

Application Date _____/Time _____

New Horizon School for the Performing Arts

446 East Broadway Rd. Mesa, Arizona 85204

480 655-7444 fax: 480 655-8220

09-24-20

OFFICE ONLY:

STUDENT ENROLLMENT CHECKLIST

www.nhorizon.net

STUDENT ENROLLMENT CHECKLIST					
Last Name			First Name	Middle Name	
Birth Date			Gender	Grade	Phone numbers: Mother and Father
Month	Day	Year	M / F		
					SAIS ID
					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					
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 (lease, utility, cell phone bill, etc)					
To and from school list/ walking /parent pick up / Daycare van					
Policy: Parent – Teacher- Student Compact					
Policy: Acceptable Use of School and Personal Electronic Services					
Supply List					
NH Dress Code					
Violin Strings Agreement (4 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					Amt. Paid
School uniforms: Qty ordered _____ \$Paid cash _____ Receipt # _____					
NO uniforms will be ordered unless paid in full.					

OFFICE USE ONLY

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

Entry Date _____
2 sided form

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

09/24/20

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		Employer		Employer	
Work #		Employer		Employer	

EDUCATION INFORMATION

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

Has student ever been **EXPELLED** or **SUSPENDED** 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 _____

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	Special Education: <input type="checkbox"/> No <input type="checkbox"/> Yes Speech: <input type="checkbox"/> No <input type="checkbox"/> Yes 504 Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes Does student have an IEP <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, the(IEP) Individualized Education Plan must be provided : <input type="checkbox"/> Provided by parent <input type="checkbox"/> Records	

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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medications Specify: _____ Allergies Specify: _____ Food Allergies Specify: _____		

STUDENT ALERTS

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

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

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 .

Date _____

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 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 psychological disorder? ☐ No ☐ Yes Specify:

SPECIAL NEEDS SURVEY

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

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

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

Arizona Residency Documentation Form

PRINT:

Student's last name First Name Middle

Birth date: Month _____ Day _____ Year _____

Name of Mother Parent/Legal Guardian

Name of Father Parent/Legal Guardian

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

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

___ Water, electric, gas, cable or phone bill

___ Real estate deed or mortgage documents

___ Residential lease or rental agreement

PRINT: First/ Last name of Mother or Legal Guardian

PRINT: First /Last name of Father or Legal Guardian

Parent or Legal Guardian Signature

Date

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>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 </div> <div style="width: 48%;"> <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 </div> </div>		
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

First / last name Father Parent/Legal Guardian

Parent/Legal Guardian Signature

Date

Policy: Parent-Teacher-Student Compact

OFFICE COPY 9-24-20

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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 _____

Student Supply list 2020-2021

BRING all items the 1st day of school Tuesday August 4, 2020

POLICY

All Students will have purchase/provide his own pencil box full of supplies.

Supplies will not be shared.

Student individual Pencil box to include:

The teacher will put the student's name on the pencil boxes.

- * 1- box of 24 colors Crayola Crayons
- * 1- box of 12 colored pencils (NOT erasable)
- * 4 glue sticks
- * 4 large pink erasers
- * 6 #2 pencils

All K-6th students bring the following additional supplies

- _____ 1 EXTRA box of 24 colors Crayola Crayons
- _____ 1 EXTRA box of 12 colored pencils (NOT erasable)
- _____ Headphones or 2- pairs of earbuds.
- _____ Take out of the package and put in student's backpack.
- _____ 2- packages of blank white copy paper
- _____ 48 #2 pencils (no mechanical pencils or pencil sharpeners)
- _____ 4- boxes of tissues
- _____ 1- package of colored markers
- _____ 2 YELLOW highlighters
- _____ 3 packages of pencil top erasers
- _____ 4 BLACK Sharpies
- _____ 2 WIDE Ruled composition notebook 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.
- _____ 4 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 4, 2020 7:20 AM
Breakfast----8 :00 AM school starts

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

09-24-20

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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)
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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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 $\frac{1}{4}$ 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 Calendar 2020-2021

Following ESSER Guidelines

SCHOOL HOURS

•	7:00 AM – 4:30 PM	Office is open
•	7:20-7:55	Breakfast for students who qualify through the NSLP program or pay
•	8AM-3 PM	School Hours – NO after school care
•	3:00-4:00 PM	Distance Learners Monday – Thursday “ZOOM” with teacher
•	2:00-4:00 PM	Distance Learners Friday Test time and optional meet with their teacher
•	4:30 PM	Office is closed
July	13-17 M-Th.	Uniform Orders are due
August	3 Monday	All Staff Professional Development 8 AM – 4 PM
	4 Tuesday	School Re-opens – All students pick up Homework Packet #1 / 7:30 – 8:30 AM through Kissn’go All Staff Professional Development
	5 / 6 Wed. Th	K-6 th Benchmark Testing by appointment
	6 Thursday	8:15 AM Parents TEAM meeting Recital Hall. (student attendance is optional) 5:30 PM Parents and Students last names beginning A-H , 6:30 last names I-Z Recital Hall Title I Review, come 15 minutes early
	10 Monday	K-6 th Bring completed Homework Packet # 1 to school and pick up Homework Packet #2 7:30 AM – 8:30 AM through Kissn’go
	11 Tuesday	3 rd – 6 th Galileo Benchmark Testing – by appointment
	14 Friday	Distance Learning Parents and Students 2-4 PM pick up their class/homework packet for Aug.17-21
	17 Monday	School Reopens on campus and distance learning (for those who request it) Return HW Packet #2
September	7 Monday	NO SCHOOL - Labor Day
	8-11 T-F	Constitution Week
	11 Friday	4 th , 5 th , and 6 th graders bring your Violin, Suzuki Book 1, Rosin, and Shoulder Rest
	14 Monday	4 th , 5 th , and 6 th graders Violin Classes Start today
	21-25 M-F	1 st Quarter School Test Week K-6 th
	25 September	Sandra Day O’Connor Civics Celebration Day
	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
October	Oct. 2 Friday	EARLY RELEASE 1:00 PM End of 1st Quarter
	5-9 Mon-Fri.	NO SCHOOL October Break
	15 Thursday	School Performance 6 PM “The Hoe-down” and school carnival 4:00 PM/
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	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, Reading Fluency, 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. Recognition Assembly 9 AM
	19 Wednesday	EARLY RELEASE 1 PM. Kindergarten Graduation 11:45 AM