

KEEP THIS PAPER - KEEP THIS PAPER

Registration check list

Please make sure the following information is included in this packet and filled out correctly.

- If you are applying for 1st grade and up, include your child's last report card.**
- If applicable, include a copy of your child's IEP or SAT paperwork.**
- Fill out all paperwork in pen. Blue or black ink ONLY.**
- Make sure all pages are filled out COMPLETELY and signed.**

If the registration packet is incomplete, it will not be entered into the lottery drawing.

If your child is accepted, you will need to bring in the following documents & payment:

- Your child's original birth certificate.**
- A copy of your child's immunization record.**
- A check or money order for \$25.00 to pay for your child's online programs for the 2020-2021 school year.**

Failure to bring in this documentation will result in your child losing their spot at Horizon Academy West. If you have any questions, please feel free to contact Angelica, Registrar at 505-998-0459 or by email abaca@hawest.net.

Horizon Academy West Application/Registration Form 2020-2021

STUDENT INFORMATION

| | | | | | | | | | | |
|--|--|--------------------------------|---------------------------------------|--|--|--|--|--|-----------------------------|--|
| Student Full Name: | | | | | Date of Birth: | | | | | |
| Grade Applying For: | | <input type="checkbox"/> Pre-K | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd | <input type="checkbox"/> 4 th | <input type="checkbox"/> 5 th | Gender: M or F (circle one) | |
| Physical Address: | | | | | Mailing Address: | | | | | |
| City & State: | | | | | City & State: | | | | | |
| Zip Code: | | | | | Zip Code: | | | | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander | | | | | | | | | | |
| Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White | | | | | | | | | | |

PARENT/GUARDIAN INFORMATION

| | | |
|----------------------------------|-------------|---|
| Parent/Guardian Full Legal Name: | | |
| Relationship to the student: | | Lives with: YES or NO - OK to Pick up from school : YES or NO - Legal Guardian: YES or NO |
| Mailing Address: | | City/State/Zip |
| Primary Phone Number: | Home Phone: | Work Phone: |
| Email address: | | |

PARENT/GUARDIAN INFORMATION

| | | |
|----------------------------------|-------------|---|
| Parent/Guardian Full Legal Name: | | |
| Relationship to the student: | | Lives with: YES or NO - OK to Pick up from school : YES or NO - Legal Guardian: YES or NO |
| Mailing Address: | | City/State/Zip |
| Primary Phone Number: | Home Phone: | Work Phone: |
| Email address: | | |

EMERGENCY CONTACT INFORMATION* – EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

| | | | |
|---------------------------------|--|---------------------------------|--|
| Emergency Contact Name: | | Emergency Contact Name: | |
| Relationship to student: | | Relationship to Student: | |
| Primary Contact Phone Number: | | Primary Contact Phone Number: | |
| Secondary Contact Phone Number: | | Secondary Contact Phone Number: | |

***only TWO emergency contacts are allowed per student**

| | |
|-------------------------------|---------------|
| SCHOOL CURRENTLY ENROLLED AT: | Phone Number: |
|-------------------------------|---------------|

Has your child ever been suspended or expelled within the last year? YES NO

Is your child currently suspended or expelled? YES NO

If you answered YES, please explain:

Does your child receive special services such as: Special Education Gifted Program School Health Plan

B.I.P. S.A.T. Other (please explain) _____

In order to help meet your child's needs in a timely fashion please disclose the following information and include the supporting documentation. Understand that we are asking for this information so there is not a delay in the services your child needs.

SIBLING(S) CURRENTLY ATTENDING HAW:

SIBLING(S) WHO ARE ALSO APPLYING TO ATTEND HAW:

NOTICE: FERPA (Family Educational Right to Privacy Act) requires that educational agencies annually notify parents of students who are currently in attendance or eligible students (age 18) who are currently in attendance of (1) their right to inspect and review the student's education records and (2) to seek amendment of the student's education records if they are inaccurate or misleading; (3) to consent to disclosure of personally identifiable student information and (4) to file with the US Dept. of Education a complaint alleging failure to comply with FERPA provisions. When a student reaches the age of 18, rights under FERPA transfer from the parent to the student. I understand my/my students rights as noted in this paragraph.

I attest that all information contained in this form is true and correct to the best of my knowledge. Further, I understand that it is my responsibility to contact Horizon Academy West in the event there are changes to the information contained herein.

| | | |
|--|--|--|
| | | |
|--|--|--|

Name of person filling out application (printed)

Signature

Date



2020-2021

STUDENT QUESTIONNAIRE FOR CHILDREN WHO ARE APPLYING FOR GRADES 1ST – 5TH

THIS FORM IS TO BE FILLED OUT BY YOUR CHILD.

Please answer the following questions as completely as possible and refrain from writing "I don't know".

How would you describe your attitude towards school?

How would your teachers describe your attitude towards school?

How would your parents describe your attitude towards school?

What is your favorite subject in school?

What is your least favorite subject in school?

How do you get along with your peers?

What is your greatest strength or ability?

Questionnaire



2020-2021
PARENT QUESTIONNAIRE

THIS FORM IS TO BE FILLED OUT BY THE PARENT.

Please answer the following questions as completely as possible and refrain from writing "I don't know".

How would you describe your child's attitude towards school?

How would your child's teachers describe his/her attitude towards school?

What is your child's favorite subject in school?

What is your child's least favorite subject in school?

How does your child get along with their peers?

Has your child ever been suspended or expelled? _____ YES _____ NO

Is your child currently suspended or expelled? _____ YES _____ NO

If YES, please explain _____

WE DO NOT ACCEPT STUDENTS THAT HAVE BEEN SUSPENDED OR EXPELLED DURING THE CURRENT SCHOOL YEAR.

What is your child's greatest strength or ability?

What concerns do you have regarding your child's education?

Student Name _____

GUIDELINES FOR USING STUDENT PHOTOGRAPHS & STUDENT WORK FOR SCHOOL PROJECTS

On certain occasions your child may have the opportunity to be photographed for the newspaper, television, contests or internet web pages. Sometimes the news media will do stories on events occurring in the school programs, presentations or other newsworthy happenings. Teachers may post pictures of classroom activities and field trips on posters, multimedia presentations, or on the internet. Students may also have the opportunity to have works of art, research or creative projects displayed through the media or on the school network or the internet web pages. Exhibiting work in this manner is viewed as a form of electronic publication. Please note the current procedures regarding the posting of student work and photos on the internet: Only the student's first name will be used with his/her project. The contact person for the project will be the teacher, not the student. Personal information, such as address, home phone number, and last names will not be used.

I give permission for the student's first name, group photograph, and creative work to be used on a web page on the internet, newsletters, class projects, posters or other media.

MANDATORY ATTENDANCE OF THE FIRST DAY

If your child is not present on the 1st day of the school year Horizon Academy West has the right to withdraw your child and open a spot for a child on the waiting list. All reasonable and appropriate efforts will be made to contact the parents/guardians of students not present on the 1st day of school to verify legitimate absences.

INFORMED COMMITMENT

By signing this page it is being acknowledged that Horizon Academy West is a school of choice and that many children may be placed on a waiting list to enroll at our school. Horizon Academy West asks that you commit to inform us at the earliest opportunity possible if your child(ren) will not be attending our school. The commitment is especially important for those parents and student who may change their mind prior to the 1st day of school as a courtesy to the parents that have children on waiting list.

TEXTBOOK AND LIBRARY BOOK AGREEMENT

Students of Horizon Academy West will be assigned textbooks and also be allowed to checkout material from the school/leveled library for use at school and home. By signing below, you are agreeing that any textbooks or school materials (including library books) that your student uses will be returned to the school in good condition. If books or materials are lost or damaged, you will be responsible for paying for the replacement of the item. Most textbooks range in price from \$40-\$60, cost of other materials vary. Upon notification of damaged or lost item, you will have up to one week to provide payment for replacement of the item. School records, including report cards and registration forms, will be held until items are returned or paid for.

McKinney-Vento Homeless Assistance Act

Please provide the following information requested pursuant to the 42 USC 11432 Section 722(f), Title VII-B of the McKinney-Vento Homeless Assistance Act.

Primary Nighttime Residence of Children

Number of Children/Youth (on each line)

_____ Shelters, transitional housing, awaiting foster care

_____ Double-up (e.g. living with another family)

_____ Unsheltered (e.g. cars, parks, campground, temporary trailer or abandon buildings)

_____ Hotels/Motels

_____ Check this box if your child's living conditions DO NOT fall within any of these categories.

ALL INFORMATION WILL BE CONFIDENTIAL

I have read and understand this information:

Parent Printed Name

Parent Signature

Date

**Horizon Academy West
Medical Information Sheet 2020-2021**

| STUDENT INFORMATION | | |
|---|-------------------|-----------------------------|
| Students Name: | DOB: | Gender: M or F (circle one) |
| Student's Insurance: | Subscribers Name: | ID# |
| TO GRANT CONSENT | | |
| In case of an emergency involving my child AND I CANNOT BE REACHED, I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care: | | |
| Healthcare Provider: | Phone: | |
| Dentist: | Phone: | |
| Hospital: | Phone | |

STUDENT HEALTH HISTORY – Please check appropriate box or boxes

My Child has no health conditions including those listed below

| <input type="checkbox"/> Allergies: <input type="checkbox"/> Seasonal <input type="checkbox"/> Food (list) | | <input type="checkbox"/> Other Allergy (list) | | <input type="checkbox"/> Has EpiPen prescription | |
|--|--|--|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Congenital/Genetic | <input type="checkbox"/> Ear/Nose/Throat | <input type="checkbox"/> Pulmonary (other than asthma) | | |
| <input type="checkbox"/> Asthma Needs Inhaler at School Y N | <input type="checkbox"/> Eye/Vision Wears glasses or contacts Y N | <input type="checkbox"/> Diabetes (circle one) Type 1 Type 2 | <input type="checkbox"/> Cardiovascular (List) _____ High Blood Pressure Y N | | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Dermatologic/Skin | <input type="checkbox"/> Stomach/ GI | <input type="checkbox"/> Musculoskeletal | | |
| <input type="checkbox"/> Long Term Medications (List): | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Bladder/GU | <input type="checkbox"/> Dental/Oral | | |
| | <input type="checkbox"/> Endocrine other than Diabetes | <input type="checkbox"/> Hematology/Bleeding | <input type="checkbox"/> Psychiatric (List Meds) | | |
| <input type="checkbox"/> Any Other Health Conditions | | <input type="checkbox"/> Migraines | | | |

I attest that I am the legal guardian/parent of the above named individual. I hereby consent to this individual receiving the following medications as needed. I acknowledge and consent that these medications will be administered for their intended use and in doses appropriate to the individual's age and size.

The following medications can be given to your child during school hours, if available in the health office. If medication is needed for more than one day, the medication must be provided by the parent/guardian. The medication must be properly labeled, and the appropriate forms must be filled out. **If you select no on any of the medications listed, your child cannot be given the medication under any circumstances (i.e. verbal communication or faxed consent).**

| Medication | Yes | No | Allergic |
|----------------------------------|-----|----|----------|
| Ibuprofen | | | |
| Tylenol (Acetaminophen) | | | |
| Throat Lozenges/Cough Drops | | | |
| Maalox or its generic equivalent | | | |
| TUMS or its generic equivalent | | | |
| Benadryl (Diphenhydramine) | | | |
| Triple Antibiotic Ointment | | | |
| Vitamin A & D Ointment | | | |
| Hydrocortisone Cream | | | |
| Petroleum Jelly | | | |

| | | | |
|---|------------------|------------------------------|-------------|
| PRINTED NAME OF PERSON FILLING OUT APPLICATION | SIGNATURE | RELATIONSHIP TO CHILD | DATE |
| | | | |



Student Internet Access Agreement

Parents/Guardians, students are encouraged to become familiar with the use of information technology. This agreement must be signed by you and your child and returned with the registration packet in order for access to the internet through the schools computer network to be allowed. Parents/Guardians are encouraged to contact the appropriate personnel at the school if they require more information about this permission form.

Students, by reviewing and signing this form with your Parent/Guardian, you understand that the internet can connect me to useful information. While I have access to the internet, I will follow all the rules as stated in the Computer Usage Policy:

- I will only use the internet for the purpose directed by the teacher.
- I will only use the internet solely for educational purposes.
- I will respect the rights and privacy of others.
- I will **NOT** reveal any private information such as another person's name, address or phone number.
- I will **NOT** attempt to retrieve, view or disseminate any obscene, offensive or illegal material.
- I will **NOT** send anonymous or falsely addressed electronic mail.
- I will **NOT** download or print information without permission from my teacher.
- I will **NOT** use chat channels (rooms).
- I will **NOT** disclose my home address, telephone number or any credit card numbers.
- I will **NOT** attempt to change or tamper with the computer network in any way.

Students, if you were to accidentally come across something that is illegal, dangerous or offensive, you will minimize your screen, then immediately and quietly inform your teacher.

By signing this form you understand that if the school decides I have broken this agreement, I may be prevented from using the internet for a period of time.

Student's Name

Date

Student Signature

Parent/Guardian Signature

HORIZON ACADEMY WEST
3021 Todos Santos St. NW, Albuquerque, NM 87120
Walking Field Trip Parental Consent Form 2020-2021

I, legal guardian/parent of _____, permit my child to participate in the activity below:
Child's Full Name

Teacher's Name _____

Destination: **Neighborhood City Park**

Date of Trip: **Throughout school year for school-related activities including PE curriculum**

Medical Release:

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

RELEASE OF CLAIMS AGAINST HORIZON ACADEMY WEST:

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above identified field trip. I understand that there are risks in my child's/ward's presence, transportation, and participation in this school-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE SCHOOL, HORIZON ACADEMY WEST, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE SCHOOL AND I SIGN IT OF MY OWN FREE WILL.

Student's failure to comply with the Horizon Academy West's Behavior Expectations will be subject to disciplinary action at the school and student may be ineligible to participate in future field trips.

Student Signature: _____

Parent/Guardian Signature: _____ Date: _____

Please print name: _____ Phone #: _____

Alternate Emergency Contact _____ Phone #: _____