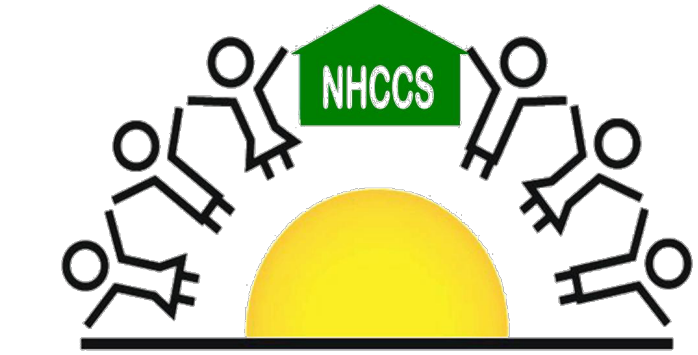

New Horizons Community Charter School

45-59 Hayes Street
Newark, NJ 07103
Phone: 973.848.0400
Fax: 973.596.0984

Enrollment Packet

New Horizons Community Charter School
45-59 Hayes Street
Newark, New Jersey 07103
(973)848-0400

Student Enrollment Instructions

Every student is required to complete and submit the following as part of the registration process.

Application Material Checklist:

- ❑ All students must be registered in a Newark Public School prior to registering with New Horizons
- ❑ Student Application
- ❑ Code of Civility Agreement
- ❑ Bus Transportation and Application (if applicable)
- ❑ Permission to Release School Records
- ❑ Student Health Information Record
- ❑ Proof of Child's Age
- ❑ Proof of Residency
- ❑ Immunization Record
  To comply with state law, all students must present evidence that the following immunization schedules are current.
  - *Oral Polio*: All students must present evidence that they have had at least 3 doses, with one or more doses received on or after the fourth birthday.
  - *Diptheria/Tetnus* (usually given as DPT for children under 5): Students 6 years or younger must have at least 4 doses of DPT, with one dose received on or after the fourth birthday. Students ages 7 or older must present evidence that they have received a minimum of 3 doses with one dose received on or after the fourth birthday.
  - *Measles (Red)*: All students must have received measles vaccine on or after their first birthday; two doses of a measles containing vaccine given after the first birthday is required children born on or after January 1, 1990 entering kindergarten, grade 1 or similar age in entry level after September 1, 1995.
  - *Rubella*: All students must have received rubella vaccine on or after their first birthday or provide serological confirmation of rubella immunity.
  - *Mumps*: All students must have received mumps vaccine administered on or after their first birthday.
  - *Haemophilus Influenzae*: All students must have one dose after 15 months of age unless the primary series and booster were completed before 15 months.

In addition, all Kindergarten students must show evidence that they have had a tuberculosis skin test within the previous 6 months.

A student may be excused from taking required immunizations if he has an affidavit signed by a doctor that the immunizations would be injurious to the student's health, or an affidavit signed by the parent or guardian that the immunizations conflict with the tenets of a recognized religious denomination of which the student is a member.

If you have any questions about immunizations or other medical issues, please contact your physician.

Roger Leon
State District Superintendent

Department of Teaching and Learning
Office of Bilingual Education
2 Cedar Street
Newark, New Jersey 07102-3091
(973)733-8319
Fax (973)733-8011

Dr. Lamont Repollet
Commissioner of Education

Home Language Survey*
Parent/Guardian Language Questionnaire

PLEASE PRINT

Name: _____ Age: _____
[first] [middle] [last]

Date of School Entrance _____

Person completing the survey: [ ] Mother [ ] Father [ ] Grandparent
[ ] Guardian [ ] Other _____

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?

   English_____ Other [specify]_____

2. What language does the family speak at home most of the time?

   English_____ Other [specify]_____

3. What language does the mother [guardian] speak to the child most of the time?

   English_____ Other [specify]_____

4. What language does the father [guardian] speak to the child most of the time?

   English_____ Other [specify]_____

5. What language does the child speak to his/her mother most of the time?

   English_____ Other [specify]_____

6. What language does the child speak to his/her father most of the time?

   English_____ Other [specify]_____

7. What language does the child speak to her/her brothers and sisters most of the time?

   English_____ Other [specify]_____

8. What language does the child speak to his/her friends most of the time?

   English_____ Other [specify]_____

[OVER]

9. Please list any previous schooling:

   A. Name of School[s]_____

   Location [City/Country]_____

   Grades Completed_____

   Dates of Attendance_____

   Language[s] of Instruction_____

   B. Name of School[s]_____

   Location [City/Country]_____

   Grades Completed_____

   Dates of Attendance_____

   Language[s] of Instruction_____

   C. Name of School[s]_____

   Location [City/Country]_____

   Grades Completed_____

   Dates of Attendance_____

   Language[s] of Instruction_____

10. Please list any previous ESL/Bilingual program attended, if any:

    Place: _____ Dates attended: _____

11. In which language do you wish to receive school communication?

    English_____ Other [specify]_____

    Signature:_____ Date:_____
    [person completing the survey]

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

New Jersey Common Charter School Application
2019-2020
NEW HORIZONS COMMUNITY CHARTER SCHOOL

STUDENT INFORMATION

Student Last Name	First Name	Middle Name	Gender ☐ Boy ☐ Girl
Age	D.O.B / /	Current Grade	Expected Grade Next Year

What grade is this student applying for in the 2018-2019 school year? _____

Address

City	State	Zip Code

Mailing Address (If different from above)

City	State	Zip Code

Home Phone #	Alternate Phone #

Check one (optional) ☐ Hispanic ☐ Black ☐ White ☐ American Indian/Alaskan ☐ Asian/Pacific Islander

Information about race, gender and ethnicity is collected for statistical purposes required by the State of New Jersey. All New Jersey Charter Schools are committed to serving all students, regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, academic ability, disability, or socioeconomic status.

FAMILY INFORMATION

CHECK ONE: ☐ Parent ☐ Step-parent ☐ Legal Guardian	CHECK ONE: ☐ Parent ☐ Step-parent ☐ Legal Guardian
Name:_____	**Name:**_____
Phone#:_____	**Phone#:**_____
Work#:_____	**Work#:**_____
Cell Phone:_____	**Cell Phone:**_____
Email:_____	**Email:**_____

Sibling Policy: *Preference is given to siblings of enrolled students (N.J.S.A. 36A-8c). Once a student is admitted, if the student has a sibling or siblings who have also applied for admission, they will automatically be admitted, as space allows.*
Please list any siblings (brothers/sisters) applying for or enrolled at New Horizons Community Charter School this year.

Sibling Name:_____ **Grade in 2018-19**_____

Enrolled in CS:_____ **Grade in 2018-19**_____

_____ _____
(Signature of Parent/Guardian) **(Date)**

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(973)848-0400

IMPORTANT! The school nurse will use the information provided to ensure the safety of your child.

Student Health Information Record

(to be completed by the parent)

Student's Name *First, Middle, Last*	Student's Social Security Number

Grade for Year 2019-2020	Date of Birth *Month/Day/Year*	Student's Gender ☐ M ☐ F

Parent Name (Primary Contact)	Relationship to Student	Home Phone Number	Work Phone Number
Secondary Contact	Relationship to Student	Home Phone Number	Work Phone Number

IMPORTANT: In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary to address the incident.

_____ _____

Parent/Guardian Signature Date

Preference of local hospital:

Name of local physician:	Physician Phone Number:

Medical History

Prenatal:

Illness:

Medications:

Length of Pregnancy:	Type of delivery:	Complications?

Neonatal:

Health Problems:

Hospitalization(s): ☐Yes ☐No

Diagnosis: _____ Length of Stay: _____

Diagnosis: _____ Length of Stay: _____

Diagnosis: _____ Length of Stay: _____

Developmental History – Age when your child . . .

Walked:	Talked:	Toilet Trained:

Please check any of the following medical conditions that affect your child.

☐Asthma	☐Arthritis	☐Blood Disease	☐Ear Problems	☐Heart Disease
☐Allergies	☐Rheumatic Fever	☐Vision Problems	☐Skin Disease	☐Weight Problems
☐Kidney Disease	☐High Blood Pressure	☐Diabetes	☐Seizures/Convulsions	☐Polio
☐Diabetes	☐Sickle Cell	☐Lead Poison	☐Lung Disease	☐Fractures/Dislocations

Please explain any of the items checked above.

Medical History *cont'd*

Please list any prescription medication that your child is currently taking or ha taken in the last six months.

List any allergies that affect your child:

Indicate any injuries or serious illness or hospitalizations within the past six months.

Indicate any other health conditions your child has which the school should know about.

Please check any of the following medical conditions that affect members of your immediate family:

☐Asthma	☐Arthritis	☐Blood Disease	☐Ear Problems	☐Heart Disease
☐Allergies	☐Rheumatic Fever	☐Vision Problems	☐Skin Disease	☐Weight Problems
☐Kidney Disease	☐High Blood Pressure	☐Diabetes	☐Seizures/Convulsions	☐Polio
☐Diabetes	☐Sickle Cell	☐Lead Poison	☐Lung Disease	☐Fractures/Dislocations

Parent Signature

I have completed the above information to the best of my knowledge.

_____

Please print name clearly

_____ _____

Parent/Guardian Signature Date

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Permission to Release School Records

To Whom It May Concern:

Under the provisions of Section 99.30 of the Family Educational Rights and Privacy Act, this signed document authorizes the release of all school and health records for the student listed below. The school listed below ("Previous School") has been named as the last school the student attended. The student's records will be kept on file at the New Horizons Community Charter School. These records will be subject to the confidentiality rules of the State of New Jersey. Only authorized personnel will have access to this student's record.

The student's prior school, as listed below, is required by the above provision to disclose all student records, including but not limited to any Individual Education Plan kept on record with the student's previous school or school district. Please send all of the student's records within thirty (30) days from receipt of this from to the above address.

As the parent or legal guardian of the below named student, I am giving permission for all student records to be released to New Horizons Community Charter School.

_____ _____

Parent/Guardian Signature Date

_____

Student Name:

_____

Name of Previous School

School Type: ☐Public ☐Private ☐Parochial Last Grade Completed: _____

_____

Street Address City State Zip Code

_____

School Phone Number