

Entry Date \_\_\_\_\_

Application Date \_\_\_\_\_/Time \_\_\_\_\_

New Horizon School for the Performing Arts

05-05-20

446 East Broadway Rd. Mesa, Arizona 85204

480 655-7444 fax: 480 655-8220

OFFICE ONLY:

**STUDENT ENROLLMENT CHECKLIST**[www.nhorizon.net](http://www.nhorizon.net)

Last Name			First Name			Middle Name			
Birth Date Month    Day    Year			Gender M   /   F	Grade	Phone numbers: Mother and Father		SAIS ID		
							Date	Parent Initials	Registrar Initials
<b>1 Tour the School / View School DVD</b>									
<b>2 Review Parent Student Handbook with Registrar</b>									
<b>3 BRING:</b> The office will make copies and return the originals									
Birth Certificate									
Shot Records (6th Graders / 11+year olds) Need MCV4 / TDAP									
<b>4 FORMS</b>									
Student Enrollment Card/Education Information									
McKinney-Vento Eligibility									
Medical Information Special Need Survey/ IEP									
Chickenpox (Varicella) Disease / Shot									
FREE Immunization Clinics Information page									
6th Grade or 11 year olds shots needed for compliance with the LAW									
Language Survey / PHLOTE									
AZ Residency Documentation (lease, utility, cell phone bill, etc)									
To and from school list/ walking /parent pick up / Daycare van									
Policy: Parent – Teacher- Student Compact									
Policy: Acceptable Use of School and Personal Electronic Services									
Supply List									
NH Dress Code									
Violin Strings Agreement (4 <sup>th</sup> – 6 <sup>th</sup> Grade)									
Student Record Request									
Medical Record Request									
T-Shirt Order Forms									
State Lunch Application									
<b>5 STUDENT ALERTS - Custody, Guardianship, and Protection orders or others</b>									
<b>6 PAYMENTS</b>							Amt. Paid		
School uniforms: Qty ordered _____ \$Paid cash _____ Receipt # _____									
NO uniforms will be ordered unless paid in full.									

**OFFICE USE ONLY**

1. Make student cum folder for new student.	
2. Put student on all attendance records and assign passcodes.	
3. Enter data on School Master and One Call Now	
4. New Student Check Sheet – Testing, 45 Day Screening & follow as outlined.	

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)**

05/06/20

## Student Information/Enrollment Card

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

## 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 \_\_\_\_\_

## STUDENT TRANSPORTATION

Before School ☐ Walks Alone ☐ Walks w/ Adult \_\_\_\_\_ ☐ Daycare \_\_\_\_\_  
 After School ☐ Car ☐ Public Transportation \_\_\_\_\_ ☐ Daycare \_\_\_\_\_  
 Daycare name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Page 1



## 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

### The Student?

- ☐ Lives in own home, rented home or apartment
- ☐ Lives with 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

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 awaiting 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

Office Use Only	School Liaison Signature	Date
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05-05-20

### 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	No	Sometimes	Always	Teeth grinding	No	Sometimes	Always
Poor coordination	No	Sometimes	Always	Wets the bed	No	Sometimes	Always
Poor eating habits	No	Sometimes	Always				

Is student under treatment for any medical, physical, emotional or psychological 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.

If my child has a fever or headache, office personnel has permission to administer tylenol or ibuprofen \_\_\_\_yes \_\_\_\_no

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

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

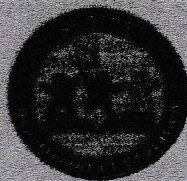
**Mesa Fire Department**  
Fiesta Mall  
1455 W. Southern Ave.(down stairs next to Macy's)  
Mesa, 85202  
480-644- 3459

**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

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

**Jann Wyler**  
Administrator





Arizona Department of Education  
Office of English Language Acquisition Services

**Home Language Survey**

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

\_\_\_\_\_

2. What language does the student speak *most* of the time?

\_\_\_\_\_

3. What language did the student first speak or understand?

\_\_\_\_\_

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

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

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

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

School \_\_\_\_\_

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



## 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

## To School / From School

Last Name	First Name	Middle Name	
Birth Date	Gender M/F	Grade	Phone #

### Before School

- ☐ Walks Alone Comments: \_\_\_\_\_
- ☐ Walks with Adult Comments: \_\_\_\_\_
- ☐ Car Comments: \_\_\_\_\_
- ☐ Public Transportation Comments: \_\_\_\_\_
- ☐ Daycare

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### After School

- ☐ Walks Alone Comments: \_\_\_\_\_
- ☐ Walks with Adult Comments: \_\_\_\_\_
- ☐ Car Comments: \_\_\_\_\_
- ☐ Public Transportation Comments: \_\_\_\_\_
- ☐ Daycare :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Last Name Name		First Name				Middle			
Birth Date    Month,   Day,   Year		Gender Male                  Female		Grade		SAIS ID			
Name of Previous School attended:						Phone of Previous School:			
Previous School Address, City, and Zip						Fax of Previous School:			
Grades Attended:    Headstart      Pre-K      K      1      2      3      4      5      6									
<p>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</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>Regular Educational Cumulative Files</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Permanent Record Card</li> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Proof of Residency</li> <li><input type="checkbox"/> Attendance Records</li> <li><input type="checkbox"/> Grades/Report Card</li> <li><input type="checkbox"/> Standardized Testing/Assesment Results</li> <li><input type="checkbox"/> Discipline Records</li> <li><input type="checkbox"/> Expelled or Suspended information</li> <li><input type="checkbox"/> Withdraw Form</li> </ul> </div> <div style="width: 48%;"> <p><b>Special Education</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IEP</li> <li><input type="checkbox"/> Psychological Evaluation</li> </ul> <p><b>PHLOTE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ELL/ELD</li> <li><input type="checkbox"/> AZELLA Scores</li> </ul> <p><b>Health/Medical Records</b></p> <p><b>Legal Documents</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Custody</li> <li><input type="checkbox"/> Restraining Orders</li> </ul> </div> </div>									
PRINT: Mother's name _____ PRINT: Father's name _____ Parent-Guardian Signature _____						Date			
<b>Office Use Only</b>		Records Request Sent				Records Received			

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

## 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 [linda@nhorizon.net](mailto:linda@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

\_\_\_\_\_  
 Date



**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.
- 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.
- 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 **immediately** of any changes to your home, work, and employment contact information.

**Students will:**

- Follow the school rules, be thoughtful, honest, respect authority and respect your classmates.
- Do assigned classwork.
- Support their 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 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 administrated 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 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 front office. The school is **NOT** responsible for lost, damaged or stolen items.

**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



**DEADLINE TO ORDER JULY 13-17, 2020**

Next Uniform Orders will be end of October, 2020

**ALL T-shirts are \$8.00 each**

- At least **ONE RED** New Horizon T-Shirt \$8.00
- Sweat pants/shorts available to order (child sizes-\$6.00; adult sizes-\$8.00)  
 Navy blue dazzle shorts can also be purchased at Walmart, Target, Amazon or any dept store.

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

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

**RED T-SHIRT**

**CHILD SIZES**

<b>Small 6/8</b> Qty: _____	<b>Medium 10/12</b> Qty: _____	<b>Large 14/16</b> Qty: _____	<b>Qty</b>	<b>Amount</b> \$
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**NAVY BLUE T-SHIRT**

**CHILD SIZES**

<b>Small 6/8</b> Qty: _____	<b>Medium 10/12</b> Qty: _____	<b>Large 14/16</b> Qty: _____	<b>Qty</b>	<b>Amount</b> \$
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**SWEAT PANTS - \$6.00**

**CHILD SIZES**

<b>X-Small (4-5)</b> Qty: _____	<b>Small (6-8)</b> Qty: _____	<b>Medium (10-12)</b> Qty: _____	<b>Large (14-16)</b> Qty: _____	<b>Amount</b> \$
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**BASKETBALL TYPE SHORTS - \$6.00**

<b>X-Small (4-5)</b> Qty: _____	<b>Small (6-8)</b> Qty: _____	<b>Medium (10-12)</b> Qty: _____	<b>Large (14-16)</b> Qty: _____	<b>Amount</b> \$
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**RED T-SHIRT**

**ADULT SIZES**

<b>Small</b> Qty: _____	<b>Medium</b> Qty: _____	<b>Large</b> Qty: _____	<b>Qty</b>	<b>Amount</b> \$
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**NAVY BLUE T-SHIRT**

**ADULT SIZES**

<b>Small</b> Qty: _____	<b>Medium</b> Qty: _____	<b>Large</b> Qty: _____	<b>Qty</b>	<b>Amount</b> \$
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**SWEAT PANTS - \$8.00**

**ADULT SIZES**

<b>Small</b> Qty: _____	<b>Medium</b> Qty: _____	<b>Large</b> Qty: _____	<b>Qty</b>	<b>Amount</b> \$
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**BASKETBALL TYPE SHORTS - \$8.00**

<b>X-Small (4-5)</b> Qty: _____	<b>Small (6-8)</b> Qty: _____	<b>Medium (10-12)</b> Qty: _____	<b>Large (14-16)</b> Qty: _____	<b>Amount</b> \$
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Total due \$ \_\_\_\_\_ (CASH ONLY)

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

<b>Office Use Only</b>	<b>Date</b>	<b>Receipt #</b>	<b>Staff Initials</b>	<b>Received</b> Signature: _____	<b>Date:</b> _____
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