

New Students ENROLLMENT Entire PACKET

Cover Sheet - Student Enrollment Check list (Office Use)

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- 2. Student Enrollment Card page 2**
- 3. McKinney- Vento Eligibility**
- 4. Medical Information / Special Needs Survey**
- 5. Varicell Verification / Chickenpox (Varicella) Disease/ Shot**
- 6. Free Immunization Clinic Information**
- 7. 6th Graders or 11 years old / Immunizations needed**
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- 9. Arizona Residency**
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- 18. Uniform Order**
- 19. Calendar**

Entry Date _____

Application Date _____/Time _____

New Horizon School for the Performing Arts
446 East Broadway Rd. Mesa, Arizona 85204

2-13-20

OFFICE ONLY:

480 655-7444 fax: 480 655-8220

STUDENT ENROLLMENT CHECKLIST

www.nhorizon.net

Last Name			First Name			Middle Name			
Birth Date			Gender M / F	Grade	Phone numbers: Mother and Father		SAIS ID		
Month	Day	Year							
							Date	Parent Initials	
								Registrar Initials	
1	Tour the School / View School DVD								
2	Review Parent Student Handbook with Registrar								
3	BRING: The office will make copies and return the originals								
	Birth Certificate								
	Residency Requirement (Utility Bill, Deed or Mortgage, Lease Agreement)								
	Shot Records (6th Graders / 11+year olds) Need MCV4 / TDAP								
4	FORMS								
	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								
	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 th – 6 th Grade)								
	Student Record Request								
	Medical Record Request								
	T-Shirt Order Forms								
	State Lunch Application								
5	STUDENT ALERTS - Custody, Guardianship, and Protection orders or others								
6	PAYMENTS								
	School uniforms: Qty ordered _____ \$Paid cash _____ Receipt # _____							Amt. Paid	
	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

02/13/20

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 #	
Email		Cell #		Email	
Work #		Employer		Work #	
Employer		Work #		Employer	

EDUCATION INFORMATION

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

Has student ever been **SUSPENDED** from school? No Yes
 Has student ever been **EXPELLED** from school? No Yes
 If YES, name of school, city, state and date of offense and explanation
 I, the Parent / Legal Guardian state that the above information is true and correct, signed and dated.
 After receiving records from your previous school or any school the student has attended and the above is YES regarding your child being **SUSPENDED OR EXPELLED**, and we find that you have not told the truth regarding these . Your student will be withdrawn from New Horizon School for the Performing Arts

Legal
Parent/ Guardian Signature _____ Date _____

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

STUDENT TRANSPORTATION

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

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

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind.
If you have questions contact the Homeless 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 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.
List any concerns about your child's health status:	

PRINT: First/ Last name of Mother or Legal Guardian

PRINT: First /Last name of Father or Legal Guardian

Parent or Legal Guardian Signature

Date

Varicella Verification, Chickenpox (Varicella) Disease , Shot

Student's last name

First Name

Middle

Birth date: Month _____ Day _____ Year _____

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

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

____ Yes, my student has had chickenpox. Month _____ Year _____

____ Yes, my student has had chickenpox shot/Vaccine* Date _____

____ No, my student has not had chickenpox.

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

Please obtain the vaccination immediately. If you need vaccinations, please contact your private provider, Community Information and Referral at 602-263-8856, 800-352-3792 or find them on the web at www.cirs.org. 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
2nd 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



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

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

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

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

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

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

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

Arizona Residency Documentation Form

PRINT:

Student's last name

First Name

Middle

Birth date: Month _____ Day _____ Year _____

Name of Mother Parent/Legal Guardian

Name of Father Parent/Legal Guardian

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

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

___ Water, electric, gas, cable or phone bill

___ Real estate deed or mortgage documents

___ Residential lease or rental agreement

PRINT: First/ Last name of Mother or Legal Guardian

PRINT: First /Last name of Father or Legal Guardian

Parent or Legal Guardian Signature

Date

Student 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			

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.

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 _____

Agreement Required for Each Student

K-6th All students BRING all items the 1st day of school

Wednesday August 7, 2019

- ___ K-6th Headphones or 2 pair of ear buds.
- ___ 1 package of **COLLEGE** ruled lined paper
- ___ 1 package of **WIDE** ruled lined paper
- ___ 1 packages of blank white copy paper
- ___ 48 #2 Pencils (no designs just plain yellow outside NOT from the \$ store)
- ___ 4-large pink erasers
- ___ 4- boxes of tissues
- ___ 4- spiral notebooks plain color NO BLACK
with at least 70 sheets (**wide** ruled)
- ___ 1- package of colored markers
- ___ 2- glue sticks
- ___ 1-box of colored pencils
- ___ 1-box of **16 CRAYOLA Crayons**
- ___ **Pocket Dictionary** (4, 5, 6th grades)

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

All items can be purchased at Fry's or Wal-Mart back to school specials

BRING all items on the 1st day of school

Tuesday, August 4, 2019

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

02/13/20
 Page 18

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

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 - \$6.00 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 - \$6.00

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 - \$8.00 ADULT SIZES

Small Qty: _____	Medium Qty: _____	Large Qty: _____	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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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.

SCHOOL HOURS

School Calendar 2020-2021

- **7:00 AM – 4:30 PM Office is open**
 - **7:20-7:50 Breakfast for students who qualify through the NSLP program or pay**
 - **8:00 AM School Starts**
- | | | |
|----------------|-----------------------------------|--|
| July | 13-17 M-Th. | Uniform Orders are due |
| | 27- 31 M-Th | Kindergarten Test week |
| August | 3 Monday | Teacher Professional Development / SCHOOL HOURS begin 7-4:30 PM |
| Monday-Friday. | 4/5 Tues./ Wed. | EARLY RELEASE 1:00 PM SCHOOL STARTS 7:20 AM Gates open,
7:20 AM 7:50 AM FREE Breakfast NSLP for those who qualify with NSLP or you can pay.
Bring school supplies, school starts at 8 AM – 1:00 PM Early Release |
| | 6 Thursday | 7:30 AM Parents TEAM meeting Recital Hall. All Parents are welcomed 30 minute meeti
6:15 PM Parents and all students, meet the Teacher, Title I Review, FREE PIZZA night |
| | 14 Friday | 4-6 th Graders bring your Violin, Suzuki Book I, Rosin, and Shoulder Rest |
| | 17 Monday | Violin Classes Start for all 4 th , 5 th , and 6 th graders |
| September | 7 Monday | NO SCHOOL - Labor Day |
| | 14-18 M-F | Constitution Week |
| | 21-25 M-F | 1 st Quarter School Test Week K-6 th |
| | 28/29 M-Tues. | Parent- Teacher Conference Early Release 1:00 PM |
| | 29 Tuesday | Kids Next Door Auditions beginning at 1:00 PM / sign up in the office |
| | 30 Wednesday | School Performance “ The Hoe-down” and school carnival 4:00 PM |
| October | Oct. 2 Friday | EARLY RELEASE 1:00 PM End of 1st Quarter |
| | 5-9 Mon-Fri. | NO SCHOOL October Break |
| November | 11 Wednesday | NO SCHOOL Veteran’s Day |
| | 19 Thursday | Strings Concert 2:00 PM and 6:00 PM all 4 th - 6 th graders |
| | 24 Tuesday | EARLY RELEASE 1:00 PM Thanksgiving Feast |
| | 25,26,27 W,Th/Fri. | NO SCHOOL Thanksgiving Vacation |
| | 30-Dec 4 M-F | 2 nd Quarter School TEST week K-6 th |
| December | 3 Thursday | EARLY RELEASE 1:00 PM PARENT CONFERENCES |
| | 4 Friday | EARLY RELEASE 1:00 PM PARENT CONFERENCES |
| | 10 Thursday | Winter Performances K-6 th grades |
| | 17 Thursday | EARLY RELEASE 1:00 PM |
| | 18 Friday | EARLY RELEASE 1:00 PM end of 2nd Quarter, make Gingerbread houses |
| December | 21- Jan. 1 | NO SCHOOL Winter Break |
| January | 4 Monday | School resumes – Second semester begins |
| | 18 Monday | NO SCHOOL- Martin Luther King Day |
| February | 15 Monday | NO SCHOOL - Presidents Day |
| | 22-26 Mon.-Fri. | 3rd Quarter School Test Week K-6 th – Reading, Math, Science |
| March | 1 st / 2 nd | EARLY RELEASE 1 PM Parent- Teacher Conference, Register for 2021-2022 |
| | 4 Thursday | Kindergarten, 1 st , 2 nd and 3 rd graders SCHOOL PLAY 6:00 PM & 7:15 PM |
| | 5 Friday | EARLY RELEASE 1:00 PM – Professional Development, End of 3rd Quarter |
| | 8-12 Mon-Fri | NO SCHOOL - Spring Break |
| | 26 Friday | FIELD DAY |
| April | 2 Friday | NO SCHOOL Spring Holiday |
| | 15 Thursday | Strings Concerts 2:00 PM and 6 PM all 4 th , 5 th , and 6 th , grades. |
| | 26-30 M-F | 4 th Quarter Test Week |
| May | 6, 7, 8, | 4 th – 6 th Grade play Thursday 6:30 PM , Friday 6:30 PM , Saturday 1 PM |
| | 10-14 | Red Ribbon Week |
| | 17 Monday | AR Movie Day |
| | 18 Tuesday | EARLY RELEASE 1 PM. Awards Assembly 9 AM |
| | 19 Wednesday | EARLY RELEASE 1 PM. Kindergarten Graduation 11:45 AM |
| | 20 Thursday | EARLY RELEASE 1 PM. Last Day of School 6th Grade Graduation 9AM
Yearbooks and autography party / End of 4th Quarter |

