

The following documentation is required to attend New Horizon School.

• **Proof of Age and Identity (one of the items listed below):**

1. A certified copy of the pupil's birth certificate
2. Pupil's Baptismal Certificate
3. Application for a social security number
4. Original school registration records
5. Affidavit explaining the inability to provide a copy of the birth certificate
6. Letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

• **Immunizations – Shot Records or Waiver for Personal or Religious Preferences.**

Although statute stipulates that immunization are required attendance, immunization may not be required for enrollment, but will be required for admittance unless the exceptions below are met:

1. Waiver for Personal or Religious Preferences
2. Written certification that is signed by the parent or guardian and by a physician or a registered nurse practitioner that states that one or more of the required immunizations may be detrimental to the pupil's health and that indicates the specific nature and probable duration of the medical condition that precludes immunization.

• **Proof of Residency – (one of the items listed below)**

1. Valid Arizona driver's license,
2. Arizona identification card
3. Valid Arizona motor vehicle registration
4. Valid Arizona Address Confidentiality Program authorization card
5. Property deed/Mortgage documents
6. Property tax bill
7. Rental agreement or lease (including Section 8 agreement or off-base military housing)
8. Utility bill (water, electric, gas, cable, phone)
9. Bank or credit card statement
10. W-2 wage statement
11. Payroll stub
12. Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
13. Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security, etc.)
14. Temporary on-base billeting facility (for military families)
15. Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification cards that are issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card.

Entry Date _____

New Horizon School for the Performing Arts

02-9-23

2 sided form

446 East Broadway Rd. Mesa, Arizona 85204

480 655-7444 fax: 480 655-8220

www.nhorizon.net

Student Information/Enrollment Card

Last Name		First Name		Middle Name	
Gender Male / Female		Grade		SAIS ID	
Birth Date Month, Day, Year		Birth <u>STATE</u>		Birth <u>COUNTRY</u>	
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 #	
Cell #		Email		Cell #	
Work #		Employer		Work #	
Work #		Employer		Work #	

EDUCATION INFORMATION

Previous School Name			Last Grade Completed		
City		State		Zip Code	
City		State		Zip Code	

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 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 _____

MILITARY CONNECTED STUDENT (Please check box that applies to you)

- Student is a dependent of a member of the United States military service in the active Duty Army, Navy, Air Force, Marine Corp or Coast Guard
- Student is a dependent of a full-time member of the National Guard or Reserve force of the United States Military.
- Student is a dependent of a member of the National Guard or Reserve force of the United States Military
- None of the above.

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

Federal Survey	Select all that Apply: Ethnicity - Is Student Hispanic/Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Declined to Answer
Special Services Survey	504 Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes Does student have an IEP <input type="checkbox"/> No <input type="checkbox"/> Yes We request documentation for continuity in services.

MEDICAL INFORMATION

Family Physician	Address, City, Zip	Phone Number
<input type="checkbox"/> Health Impairment <input type="checkbox"/> Physical Disability <input type="checkbox"/> Psychological Disorder <input type="checkbox"/> Allergies <input type="checkbox"/> Medications <input type="checkbox"/> Food Allergy		
If my child has a fever or headache, I give permission for the office staff to administer Tylenol or Ibuprofen ___ Yes ___ No Medications Specify: _____ Allergies Specify: _____ Food Allergies Specify: _____		

STUDENT ALERTS

MUST PROVIDE COURT PAPERS	NO ___ Student Alerts
<input type="checkbox"/> Custody Custody Papers provided YES ___ Expiration Date _____ <input type="checkbox"/> Restraining Order Restraining Order YES ___ Expiration Date _____ <input type="checkbox"/> Religious Consideration: _____	

EMERGENCY CONTACT PERSONS

Name	Address	Cell #	Relationship
Name	Address	Cell #	Relationship
Name	Address	Cell #	Relationship
Daycare/Guardian	Address	Phone No.	

We, the Parents or Legal Guardians of the above named child, give consent to the school personnel to call 911 if there is an emergency and, if necessary, have the child transported to the nearest medical facility. I understand that New Horizon School does not provide accident medical/dental coverage for students due to injuries/illnesses occurring at school. In case of injury or sudden illness, I, the undersigned, give authority to any hospital or medical personnel to render immediate aid as might be required at the time for his/her health and safety. I understand that any incurred expenses of this service are my responsibility.

PRINT: First/ Last name of Mother or Legal Guardian

PRINT: First /Last name of Father or Legal Guardian

Parent or Legal Guardian Signature

Date

Page

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 Liason 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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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 wheelchar; 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 <input type="checkbox"/> yes <input type="checkbox"/> 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. 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

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 <u>New Horizon School for the Performing Arts</u>	

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)

Office of English Language Acquisition Services

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.

- Valid Arizona driver's license,
- Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card •
- Property deed/Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub

Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona

Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

Temporary on-base billeting facility (for military families)

Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification cards that are issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card.

PRINT: First/ Last name of Mother or Legal Guardian

PRINT: First /Last name of Father or Legal Guardian

Parent or Legal Guardian Signature

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> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Regular Educational Cumulative Files</p> <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Record Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunizations <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Attendance Records <input type="checkbox"/> Grades/Report Card <input type="checkbox"/> Standardized Testing/Assesment Results <input type="checkbox"/> Discipline Records <input type="checkbox"/> Expelled or Suspended information <input type="checkbox"/> Withdraw Form </td> <td style="width:50%; vertical-align: top;"> <p>Special Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> IEP <input type="checkbox"/> Psychological Evaluation <p>PHLOTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> ELL/ELD <input type="checkbox"/> AZELLA Scores <p>Health/Medical Records</p> <p>Legal Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custody <input type="checkbox"/> Restraining Orders </td> </tr> </table>			<p>Regular Educational Cumulative Files</p> <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Record Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunizations <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Attendance Records <input type="checkbox"/> Grades/Report Card <input type="checkbox"/> Standardized Testing/Assesment Results <input type="checkbox"/> Discipline Records <input type="checkbox"/> Expelled or Suspended information <input type="checkbox"/> Withdraw Form 	<p>Special Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> IEP <input type="checkbox"/> Psychological Evaluation <p>PHLOTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> ELL/ELD <input type="checkbox"/> AZELLA Scores <p>Health/Medical Records</p> <p>Legal Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custody <input type="checkbox"/> Restraining Orders
<p>Regular Educational Cumulative Files</p> <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Record Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunizations <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Attendance Records <input type="checkbox"/> Grades/Report Card <input type="checkbox"/> Standardized Testing/Assesment Results <input type="checkbox"/> Discipline Records <input type="checkbox"/> Expelled or Suspended information <input type="checkbox"/> Withdraw Form 	<p>Special Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> IEP <input type="checkbox"/> Psychological Evaluation <p>PHLOTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> ELL/ELD <input type="checkbox"/> AZELLA Scores <p>Health/Medical Records</p> <p>Legal Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custody <input type="checkbox"/> Restraining Orders 			
PRINT: Mother's name _____ PRINT: Father's name _____ Parent-Guardian Signature _____		Date		
Office Use Only	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

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
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

Signature

First / last name Father Parent/Legal Guardian
Parent/Legal Guardian

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 4th, 5th, or 6th 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. **This document will be maintained in student's cum file.**

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 _____

Date _____ Grade _____

Student's Name _____

Date _____ Grade _____

Mother/Legal Guardian's name: _____

Date _____

Father/ Legal Guardian's name _____

Date _____

Parent Signature _____

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

Uniform T-Shirt Order Form 2020-2021
 School Uniform is in accordance with NHSPA Handbook

02-08-23
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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)
 If this causes financial hardship, please email jann@nhorizon.net or linda@nhorizon.net

STUDENT'S FIRST NAME/S _____ LAST NAME _____ GRADE _____

PARENT'S NAME _____ PHONE NO _____ EMAIL _____

RED T-SHIRT CHILD SIZES

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

Small 6/8 Qty: _____	Medium 10/12 Qty: _____	Large 14/16 Qty: _____	Qty	Amount \$
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SWEAT PANTS - \$8.00 CHILD SIZES

X-Small (4-5) Qty: _____	Small (6-8) Qty: _____	Medium (10-12) Qty: _____	Large (14-16) Qty: _____	Amount \$
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BASKETBALL TYPE SHORTS - \$8.00

X-Small (4-5) Qty: _____	Small (6-8) Qty: _____	Medium (10-12) Qty: _____	Large (14-16) Qty: _____	Amount \$
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RED T-SHIRT ADULT SIZES

Small Qty: _____	Medium Qty: _____	Large Qty: _____	Qty	Amount \$
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NAVY BLUE T-SHIRT ADULT SIZES

Small Qty: _____	Medium Qty: _____	Large Qty: _____	Qty	Amount \$
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SWEAT PANTS - \$10.00 ADULT SIZES

Small Qty: _____	Medium Qty: _____	Large Qty: _____	Qty	Amount \$
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BASKETBALL TYPE SHORTS - \$10.00

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

Parent/Guardian Signature _____ Date of Order _____

Office Use Only	Date	Receipt #	Staff Initials	Signature:	Received	Date:
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www.nhorizon.net

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, 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.
- ONLY Navy Blue leggings are allowed.

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 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.

Student Supply list 2023-2024

BRING items on the 1st day of school, Tuesday August 1, 2023

If this places a financial hardship, please contact jann@nhorizon.net or linda@nhorizon.net

POLICY

**All Students will provide their own pencil box full of supplies.
Pencil box contents will not be shared.**

Students are to bring the below items in their Pencil Box on the first day of school, Tuesday August 1, 2023

- * 1-Pencil Box
- * 1- box of 24-colors Crayola Crayons
- * 1- box of 12 colored pencils (NOT erasable)
- * 4 glue sticks
- * 4 large pink erasers
- * 1 pair of childrens scissors (NOT adult scissors)
- * 6 #2 pencils **NO MECHANICAL PENCIL**
Quality #2 pencils can be found at Wal-Mart

All K-6th students bring the following additional supplies

- _____ 2 - HEADPHONES over the ears. NO EARBUDS
- _____ 2- packages of blank white copy paper
- _____ 4- boxes of tissues
- _____ 1- package of colored markers
- _____ 2 **YELLOW** highlighters
- _____ 2 **WIDE** Ruled composition notebooks NO BLACK
- _____ 2 packages of **WIDE RULED** line paper
- _____ 2- Spiral notebooks **WIDE RULED** plain color **NO BLACK**

5th and 6th students also bring the below items.

- _____ 3 packages of **COLLEGE** ruled lined paper.
- _____ 2 spiral notebooks, plain color, **NO BLACK**,
with at least 70 sheets of **COLLEGE RULED** pages
- _____ Pocket Dictionary

BRING all items on the 1st day of school Tuesday August 1, 2023

7:20-7:50 AM Breakfast and 8:00 AM school starts

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

www.nhorizon.net

POLICY – Discipline, Demerits, Suspension, and Expulsion

Board adopted and changed February 2, 2023

PARENT Reads and signs MANDATORY TO READ:

Any parent that completes a registration application for their child to attend New Horizon School for the Performing Arts **and the child has been EXPELLED** from another school **will not be admitted**. If a parent completes the application and does **not** disclose that their child has been **EXPELLED** and through the enrollment process it is discovered that the student had been **EXPELLED**, the student **will not be admitted**. If the student is admitted and later through communication of a former school or school district records, indicate that the student was **EXPELLED**, that grants immediate is cause for dismissal.

DISCIPLINARY ACTIONS:

1. PARENT NOTICES: 1) School work not finished 2) Out of uniform 3) Blue or Red slip not returned and signed 4) Red folder/homework due to absence

2. DAILY HOMEWORK FOLDER - CALENDAR

Teacher mark the student's folder daily as to the color he/she receives and also circle the initial (Y.O.B.R.) of the color.

All discipline forms will be in the homework folder to be signed or initialed by the parent and returned the next day.

If an incident happens at lunch the lunch aide will tell the teacher of record what happened. The teacher of record will let the lunch aide know if she needs to have it written up. Teachers are to write all BLUE and RED slips.

Teacher RED /BLUE slip for the documentation notebook.

DISCIPLINE COLORS

GREEN = It's been a good day! Good behavior!
YELLOW = **NO THINK SHEET** Warning -Student needs to have **TWO** warning **CHECK MARKS** on the board by the **student's name** before color change.
It needs to be visual for the students.

ORANGE = **THINK SHEET**
Student can be placed directly on **ORANGE** and skip "YELLOW" (severe actions)
Stop and immediately give a "Think Sheet" to the student to complete on his/her own.
1. Student finishes Think Sheet, immediately after the student finishes the **THINK SHEET**
2. Music & Dance do not write **THINK SHEETS**.
Immediately after the class the dance or music teacher will complete a form and list any students who have a color change the reason. A student from MUSIC or DANCE will bring the Behavior form to the teacher.
The teacher will issue the color change and THINK SHEET.

BLUE & RED THINK SHEET follow the same process as listed under **ORANGE**

PROCESS THINK Sheets

- Teacher keeps all THINK SHEETS" in a separate folder for the month.
- Teacher will make copies of that month's calendars and THINK SHEETS, staple them together and put them in the student's class cum folder.
- THINK SHEETS ABC order cover sheet on top for just the month not by week and Homework Calendars are to be given to Jann Wyler the first Friday of each month from the previous month by 3 PM. EXAMPLE: Feb. 3rd turn in all January calendars & Think sheets. If a child is absent the date due, put in a blank paper with the student's name as a place holder with think sheets and when the child returns teacher make a copy of the child's calendar
Staple them together and put them in their student class folder.
- Attach behind each student's homework calendar their THINK SHEETS showing that if a student had a color change of ORANGE, BLUE OR RED, it matches the homework monthly calendar.

DEMERITS for RED SLIPS are #1-15

Every red slip offense will receive a certain number of demerits depending on the severity of the incident.

The student will take the **RED slip** home to be signed by the parent and returned the next day to the teacher. A meeting may be scheduled by the parent or administration regarding the **RED slip**.

If a student receives **THREE DEMERITS** in one day they may be sent home with assignments.

5. SCHOOL DISCIPLINE according to the # of DEMERITS given:

3 DEMERITS = 3 demerits received 1 day in school suspension
4 DEMERITS = 1 day in-school suspension
8 DEMERITS = 3 days of in-school suspension.
12 DEMERITS = 1 day of in-home suspension and 4 days of in-school suspension.

15+ DEMERITS = Advisory School Board meeting and student will be expelled.

Anytime a student receives a **RED slip** there can be a meeting with the student, parents and administration. Upon receiving 15 demerits an Advisory Board meeting will be held regarding that student and the parents will be notified and advised to attend. A student at that time may be suspended or expelled for violations of any rules of conduct outlined in the handbook, posted in classrooms, or verbally stated by staff and administration. Student actions may be monitored by video cameras in various places on campus. Student/parent will be responsible to pay restitution, replace damaged items, or return any stolen items. If a law is broken the police will be contacted.

BLUE SLIP CONSEQUENCES – One ½ Day In-House Suspension with different grade teacher.

3- blue slips equal 1 Demerit. The Parent will sign the blue slip and return it the next day.

BLUE SLIPS

	Definition
Disruption	Behaviors interfering with the educational process include, but not limited to sustained loud talking, yelling, screaming, noise with material, horseplay, roughhousing, or play-fighting, and or sustained out-of-seat behavior, and blurting out, etc.
Inappropriate/ Writing/ Drawing/ Language/Gestures	Profanity, verbal or written messages and/or gestures, including swearing, name-calling or use of words or drawings in an inappropriate way.
Cell phones /electronic devices	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. See Page 16 for more information.
Insubordination/ Defiance	Refusal to follow directions, talking back, rude to an adult, refusal to deliver and/or return school correspondence, when required.

RED SLIP = Demerit weight is subject to the severity of the incident.

Three ½ days In-House Suspension with different grade teacher.

15 - demerits equal expulsion. Parent sign RED slip and return next school day if NOT teacher will call the parent.

Any of the RED Slip offenses could result in a parent being called and possible police report.

Problem Behavior	Definition	Demerit Between 1-15
Bullying/ Harassment	Conduct directed at a specific person that causes substantial emotional distress for example: teasing, taunting, instigating, provoking, name-calling, racial or ethnic slurs, or other derogatory statements, which are offensive. Words or actions that threaten injury to another person or that intimidate another person through fear for his/her safety or well-being. Violating personal property. Violating personal space or inappropriate touching. See page Pg. 27 for more information.	1-15 depending on situation
Stealing	Student is responsible for deliberately taking school or private property.	1-15 depending on situation
Lying/Cheating	Student fabricates untrue stories; copies another's work or plagiarizes.	1-15 depending on situation
Vandalism & Weapons Possession of Prohibited Items	Student deliberately impairs the effectiveness or use of property, including graffiti, which is writing or drawings scribbled, scratched, or sprayed illicitly on a wall or other surface on school property. Weapons including, but not limited to: gun, knife, and sharp object. See page 18 for more information.	1-15 depending on situation
Fighting/Aggression	Actions involving physical force on another person where injury may occur (e.g., hitting, pushing, grabbing forcefully, kicking, scratching, hair-pulling, striking with an object, throwing objects with intent to harm).	1-15 depending on situation
Violation of computer, technical equipment etc.	See pages 26 -27 for more information.	1-15 depending on situation
Unsupervised access	Entering classroom, kitchen, computer lab, library, sound studio, recital hall, teacher workroom, or any other place on campus without permission from an adult.	1-15 depending on situation

KUDO REWARD PROGRAM

KUDOS ARE GIVEN TO STUDENTS

- Given to students throughout the day for:
- Having good behavior
- Being helpful
- Doing a good deed
- Etc.

KUDOS ARE SAVED

- Every student will have a special place to put his/her Kudos.
Such as: KUDO envelope in his/her desk
 Pencil Box

KUDOS ARE GIVEN ONCE A WEEK FOR THEIR HOMEWORK FOLDER

- Only on Fridays give our Kudos for the Homework Folder.
 - Kudos give for the below:
 - Teachers use your fire drill sheet as a daily check sheet to daily mark the below
 - KUDO's given for the below:
 - Green 5 possible they have 3 days on green. = 3
 - Signature of the parent 5 possible they have 2 days on signatures = 2
(not signed circle and highlight it) to show it is a "0"
 - Homework done 5 possible they only have 1 = 1
- Total for the week from the Homework folder. = 6**

KUDOS HAVE VALUE Popsicle Day & "Fun Friday Kudo Auction" 4 x's yr. Oct. Dec. Feb. May

- Popsicle Wednesday – 3 KUDOS will buy you a Popsicle
 - 3:00 PM students leaving school
 - 4:00 PM students staying for After School Tutoring
- Worth .50cents for the "Fun Friday Kudo Classroom Auction"
 - Auction would be held at the end of the following months – or once every Quarter.
October, December, February and May
- The Auction would be announced for 2- weeks prior to the classroom Auction for students in their class
To bring something from home that they don't want any more that would be auction on the
Day of the Auction. Things such as: books, balls, toys, action figures, games, cards, no stuffed animals.
- It is up to the teacher to advertise the auction and get things to be auction the day of the Fun Friday Kudo Auction.
- It is up to the teacher to be in charge of the auction.
- Teachers can supplement the auction with things they have collected.