

**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.



## 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"/> Sickel 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 Difficulty Sleeping Fights with others Frequent crying Nightmares poor coordination Poor eating habits	No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always	Prefers to play alone Restlessness/hyperactivity Sucks thumb Tantrums Teeth grinding Wets the bed	No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always No   Sometimes   Always
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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.
If my child has a fever or headache, office personnel has permission to administer tylenol or ibuprofen <u>    </u> yes <u>    </u> 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





**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 05-2023)



## 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> <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="radio"/> IEP</li> <li><input type="radio"/> Psychological Evaluation</li> </ul> <p><b>PHLOTE</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> ELL/ELD</li> <li><input type="radio"/> 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="radio"/> Custody</li> <li><input type="radio"/> 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)

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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 [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

\_\_\_\_\_  
Signature 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 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. **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 \_\_\_\_\_

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



## **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**

<b>GREEN</b>	=	It's been a good day! Good behavior!
<b>YELLOW</b>	=	<b>NO THINK SHEET</b> Warning -Student needs to have <b>TWO</b> warning <b>CHECK MARKS</b> on the board by the <b>student's name</b> before color change. <b>It needs to be visual for the students.</b>
<b>ORANGE</b>	=	<b>THINK SHEET</b> Student can be placed directly on <b>ORANGE</b> and skip <b>"YELLOW"</b> (severe actions) Stop and immediately give a "Think Sheet" to the student to complete on his/her own. <ol style="list-style-type: none"><li>1. Student finishes Think Sheet, immediately after the student finishes the <b>THINK SHEET</b></li><li>2. Music &amp; Dance do not write <b>THINK SHEETS</b>. 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. <b>The teacher will issue the color change and THINK SHEET.</b></li></ol>

#### **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. 3<sup>rd</sup> 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. If student does not return **RED SLIP** the next day, student will get a **BLUE SLIP**.

**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	<b>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.</b> 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. If student does not return RED SLIP the following day, a BLUE SLIP will be issued.**

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.



## Student Supply list 2025-2026

**BRING** items on the 1st day of school,

If this places a financial hardship, please contact [jann@nhorizon.net](mailto:jann@nhorizon.net) or  
[linda@nhorizon.net](mailto: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,

- \* 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 1<sup>st</sup> day of school

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



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

02/01/25  
 Page 13

**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](mailto:jann@nhorizon.net) or [linda@nhorizon.net](mailto: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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**DRESS Code:**

New Horizon School follows a school uniform policy to promote school unity, and standards of dress. All students must follow the below standards of dress, hair, and what is required and not permitted.

**REQUIRED UNIFORM:**

- Navy blue sweat pants, sweat shorts (to the knee) or dazzle navy blue shorts.
  - These may be ordered when the school purchases them, which is usually 3 times a year.
  - You can order pants or shorts from Hanes, Wal-Mart or Target.
- School T-shirt either red or navy blue with the school logo.
  - These must be purchased from the school.
- Uniforms **MUST** be kept clean, no holes, in the shirts, pants or shorts.
- Suggested number to purchase.
  - 6 New Horizon School T-shirts at least one RED one for some performances or field trips.
  - 4 pair of long navy-blue sweat pants
  - 4 pair of sweat pants or dazzle shorts

**PERMITTED**

- Flexible light weight tennis shoes
- Sweatshirts and hoodie jackets when weather permits
- Unscented deodorant
- Studs (only) earrings for girls

**NOT PERMITTED**

- Leggings
- Knee high socks
- Layered clothing unless New Horizon shirt is on top.
- Hele shoes
- Perfume, cologne or makeup (light makeup can be worn for performances).
- Jewelry, necklaces, ear-rings only studs for girls, bracelets. Etc.

**HAIR**

- We prefer Long hair to the shoulders be pulled back in a pony tail.
- No faddish styles such as: spiked, shaved heads, mohawks, unnatural colors.

**\$\$\$ DOLLARS FOR DUDS Friday's ONLY - NO \$ Dollars for Duds for Pre-K students**

- Students can pay \$1.00 (cash) when they come to school on Fridays to be allowed to wear clothing of their choice, with school standards and below regulations.
- **PERMITTED:** long pants, long jeans (no ripped jeans, or holes in clothing) Shorts to the knee, regular tennis shoes and socks.
- **NOT PERMITTED:** No dresses, skirts, no shirts with no sleeves, or sleeveless tops, or tank tops. No shirts with any kinds of bad language, or advertising such as alcohol, foul language, obscene pictures on the shirts.  
No boots or crazy socks. NO knee-high socks. Must have shoes and socks.