOL REQUIREMENTS**

ALL STUDENTS must have NAVY Blue sweat pants, and dazzle navy blue shorts. You can order sweat pants on line, from Wal-mart or Target. However, you can purchase the NAVY blue school pants sold in both stores. They are cotton and found in the store where the school uniforms are sold.

**Suggested number of uniforms to purchase**

- 6 New Horizon T-shirts 3 RED and 3 NAVY BLUE (**Ordered** through New Horizon School see the order form)
- 4 pair of long sweats - Walmart, Target, in store or on line
- 4 pair of dazzle shorts - Walmart, Target, in store or on line

**DRESS CODE**

New Horizon follows a school uniform policy to promote school safety, improve discipline, and enhance the learning environment. Shirts display the school logo and come in navy blue and red. UNIFORMS must be kept clean, no holes in shirts, shorts or pants.

\*this will be considered out of uniform Due to the changing nature of dress and grooming which is particularly popular administrative decisions in matters not addressed in these guidelines are final.

**REQUIRED**

- New Horizon School T-Shirts Red, Blue, short sleeved.
- Navy blue pants and navy blue dazzle shorts (to the knee)
- New Horizon T-shirts, navy blue dazzle shorts and long navy blue sweatpants are bought from the school.
- Shorts are to be no shorter than 2 inches above the knee.
- Flexible, lightweight tennis shoes no other shoes are allowed.
- Sweatshirts & hooded jackets (NO hoods are to be worn except in extreme COLD weather.)
- Unscented deodorant.
- Stud earrings on girls are permitted.

**NOT PERMITTED**

- NO knee hi socks with shorts.
- NO stripes or designs on the pants or shorts.
- NO layered clothing shirts or pants, except for a tucked in undershirt.
- NO Heelie shoes – they are too heavy! NO knee high TOP tennis shoes or boots.
- NO jewelry of any kind such as watches, necklaces, rings. If non-post earrings or other jewelry are worn, they will be removed and sent home with the student.
- NO perfume, cologne or makeup. Makeup is only to be worn for performances.
- NO fake fingernails / NO fingernail polish.
- NO hats are to be worn in class.
- NO tattoos and NO writing on hands, arms or any body parts.
- NO nose rings tongue rings

**Student's hair color and style should NOT distract from the learning environment.**

**Extreme color and cuts are not allowed. Hair restraints must be used for longer styles.**

**Boys and Girls HAIR:**

- NO radical hairstyles: no dyed hair –natural hair color only.
- NO shaved head on one side and long on the other.
- NO wild cuts, such as Mohawks, shaved heads.
- Spiky hair styles are discouraged.  
If you have a spiky hair style in the middle of your head the hair on the spike can be no longer than ¼ of an inch.

**Boys HAIR:**

- Hair length should be above the collar and not touching the ears.
- Hair must be maintained so as not to reflect faddish styles and not to bring attention, such as the use of long Spikes, shaved heads, mow hawks, unnatural colors, etc.
- Hair is to be controlled so as not to cover the face or any part of it.

**The administration will determine what hairstyles are suitable.**

\*If it is deemed unsuitable the parent will be contacted to have the style changed.

**CONSEQUENCE OR PROCEDURE FOR “OUT OF UNIFORM”**

- There is a uniform check every morning as the teacher takes the roll and lunch.
- The office does not have extra uniforms.
- The consequences are:
  - The student will have lunch detention & an “Out of Uniform” notice. (Notice must be signed/ brought back next day)
  - 2nd time is loss of lunch recess, a phone call or meeting with the parent,
  - Any student who has lunch detention will be writing sentences regarding their actions.

**\$\$\$ Dollars for Duds**

On Friday's a student can pay \$1.00 and not wear a uniform.

\$\$ Dollars for Duds will be announced in our weekly newsletter. Above dress code applies.

\$1.00 (CASH) will be collected at the gate in the morning

**YES, the student can wear:**

- Long pants, long jeans, no holes in the pants.
- Shorts but must be no shorter than 2” above the knee.
- Regular tennis shoes and socks.
- Play t-shirt and choice of pants.

**NO, the student can NOT wear:**

- Skirts, sleeveless shirts, dresses, or tank tops.
- Shirts with bad language or gestures, skeleton, guns, or any violent print or advertising of alcohol, foul language or obscene pictures on the shirts.
- Boots, crazy socks, or hats.

**Violin - Strings Program 4-6<sup>th</sup> Grades Agreement**  
**2018-2019**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**All students in 4-6<sup>th</sup> grade MUST rent or own a violin and purchase supplies.**

○ Supplies needed are: Rosin, shoulder rest, an extra set of strings, Suzuki Violin Method Book I and the CD is recommended not required)  
Title I Review Pizza night. You can sign up to rent your violin that night.

- **August 18<sup>th</sup> Friday** 4-6<sup>th</sup> graders bring your Violins and supplies to school
- **August 21 Monday** First day of STRINGS class, Bring Violin and book.
- **3 concerts a year** Dates and times will be announced  
Concert attendance for all Violin students is MANDATORY.
  
- **Violin classes are Mondays, Wednesdays and Fridays. Practice records**
  - Violin practice logs are given to all 4<sup>th</sup> – 6<sup>th</sup> graders every Monday.
  - The practice record is for Monday- Sunday for the next week.
  - Practice records are due every Monday for the week prior's practicing.
  - At the end of the year there is a special award given to all students who practice every day and turn in their practice record on Monday's to be marked in our log book.
  
- **200 Minute Club**
  - Students must have practiced 200 minutes during the quarter, turned in their practice records every Monday to their teacher and attend all concerts to be in the 200 Minute club.
  - Every Quarter there is a party for the students in the 200 minute club usually the day after the concert.
  
- **Grades are based on class performance, practice records, and concert attendance.**
  
- **Required dress for the concerts is:**
  - White long sleeved button-up collared blouse or shirt
  - Long black pants
  - Black or dark colored shoes/socks
  - School will provide a bow tie and concert vest to be borrowed for the concert.
  
- **Violin- Strings music on [www.nhorizon.net](http://www.nhorizon.net) to Mr. Wyler's Strings Class.**  
By signing below we agree to support the strings program and understand the commitment.

PRINT: Student's Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
PRINT: First/ Last name of Mother or Legal Guardian

\_\_\_\_\_  
PRINT: First /Last name of Father or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**Student Records Request**  
 ARS15-828 F, 15-829, 15-741, 15-766

<b>Last Name</b> Name	<b>First Name</b>	<b>Middle</b>							
<b>Birth Date</b> Month, Day, Year	<b>Gender</b> Male                  Female	<b>Grade</b>	<b>SAIS ID</b>						
<b>Name of Previous School attended:</b>			<b>Phone of Previous School:</b>						
<b>Previous School Address, City, and Zip</b>			<b>Fax of Previous School:</b>						
<b>Grades Attended:</b>	Headstart	Pre-K	K	1	2	3	4	5	6

I hereby authorize the above referenced school/ district to release the following records to New Horizon School for the Performing Arts. All data is confidential and will be maintained as such

**Regular Educational Cumulative Files**

- € Permanent Record Card
- € Birth Certificate
- € Immunizations
- € Proof of Residency
- € Attendance Records
- € Grades/Report Card
- € Standardized Testing/Assesment Results
- € Discipline Records
- € Expelled or Suspended information
- € Withdraw Form

**Special Education**

- IEP
- Psychological Evaluation

**PHLOTE**

- ELL/ELD
- AZELLA Scores

**Health/Medical Records**

**Legal Documents**

- Custody
- Restraining Orders

PRINT: Mother's name \_\_\_\_\_  
 PRINT: Father's name \_\_\_\_\_  
 Parent-Guardian Signature \_\_\_\_\_

Date

<b>Office Use Only</b>	Records Request Sent	Records Received
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### Medical Records Request

Today's Date \_\_\_\_\_

I, the Parent/ Legal Guardian hereby authorize and request you release copy of medical records to:

**New Horizon School for the Performing Arts**  
**446 E. Broadway Rd. Mesa, AZ 85204**  
**480 655-7444 fax: 480 655-8220**

Please scan the records and send them to: Linda King [lindateam@nhorizon.net](mailto:lindateam@nhorizon.net)  
Or fax the records to : New Horizon School fax: 480 655-8220  
Or if you prefer mail them to the above address

#### Records to be released from:

**PRINT**

Name of Doctor and Facility or Hospital \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Records to be released: \_\_\_\_\_ Immunization Record \_\_\_\_\_ Other (specify what is needed)

Patient's Name: \_\_\_\_\_

First Middle Last

Patient's Birthdate \_\_\_\_\_

Month Day Year

Mother/Guardian's Name : \_\_\_\_\_

First Middle Last

Father/Guardian's Name: \_\_\_\_\_

First Middle Last

Parent's Address: \_\_\_\_\_

Address City Zip

Relationship to Patient \_\_\_\_\_

PRINT: Mother First/ last name of Parent/ Legal Guardian

First / last name Father Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Signature

## Policy: Parent- Teacher-Student Compact

### Teachers will:

- Teach according to the College and Career Ready Standards.
- Recognize individual learning styles/needs and adjust teaching methods accordingly.
- Keep accurate assessments and records.
- Communicate with parents on a consistent basis.
- Assess the student quarterly and weekly assessments for Reading, Math, Writing, and Technology.
- Call for a parent meeting for academics or behavior.

### Parents will:

- Have the student to school early or on time.
- Bring a home lunch for my student(s), if I arrive after 8:45 AM.
- Notify the office, by 8:30 AM, if my student is absent.
- Purchase lunches on Mondays for the entire week, if my student is not on the Free or Reduced lunch program.
- Check the homework folder daily
- Read the Monday weekly newsletter and homework sheet
- Initial the behavior and reading daily log.
- On the back of your Discipline chart, in your homework folder, there is a Reading Log, complete the log daily.
- Sign and return all RED, BLUE, or Parent Notices the next day.
- Have your 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> grade student practice the Violin daily, sign and return the Violin Practice Record.
- Make sure the student has a dedicated homework spot.
- Make sure that the student has done his homework.
- Schoolwork **NOT** completed during the day will be sent home to finish and be returned the next day.
- When a student is absent from school there will be a **RED** folder with all of the missing work, return it finished.
- Communicate with the teacher regarding any academic and behavior concerns.
- Attend scheduled parent conference on time.
- Bring and attend all of your students' required performances.
- Wellness is very important. If providing lunch from home be sure it is healthy and abstain from sugar snacks.
- Keep all documents and records up to date for the student file.
- Notify the school secretary if there are any changes to your home, work, and employment contact information.
- Students with cell phones must keep them off and in backpacks the entire school day and until they are off campus.

### Students will:

- Follow the school rules, be thoughtful, honest, respect authority and respect your classmates.
- Do assigned classwork.
- Support your parents by being up and ready for school on time
- Come to school on time and dressed in a clean school uniform.
- Strive to learn, do his/her personal best, and finish work in a timely manner.
- Be prepared by bringing his/her "Homework Folder" back Monday-Friday with homework done, parent initials, and all required materials to class.
- Not disrupt the learning environment of the school.

### Parents and Students will: Abide by the schools' ELECTRONICS AND CELL PHONES Policy

Cell phones and personal electronics are not allowed to be used by students on campus during the school day or during any school related functions. If your student brings a cell phone or other electronics these items **MUST** stay in the student's backpack or the front office. The school is **NOT** responsible for lost, damaged or stolen items.

### Parents Right to Know

Resumes for all employees are available in the school office to look at. If you want a printed resume, there is a Resume Request Form in the office. The child **MUST** be **ENROLLED** in the school before any information is released and approved by the administration.

### My student and I have read and support:

- Parent/Student Handbook. and Parent – Teacher - Student Compact and Rules and Standards of the school.

I acknowledge that I have had the opportunity to ask questions, read and understand the Parent-Student Handbook and Parent-Student-Teacher Compact.

Teacher Signature \_\_\_\_\_

Student's Name \_\_\_\_\_

Mother/Legal Guardian's name: \_\_\_\_\_

Father/ Legal Guardian's name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**POLICY: ACCEPTABLE USE OF SCHOOL AND PERSONAL ELECTRONIC SERVICES**

Adopted October 1, 2015

Acceptable use of the electronic information services (EIS) requires the use of these resources be in accordance with the following guidelines and support the educational goals of New Horizon School for the Performing Arts. The user must: use the services for educational purposes only.

- Agree not to submit, publish, and display or retrieve/download any inappropriate material, including material that is defamatory, abusive, obscene, profane, gang-related, sexually threatening, racially offensive or illegal.
- Not attempt to harm, modify without system administrator approval, gain unauthorized access to district systems or data, destroy software, or interfere with system security.
- Notify a system administrator if a password is lost or stolen, or if there is reason to believe that someone has obtained unauthorized access to the system.
- Not use the network in a way that would disrupt the use of the network by others.
- Understand that e-mail on networks should not be considered absolutely secure or private.
- Not reveal home addresses or personal phone numbers over the system.
- Not use the EIS to make any unauthorized purchases or to conduct any non-approved business.
- Abide by all copyright regulations, thereby refraining from illegally copying copyrighted software.
- Follow all school policies and parent/student handbooks as written.

The use of computing resources in the New Horizon School for the Performing Arts is a privilege, not a right. Any action by me specifically stated in this document or determined by a system administrator to constitute inappropriate use of a computer system or network system is subject to consequences. Depending on the seriousness of the user's offense, consequences will be administered as stipulated in the New Horizon School for the Performing Arts, and will be subject to all applicable laws.

**I understand and will abide by the above terms and conditions of this acceptable use policy, and will use computer and electronic resources for school purposes only. I further understand any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to my parent/legal guardian and me if I am under age eighteen (18). Should I commit any violation, I am subject to the consequences of the school and district disciplinary code and of State and Federal Law.**

It is the responsibility of the students to follow all school rules, teacher directions and procedures, and to report any inappropriate use or material to school personnel. The use of school technology, networks, and Internet services does not create any expectation of privacy. New Horizon School for the Performing Arts reserves the right to search and/or monitor any information, created, accessed, sent, received, and/or stored in any format by students on school equipment. By signing below you are indicating that you understand and agree to follow the district and school policies.

**ELECTRONICS AND CELL PHONES**

- Cell phones and personal electronics are not allowed to be used on campus during the school day or during any school related functions. If your student brings a cell phone or other electronics these items MUST stay in the student's backpack.. The school is NOT responsible for lost, damaged or stolen items that your student brings to school

**PRINT: Student's name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**PRINT: First/ Last name of Mother or Legal Guardian** \_\_\_\_\_

**PRINT: First/ Last name of Father or Legal Guardian** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

This agreement will be enforced for the duration of your child's enrollment at New Horizon School for the Performing Arts

**Uniform T-Shirt Order Form 2018-2019**

5/23/18

School uniform is in accordance with Parent-Student Handbook

**ALL T-shirts are \$7.00 each**

- At least **ONE RED** New Horizon T-Shirt \$7.00
- **ONE** School "Play-Theme" T-Shirt \$7.00
- **Clear Backpack** (no color) \$10.00

You do not have to buy a backpack from the school,  
but the one that a student has must be **CLEAR** or see through.

STUDENT'S FIRST NAME/S \_\_\_\_\_ LAST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_ EMAIL \_\_\_\_\_

**RED CHILD SIZES**

Small 6/8 Qty: _____	Medium 10/12 Qty: _____	Large 14/16 Qty: _____	Qty	Amount \$
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**NAVY BLUE CHILD SIZES**

Small 6/8 Qty: _____	Medium 10/12 Qty: _____	Large 14/16 Qty: _____	Qty	Amount \$
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**SCHOOL PLAY T-SHIRT CHILD SIZES**

Small 6/8 Qty: _____	Medium 10/12 Qty: _____	Large 14/16 Qty: _____	Qty	Amount \$
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**RED ADULT SIZES**

Small Qty: _____	Medium Qty: _____	Large Qty: _____	Qty	Amount \$
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**NAVY BLUE ADULT SIZES**

Small Qty: _____	Medium Qty: _____	Large Qty: _____	Qty	Amount \$
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**SCHOOL "PLAY" T-SHIRT ADULT SIZES**

Small 6/8 Qty: _____	Medium 10/12 Qty: _____	Large 14/16 Qty: _____	Qty	Amount \$
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**CLEAR BACKPACK \$10.00 Qty \_\_\_\_\_ Amount \$ \_\_\_\_\_**

Total due \$ \_\_\_\_\_ (CASH ONLY)



Parent/Guardian Signature \_\_\_\_\_ Date of Order \_\_\_\_\_

Office Use Only	Date	Receipt #	Staff Initials	Signature:	Received	Date:
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