

HIM BY HER

Collegiate School for the Arts

REQUIRED Enrollment Documents

Enrolling a child in ***Kindergarten?*** Please provide the following:

- Student Enrollment Form** - included in this packet
- Special Education Placement Form** - included in this packet
- Proof of Residence** - lease, deed, property tax record (home or vehicle). This item needs to specify the COUNTY you reside in.
- Guardianship Documents** - if applicable
- A Copy of Student's Original Birth Certificate**
- Photo ID for parent or legal guardian**
- Student Handbook / Uniform Policy** - included in this packet
- Immunization Record**
- Health Assessment Form** - included in this packet. REQUIRED for ALL kindergarteners. Health assessments may be completed up to 12 months prior to the start of school. Health forms are REQUIRED to be turned into the school no later than 30 calendar days after school starts.

Enrolling a child in ***Grades 1-2?*** Please provide the following:

- Student Enrollment Form** - included in this packet
- Special Education Placement Form** - included in this packet
- Proof of Residence** - lease, deed, property tax record (home or vehicle). This item needs to state the COUNTY you reside in.
- Guardianship Documents** - if applicable
- A Copy of Student's Original Birth Certificate**
- Photo ID for parent or legal guardian**
- Student Handbook / Uniform Policy** - included in this packet
- Immunization Record**
- Health Assessment Form** - included in this packet. ONLY REQUIRED if your student is enrolling for the first time in a North Carolina public school. Health assessments may be completed up to 12 months prior to the start of school. Health forms are REQUIRED to be turned into the school no later than 30 calendar days after school starts.
- Current Report Card**

Please understand that enrollment cannot be completed without all of the above listed items.

All above documents have been received:

Registrar Signature: _____

Date: _____

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Student Enrollment Form

Student Information

Student's Legal Last Name

Student's Legal First Name

Student's Middle Name

Address

City

State

Zip Code

Date of Birth (mm/dd/yyyy)

Gender

Enrolling Grade

Primary Phone Number

Student's Country of Birth

When did the student first enter a U.S. school?

What language is spoken at home?

What language is most used by the student?

Ethnicity (check one)

- Hispanic
- Non Hispanic

Race (check one or more)

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Pacific Islander
- White

Last School Attended:

School Name

City / State

Phone Number

Has your student ever been retained? _____ If yes, which grade? _____

Did your student attend a Head Start Program? _____

If yes, Program Name and Location: _____

Family Information

Father's Last Name: _____ Father's First Name: _____ Deceased: Y or N

Living with student? _____ Y/N (if no, please list address below)

Primary Phone Number _____ Additional Phone Number(s) _____ Email Address _____

Custody of student? Y/N (may be required to provide court documents)

Authorized to pick up student from school? Y/N

Mother's Last Name _____ Mother's First Name _____ Deceased: Y or N

Living with student? _____ Y/N (if no, please list address below)

Primary Phone Number _____ Additional Phone Number(s) _____ Email Address _____

Custody of student? Y/N (may be required to provide court documents)

Authorized to pick up student from school? Y/N

Stepparent/Guardian Last Name _____ Stepparent/Guardian First Name _____ Deceased: Y or N

Living with student? _____ Y/N (if no, please list address below)

Primary Phone Number _____ Additional Phone Number(s) _____ Email Address _____

Custody of student? Y/N (may be required to provide court documents)

Authorized to pick up student from school? Y/N

Other children in the family enrolled at HBHCSA:

Student's Legal Name: _____ Grade: _____

Student's Legal Name: _____ Grade: _____

Student's Legal Name: _____ Grade: _____

Health Information

List pertinent health or medical information and instructions:

Immunization Records Provided Yes No

If no, Indiana law requires Certificate of Immunization on the first day of school entry. Parents/Guardians have 30 calendar days to provide documentation or the student shall be excluded from school.

Home Language Survey (required)

Student's Country of Birth: _____

When did the student first enter a U.S. School? _____

What is student's first language? _____

What language is spoken at home? _____

What language is most used by student? _____

Emergency Contacts (other than parent /guardian)

Last Name	First Name	Relationship to student
_____		_____
Primary Phone Number/Additional Phone Number		Permission to pick up student?
_____		_____

Last Name	First Name	Relationship to student
_____		_____
Primary Phone Number/Additional Phone Number		Permission to pick up student?
_____		_____

Parent/Legal Guardian Signature: _____

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Special Education Placement or Other Formal Education Plans

Student's Full Name: _____

YES NO ➔ Student has received Special Education Services (Exceptional Children) in the past AND student has an IEP (Individualized Education Plan)

YES NO ➔ Student has a Section 504 Plan

YES NO ➔ Student has received ESL (English as a Second Language) services

If "YES" to any of the above, complete information below:

Student Date of Birth: _____

Student Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: Cell: _____ Work: _____

School Last Attended: _____

School Address: _____

Contact Person: _____ Phone: _____

Parent Name: _____

Parent Signature: _____ Date: _____

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Name _____

Date of Birth _____ Age _____ Grade _____

Suspension and Expulsion

Please check the appropriate box

IS NOT currently suspended or expelled from any school and does not have a pending suspension or expulsion

Has been recommended for long term (more than 10 days) suspension or expulsion from _____ (school)

Explain offense(s) _____

Has had a long term suspension or expulsion

The HBHCSA Way

Him By Her Collegiate School for the Arts has set forth expectations to ensure students success. These include: Responsibility, Respect, Safety, and Resourcefulness. This is the xxxxx Way. Parents and Students must read and adhere to the Student Handbook. The handbook can be found on the school website.

I have read and agree to follow the guidelines and expectations set forth in the Student Handbook.
(please initial)

I understand that students enrolled at HBHCSA must wear a school uniform and adhere to all uniform guidelines including using approved vendors.
(please initial)

I, _____ (parent/guardian) hereby swear or affirm that the above information is true and accurate. I understand that failure to provide accurate information may result in forfeiture of acceptance.

Parent/Guardian Signature

We are a Uniform School

HBHCSA wants to make sure that all students are in proper uniform attire every day and ready to learn. We have made some improvements with new vendor relationships and have done everything we can to make sure that all families have the ability to purchase the required uniforms locally and online. If your children are NOT in uniform, they will be sent to the office for you to bring them their clothing.

Students may wear.....

- **Navy Blue, Red or White-collared shirts.**
- **Solid khaki or black pants, shorts, or skirts of uniform style material.**
- **Closed-toe shoes that fully cover the toes and the back of the heel. Tennis shoes/sneakers must be worn on PE days.**
- **Outerwear and sweaters that are worn indoors must be solid colors in the same school colors.**

DRESS CODE GUIDELINES

- **Hats, hoods, or any covering on head must be removed when inside any building unless for religious reasons discussed with the Principal.**
- **No bandanas.**
- **No hoodies.**
- **No slides, sandals, heels or crocs.**

- **Pants and shorts must be secured at the waistline, not sagging and/or revealing anything underneath.**
- **Clothing must be free of rips and holes.**
- **Shorts and skorts, must be an appropriate length for school.**
- **Leggings and clothing similar to leggings may be worn only under shorts or skorts. Leggings must be solid white or black.**
- **Shorts, skorts, and pants must be of uniform style material. No yoga pants, athletic wear, warm-up pants, leggings as pants, sweats, running style shorts, nylon or denim.**

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STUDENT RESIDENCY QUESTIONNAIRE

Complete this form regarding student residency/domicile. This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11435. The answers to this information help determine the services the student may be eligible to receive.

PART 1:

Student's Legal LAST Name _____

Suffix _____

Student's Legal FIRST Name _____

Student's Legal MIDDLE Name _____

Date of Birth (dd/mm/yyyy) _____

Age _____

Sex _____

1. Is your current address a temporary living arrangement?

Yes _____

No _____

If you answered **NO** to this question, you may **stop here**.

2. Is this temporary living arrangement due to loss of housing or economic hardship?

Yes _____

No _____

If you answered YES to Questions 1 and 2, please complete the remainder of this form.

If you answered **NO** to this question, you may **stop here**.

PART 2: Where is the student presently living?

Motel _____ Shelter _____

With more than one family in a house or apartment _____

A place not designed for ordinary sleeping accommodations such as a car, park, or campsite _____

Name of Parent(s)/Legal Guardian(s) _____

School Personnel: If Parts 1 and 2 are completed, please send a copy to Homeless Liaison. I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

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Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources).

I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for HBHCSA to photograph my child for school purposes and/or at school events.

No, I do not authorize HBHCSA to photograph my child for any event.

Student Name: _____

Parent Signature: _____ Date: _____

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Student/Parent/School Compact

Our goal is to create a partnership between students, parents, teachers, and administrators to enhance student achievement. This compact serves as a written commitment indicating how all members of our school community agree to share responsibility for student learning.

As a student, I will:

- show respect for myself, my school and my teachers
- follow school and classroom rules
- read (or be read to) for at least 20 minutes daily
- come to school prepared with my homework and supplies
- work cooperatively with my classmates and teachers

As a parent/guardian, I will:

- communicate and work with the school to encourage my child's learning and positive behavior
 - attend parent/teacher conferences to discuss my child's academic progress, behavior, and ways I can help my child achieve his/her greatest potential
- ensure that my child reads (or is read to) for at least 20 minutes daily
- ensure my child attends school daily, arrives on time, and is picked up on time
- supervise and support completion of homework
- support the school's mission and philosophy
- talk with my child about his/her school activities daily

As a teacher, I will:

- provide quality and challenging curriculum and materials based on the Indiana State Standards
- provide a safe school environment that promotes learning and encourages a partnership with the school

- provide appropriate homework to reinforce the skills that have been taught at school
- monitor student progress regularly and keep parents informed
- schedule a parent/teacher conference to discuss academic and behavior progress
- participate in on-going staff development

Student: _____ Parent: _____ Teacher: _____