

Thank you for your interest in enrolling your child at Horizon Science Academy Cleveland Middle School. We are currently enrolling for the 2018-2019 School Year, and are looking forward to having your family join our team!

Attached are Enrollment documents for Horizon Science Academy Cleveland Middle School for the 2018-2019 school year. Also attached is a list of documents we would need from you (or your child's current school) in order to finish the enrollment process. Just like all public schools here in North East Ohio, our school does have school fees. We prefer to have our school fees turned in during the enrollment process. The school fee for our upcoming school year is a non-refundable \$25.00, paid by cash or check. Checks can be made out to Horizon Science Academy Cleveland Middle School. *Please note: your child's place at our school is not secured until all documents are complete and turned in, so please act quickly. We fill up very quickly, and would not want you to lose out on placement at our school.

Please print these out and return the attached documents to our school, Horizon Science Academy Cleveland Middle School, as soon as possible. We need a full set of these documents for each child you wish to enroll. Turn in completed documents and additional student documents by: emailing completed documents back me, bring them in person, or fax them.

Our address is 6100 South Marginal Road., Cleveland, OH 44103.
Our fax number is 216-432-9941.

Looking forward to a great 2018-2019 School Year!



Horizon Science Academy Cleveland Middle School
6100 South Marginal Road, Cleveland, OH 44103-1043
Phone: (216) 432-9940 Fax: (216) 432-9941
www.horizoncleveland.org info@horizoncleveland.org

Documents needed for enrollment

- Current School Application
- Current School Registration form
(please be careful to complete
Emergency contact information and
all school forms accurately and
completely)
- Birth certificate
- Court custody papers (if applicable)
- Current report card
- Last year's AIR or NWEA test score
(only pertains to students in fourth
grade or above)
- Last year's 3rd grade guarantee scores
(incoming 4th graders only)
- Complete Free and Reduced Lunch
Application
- Non-refundable school fee of \$25.00
- Shot records
- Copy of Parents ID
- Proof of residence:
(Mortgage statement, Lease, Rent
statement, utility bills i.e. light, gas,
water, sewer *No cell phone bill
accepted)
- Social Security card
- IEP (only if applicable)
- ETR (only if applicable)
- MFE (only if applicable)
- 504 Plan (only if applicable)
- Diagnostic Test (conducted at
Horizon)



APPLICATION FORM

DEAR PARENTS AND STUDENTS:

Thank you for your interest in HORIZON SCIENCE ACADEMY CLEVELAND MIDDLE. Please fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Applications received unsigned, incomplete, or after the closing date may not be considered for acceptance.

Please either type or print clearly using black or blue ink.

FOR OFFICE USE ONLY

Date Application Received: _____

Application #: _____

ABOUT STUDENT

Grade applied for: K 1 2 3 4 5 6 7 8

How did you hear us : _____

(Please tell us how you heard about our school?)

First and Last name : _____

Birthdate (MM/DD/YYYY) : _____

Cell Phone : _____

Race and Gender : _____

E-mail : _____

Home Phone : _____

(Enter cell phone # if home phone is not available)

Address : _____

(Street & House/Apt. No.)

(City)

(State)

(Zip Code)



ABOUT PARENT/GUARDIAN

Relationship to student : _____
Full name : _____
Cell phone : _____
Home Phone : _____
Work Phone : _____
E-Mail : _____
Address : _____
(Street & House/Apt. No.)

(City) (State) (Zip Code)

ABOUT CURRENT SCHOOL

Current School's Name : _____
Address : _____
Phone : _____
Fax : _____

Is student currently under expulsion from any school or school district?

No Yes

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the student.

Signature of Parent or Guardian

Date



STUDENT REGISTRATION FORM

Student Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____

Apt#: _____ City: _____ State: _____ Zip: _____

Birth Date: (mm/dd/yyyy) _____ Phone : (____) _____

Gender F= Female M= Male Entry Grade : _____

Student's Primary Race/Ethnicity: (Check one only)

- | | | |
|------------------------------------------------------------|--------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | <input type="checkbox"/> Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Alaskan Native or American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Other (Please specify): _____ | | |

Primary language spoken at home: English Other (Please specify): _____

Is student currently under expulsion from any school? No Yes If yes, explain: _____

Has student ever skipped a grade? No Yes Which grade and why? _____

Has student ever repeated a grade? No Yes Which grade and why? _____

Is the child in gifted or advanced placement? No Yes If yes, describe services: _____

Does the child have a 504 Plan? No Yes If yes, describe services: _____

Has the child ever had an IEP? No Yes If yes, list year of most recent evaluation: _____

Has the student been classified by Special Education Services with any of the following disabilities? (Check all that apply)

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Autistic/Autism | <input type="checkbox"/> Deaf-blindness |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Mental retardation |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Speech or language impairment | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Visual impairment (e.g. blindness, etc...) | <input type="checkbox"/> Other health impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Developmental delay |

Student lives with: Mother Father Both Guardian Step-Parent Other: _____



Parent/Guardian/Family Information

Parent/Legal Guardian

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to student: _____ e-mail: _____

Parent Occupation _____

Parent/Guardian 2

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to student: _____ e-mail: _____

Parent Occupation _____

Emergency Contact Information

First Name: _____ Last Name: _____

Address: _____ Apt#: _____

City, State: _____ Phone Number: _____

Relationship to student: _____ e-mail: _____

Does the student have any siblings?

	Name	Age	Current School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Horizon Science Academy admits students without regard to race, color, religion, sex, national and ethnic origin, or the presence of a medical condition or disability. References contain herein are used for mandatory reporting purposes only.



CUSTODIAL INFORMATION

Ohio law requires that each student provide a certified copy of any child custody order or decree which has been issued with respect to the student. The custodial parent of such a student must also provide the board of education with certified copies of any later court orders which modify the original custody order or decree. [Ohio revised code 3313.672(b)]

Please check one of the following statements that apply to your child:

_____ A. Child lives with natural parent(s) or with legally adoptive parents.

_____ B. Parents are divorced or legally separated; child resides with parent that has legal custody by court order. (If this is your situation, you must provide the school with a copy of the court order.)

_____ C. Parents are divorced or legally separated; child resides with parent that DOES NOT have legal custody. (If this is your situation, you must provide the school with the legal documents that permit this arrangement.)

_____ D. Child lives with a Guardian who has been granted legal custody by court order. (If this is your situation, you must provide the school with a copy of the court order.)

_____ E. Child lives with a Guardian who HAS NOT been granted legal custody by court order. (If this is your situation, you must provide the school with the legal documents that permit this arrangement.)

_____ F. Child lives with Foster Parents. (If this is your situation, you must have a representative of the custodial agency with you and all necessary court orders at the time you present this application to the school.)

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Parent/Guardian Signature

Date

Child's Name (Please print)

Grade



EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____

PURPOSE- To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I (To Grant Consent)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Telephone (____) _____

Dentist _____ Telephone (____) _____

Medical Specialist _____ Telephone (____) _____

Local Hospital _____ Telephone (____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I

PART II (Refusal of consent)

_____ I DO NOT GIVE MY CONSENT for emergency medical treatment of my child in the event of illness or injury requiring emergency treatment. I wish the school authorities to take no action or to:

Date

Signature of Parent

Address



MEDICAL INFORMATION

Student Name: _____ Date of Birth: _____

Grade: _____

In order to ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by the Academy, we are asking you to please complete this form.

For confidentiality purposes, this information will only be shared with relevant school staff.

Thank you for your cooperation in this important matter.

Please indicate with a check below if applicable:

Food Allergies: (Type) _____

Non-Food Allergies: (Type) _____

Asthma

Diabetes: Type 1 _ Type 2 _

Seizures

Other Medical Condition

My child has no allergies, medical conditions and/or does not take any medications during school hours.

For any medical condition identified above which requires a prescribed medication to be taken by your child during school hours, please attach to this form your child's personal physician's signed letter, which includes what medication is to be given during school hours, including medication frequency, and any emergency procedures to be taken.

Parent Name: _____ Date: _____

Parent Signature: _____



HOME LANGUAGE SURVEY

Date: _____

Name of Student: _____

Name of Parent/Guardian: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parents/Guardians: (Please answer the following questions)

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do the adults at home most often speak? _____
4. How long has your son/daughter attended school in the United States? _____
5. List the language (s), other than English, spoken by your child _____

If your answer was any language other than English to questions 1-5, please answer the following question.

6. What is the Parent/Guardian's native language? _____

School Personnel Only:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-1270), and proceed to assess the student's English language proficiency.

Initial English Language Assessment

Communication Skill		Proficiency Level			
Listening	Pre-functional	Beginning	Intermediate	Advanced	Proficient
Speaking	Pre-functional	Beginning	Intermediate	Advanced	Proficient
Reading	Pre-functional	Beginning	Intermediate	Advanced	Proficient
Comprehension*	Pre-functional	Beginning	Intermediate	Advanced	Proficient
Composite**	Pre-functional	Beginning	Intermediate	Advanced	Proficient

Comprehension level is derived from Listening and Reading. Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension.

Assessment instrument(s) used: _____

Student is LEP? Yes No

List the student's status as LE or not LEP in EMIS Student Data Element (G1230) _____

Student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for the academic assessments? Yes No



**PARENT PERMISSION FOR OUTSIDE ACTIVITIES
AND TRAVEL LIABILITY FORM**

This is to certify that my student, _____ has permission to attend field trips and/or off-campus activities.

I understand that all field trips and/or off-campus activities will be supervised by competent adults, and my family will be responsible, at times, for expenses connected with the trip.

I hereby release HSA and all adult leaders from any liability and further release HSA adult leaders from any and all claims against them, individually or collectively, for any injuries that may be incurred during field trips and/or off-campus activities, or in traveling to and from such field trips and/or off-campus activity destinations.

In the event that my student needs transportation to and/or from home for a field trip or off-campus activity, HSA has my permission to transport my student as needed.

Furthermore, if my student is removed, with my permission, from HSA due to behavior or emergency, I understand that HSA is not liable for incidents occurring while student is traveling from the school. I understand that once the student leaves HSA property after such an event, I am responsible for the student.

By signing below I am agreeing to the above policies.

Parent Name (Please Print) Parent Signature Date

Emergency contact numbers:

Home Cell Work

I understand that any misconduct (by school authority standards) on my part may result in my exclusion from future activities and that severe misconduct may result in disciplinary action.

Student Name (Please Print) Student Signature Date



MEDIA RELEASE FORM

From time to time your child may be on a field trip or part of a school event that involves media coverage. Agreeing to media coverage does not in any way imply that your student will be videotaped, photographed or interviewed. It simply indicates that your child has permission, in the event that there is media coverage by either the school or by the news. In addition, during the school year teachers and other school personnel may audio/ videotape and/or photograph students involved in learning activities. Educators may use these audio/ videotapes and/or photographs to demonstrate teaching and learning techniques. From time to time we also use students' pictures in newsletters, brochures and informational videos of the school. We also publish our school related pictures and illustration on our school and Concept Schools web sites. We will permit this as long as the coverage is positive and personal information is not included without your permission.

_____ My child has permission to be videotaped, photographed or interviewed by either the school or the news media during the school year.

_____ My child does not have my permission to be videotaped, photographed or interviewed by either the school or the news media during the school year.

By signing below, I verify that I have read and understand the above release and have indicated my preference above. If my preference should change during the school year, I will contact the school to complete a new Media Release Form.

Parent/Guardian Signature

Date

Child's Name (Please print)

Grade



PARENT/GUARDIAN COMMITMENT

I fully commit to Horizon Science Academy (“HSA”) in the following ways:

I will make sure my child arrives at HSA every day before school starts.

I will make transportation arrangements if my child attends tutoring or is involved in extracurricular activities. Otherwise, my student will be picked up no later than dismissal time on all scheduled school days.

I will make arrangements for my child to stay after school at HSA on weekdays and come to HSA on appropriate Saturdays for Saturday School when assigned by HSA administration.

I understand that my child is in school to learn and do all of his/her assignments. I understand if my child fails to pass a required core course (Math, Social Studies, Language Arts, or Science) or any two specialty subjects, my child will fail his/her current grade and not be promoted.

I will always help my child in the best way I know, and I will do whatever it takes for him/her to learn.

I will always make myself available to my child and the school for any concerns that may arise. This also means that if my child is suspended and the administration or his/her teachers request a meeting, we will comply as quickly as possible.

I will carefully read all paperwork sent to us by HSA and understand my student has the responsibility of being the carrier from school to home.

I will attend parent-teacher conferences, workshops, seminars and activities at HSA. I understand that such meetings are vital to my child’s education. I will strive to build strong communication between HSA and our family. I will actively discuss our child’s progress with HSA teachers and administration.

I will inform HSA instantly if our address or other personal contact information changes.

I will make certain that our child follows the HSA dress code.

I understand that if my child reaches one hundred and five (105) unexcused consecutive hours will be automatically withdrawn from the school and the school will file “Truancy” charges with County Juvenile Authorities.

Failure to adhere to these commitments may cause my student to lose various HSA privileges, spend time in detention, serve Saturday School, be suspended, and may lead to my child’s returning to her/his home school. *By signing below I understand the importance of this commitment.*

Parent/Guardian Name

Signature

Date



INFORMATION AGREEMENT

As the Legal Parent/Guardian of _____
(Print student's name here)

I understand that it is my responsibility to keep the school of any information changes pertaining to the forms in this school enrollment package. By affixing my signature to this document **I am agreeing to inform the Main Office in writing of information including (but not limited to): change of address, change of phone number, change of Legal Parent/Guardian and any new medical information.** If I fail to adhere to the stipulations detailed in this form, I understand that it will be impossible for the faculty and staff to inform me of my student's academic and behavioral progress. If I fail to keep the school informed of any information changes, I will not hold the Faculty or Staff responsible for any information pertaining to my student's academic or behavioral progress that I do not receive. I also understand, my student acts as a carrier to provide information and/or documentation from the school.

Parent/Guardian Name (print)	Signature	Date
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Parent/Guardian Name (print)	Signature	Date
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AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

Information is requested for:

Student : _____ Birth date: _____

Grade : _____

Name of Last School Attended : _____

Address of Last School Attended : _____

The student named above has been enrolled in Horizon Science Academy. The release of the following school records is requested:

- Grades & Academic Records
- Psychological Assessment & Records
- Disciplinary Records
- Attendance Records
- Medical/Immunization Records
- All Testing Results and/or Evaluations
- All Special Education Records/Info (IEP, MFE, Parent Permission, Prior Written Notice, etc.)

Please send the records requested above to Horizon Science Academy.

<p>HORIZON SCIENCE ACADEMY CLEVELAND</p> <p>Attention: Records</p> <p>Phone: (216) 432-9940 Fax: (216)-432-9941</p>

Indicated by my signature below, I consent to the release of these records to Horizon Science Academy.

Parent/Guardian Signature

Date



STUDENT COMMITMENT

I fully commit to HSA in the following ways:

I will arrive to HSA every day before school starts.

I will stay at HSA on weekdays until 6 pm for the Achievement Test Preparation Courses. I am fully aware that this is not an option but a mandatory school day.

I will attend HSA Saturday School on any Saturday that I am assigned and remain until dismissal.

I will attend all scheduled tutoring sessions and I understand that these will better my performance as a student.

I understand that I am in school to learn and do all of my assignments. I understand that not doing my work may result in my failing a course. If I fail to pass a required core course (Math, Social Studies, Language Arts, or Science), or any two specialty subjects, I will fail my current grade and not be promoted.

I will do whatever it takes for me and my fellow students to learn. This also means that I will complete all homework assignments. I will raise my hand in class and ask questions if I do not understand something.

I understand that I may lose my privilege of being an HSA student if I am involved in Level III misbehaviors specified in HSA Student/Parent Handbook.

I will follow HSA dress code and accept the consequences if I do not.

I will always show due respect to all teachers and faculty at Horizon Science Academy.

I will always work and behave in the best way I know how. I am responsible for my own behavior. I will always follow the teacher's direction.

Failure to adhere to these commitments may cause me to lose various HSA privileges, spend time in detention, serve Saturday School, be suspended, and may lead to returning to my home school.

By signing below, I understand the importance of this commitment.

Student Name

Signature

Date



Name: _____
Incoming Grade Level: _____

For Office Use Only ENROLLMENT CHECKLIST

The following documents are required to complete your student's enrollment:

- Application Form
- Student Registration Form
- Copy of Birth Certificate
- Custody Information
- Court Custody Papers (if applicable)
- Emergency Medical Authorization
- Student Medical Information
- Home Language Survey
- Permission for Outside Activities Form
- Most Recent Copy of Child's Report Card
- Ohio State Test Scores (AIR/NWEA)
- Last year's 3rd grade reading guarantee scores (incoming 4th graders only)
- Free or Reduced Lunch Application
- Consumable Material Fee \$25
- Media Release Form
- Copy of child's current immunization record
- Parent Commitment Form
- Information Agreement
- Parent /Guardians' Identification
- Proof of Residency
- School Records Release Form
- Social Security Card
- IEP/ETR/MFE
- 504 Plan
- Student Commitment Form

Your child is not considered enrolled until the school has received everything listed above. The fee is not a deterrent of admission or attendance at all. Parent may pay the fee as they enroll or until the end of September of each school year. Thank you for trusting us with your student's education!