



Dear Parents,

Enclosed in this packet are all the forms necessary to complete your child's enrollment process for the Horizon Academy. A Parent checklist has been included to assist you in this process.

Please complete all the forms enclosed including the Enrollment Form. (The State requires that we have the original copy of this form on file). You will also need to provide us with a copy of your child's Certified Birth Certificate and Custody Papers, if applicable.

***All forms need to be completely filled out completely and legibly!***

We are asking that you return your completed Enrollment Packet to the school office as soon as possible. As a charter school, we will be enrolling students through an open lottery process, and your child's enrollment for the 2003-2004 school year depends on these completed forms being on file for your child to be entered in the lottery. If you have any questions or need assistance in completing your packet, please contact the enrollment office at 505-796-0313.

We look forward to a great year!

Thank you,

Horizon Academy

Mrs. Charlotte Archuleta,  
Office Manager

## Horizon Academy

### Enrollment Packet Checklist for School and Parent

**Student Name:** \_\_\_\_\_

Please Check One

New Student	Returning Student	<b>Forms</b> Please put in order top to bottom
-------------	-------------------	---

		<b>Enrollment Form Front and Back</b>
		<b>Enrollment Form Page 2 Front and Back (to be filled out by student)</b>
		<b>Emergency Health/Medical Information Consent Form</b>
		<b>Immunization Records</b>
	Not Needed for Returning Student	<b>Student Records Transmittal Request(s)</b>
		<b>Title 1 (Free/Reduced Lunch) Form Front and Back</b>
		<b>Transportation To and From School / Carpool Permission Form</b>
		<b>Press, Publicity and School Directory Release/ Walking Field Trip Permission Form</b>
		<b>Certified Copy of Birth Certificate</b>
		<b>Certifications</b>
		<b>Custody Papers (if applicable)</b>



**ATTENTION:**  
*THIS COPY IS INTENDED FOR  
BOTH SPECIAL EDUCATION  
AND  
FRONT OFFICE STUDENT  
RECORDS PERSONNEL*

**Horizon Academy**

**Official Student Records Transmittal Request**

**Student Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade Last Attended** \_\_\_\_\_

**School Attended:** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_ to \_\_\_\_\_

	<p style="text-align: center;"><b>School Student Attended Last:</b></p> <p><b>School Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Phone:</b> _____</p>
--	---

I hereby request and authorize you and the school to release as indicated above any medical information, educational record, special education placement and developmental history, psychological reports or other pertinent data you and the school may have, or may receive, that would aid in providing appropriate educational services for my child.

Pursuant to Family Educational Rights and Privacy Act of 1974, all psychological/confidential data will be maintained as such. It will not be transferred to any person of agency without parental permission. Parents will have access to all student records.

**Parent/Guardian Signature:** \_\_\_\_\_

**School Official:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date of Mailing Records Request:** \_\_\_\_\_

# Horizon Academy

## Transportation To and From School 2003-2004

### Bike/Walk Permission

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_  
(Parent's Name) (Student's Name)

to ride a bicycle or walk to and from school each day this school year unless otherwise instructed by me. I understand that this permission form will be in effect for the entire school year and that it will be my responsibility to notify the school if there are any changes.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

### Carpool Permission

Yes, I would like my child to be involved in a carpool. The nearest major cross streets are

\_\_\_\_\_ and \_\_\_\_\_.  
(Name of street) (Name of street)

By checking this box, I stating my availability to drive my and/or other students .

OR,  
I give my child \_\_\_\_\_ permission to carpool to and from school for this school year  
(Student's Name) with the following people:

Name	Phone Number

I agree to inform the school of any other people I wish to add to this list before they actually begin to provide transportation to my child.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)

## Horizon Academy

### Press, Publicity and School Directory Release

I authorize the Horizon Academies to use the photograph, likeness, and/or replication of my child in usual and customary press, publicity, and school publication proposes.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

In addition, I grant permission for my name and child's name and home phone number to be published in a school directory.

Parent Signature: \_\_\_\_\_

## Horizon Academy

### Walking Field Trip Permission Form 2003-2004

Walking field trips will take place within a one –mile radius of the school. The staff will complete a trip description prior to departure and children will be under the supervision of the teaching staff at all times. Field trips by motor vehicle will require your written permission for each individual trip.

The purpose of the field trips is to extend the boundaries of the classroom setting. Because of the possible frequency of these trips, we have created this single permission slip to cover all walking field trips with in the perimeters listed above.

I extend the Emergency Medical Consent Form to cover my child on these walking field trips off campus.

I hereby give my permission for my child, \_\_\_\_\_ to participate in walking field trips through out the school year.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## ADDITIONAL STUDENT SUPPORT PROGRAMS

By filling out the following form, you will help determine how much additional funding the Horizon Academy may receive to offer and support special learning programs to our students in reading, languages, technology, and special needs.

### Free/Reduced Lunch (Title 1 Forms) 2 Pages/Front and Back

The Horizon Academy will be providing a prepared breakfast and lunch for students. Students who qualify will receive a free or reduced price meal by filling out the following form completely and accurately.

<b>INCOME CHART</b>			
Effective July 1, 2002 to June 30, 2003			
Household Size	Annual	Monthly	Weekly
1	\$ 16,391	\$ 1,366	\$ 316
2	\$ 22,089	\$ 1,841	\$ 425
3	\$ 27,787	\$ 2,316	\$ 535
4	\$ 33,485	\$ 2,791	\$ 628
5	\$ 39,183	\$ 3,266	\$ 754
6	\$ 44,881	\$ 3,741	\$ 864
7	\$ 50,579	\$ 4,215	\$ 973
8	\$ 56,277	\$ 4,690	\$ 1,083
Each Additional Member, add...	+ \$ 5,698	+ \$ 475	+ \$ 110

In accordance with Federal law and the U.S. Department of Agriculture policy, Horizon Academy is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-w, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice TDD). USDA is an equal opportunity provider and employer.

**Free/Reduced Lunch (Title 1 Forms) Page 1**  
**SINGLE APPLICATION FOR FREE AND REDUCED LUNCH MEALS/SNACKS – 2003-2004**

Complete, sign and return the application to the school to apply for free and reduced price meals/snacks. Call the school if you need help completing this form. If your child has a disability and needs modification of meals, please call the school.

**1. PLEASE PRINT CHILD'S NAME:**

Student Name	Grade	Name of School	Food Stamp and/or FDPIR Case #
		Horizon Academy	

**2. FOSTER CHILD:**

If this is a foster child, check here:  List the child's personal use income: \$\_\_\_\_\_. Write "0" if the child has no personal use income. Go to number 4.

**3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** Income is all money before taxes or deductions. If you gave a food stamp and/or FDPIR number above for this child, go to number 4.

Names of ALL Household Members (Please list ALL persons living in your household, include the child named above)	CURRENT MONTHLY INCOME (Before Deductions) ALL SOURCES				
	Job	Any Other Income	Welfare	Pension; Social Security; Retirement	Alimony; Child Support
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
List additional household members on back					
<b>TOTAL HOUSEHOLD MEMBERS:</b> <input type="text"/>					

**4. SIGNATURE:** An adult household member **MUST** sign the application before it can be approved.

*PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and the food stamps or FDPIR number is correct or that that all income is reported. I understand that this information is being given for the receipt of federal funds, that school officials may verify the information on the application and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

<p><b>If you have completed number 3, the application must contain the social security number of the person who SIGNS this application. If the adult does not have a social security number, write "NONE" here: _____.</b></p> <p>Signature: X _____ Social Security Number: ___ - ___ - _____ Date Signed: _____</p> <p>Printed Name: _____ Mailing Address: _____ Zip: _____</p> <p><b>Home Phone #:</b> _____ <b>Work Phone #:</b> _____</p>
---

**Free/Reduced Lunch (Title 1 Forms) Page 2**

Names of ALL Household Members (Please list ALL persons living in your household, include the child named above)	CURRENT MONTHLY INCOME (Before Deductions) <u>ALL SOURCES</u>				
	Job	Any Other Income	Welfare	Pension; Social Security; Retirement	Alimony; Child Support
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$
10.	\$	\$	\$	\$	\$

5. **RACIAL/ETHNIC IDENTITY:** Please check the racial or ethnic identity of your child. You are not required to answer this question.

- White, Not of Hispanic Origin     
  Black, Not of Hispanic Origin     
  Hispanic  
 Asian or Pacific Islander     
  American Indian or Alaskan Native

**PRIVACY ACT STATEMENT.** Section 9 of the National School Lunch Act requires that, unless your child's food stamp and/or FDPIR case number is provided, you must include the social security number of the adult household member signing the Application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare official or tribal welfare agencies to determine current certification for receipt of food stamps and/or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**FOR SCHOOL USE ONLY – APPROVAL/CALCULATION AND VERIFICATION INFORMATION**

<b>APPROVED FOR: (Check One)</b>	<b>DATE:</b>	<b>MONTHLY INCOME CONVERSION:</b>	<b>NOTES:</b>
<input type="checkbox"/> Free	_____	(Check ✓ A or B below)	_____
<input type="checkbox"/> Temp. Free	_____	A. <input type="checkbox"/> Household Income	_____
<input type="checkbox"/> Reduced	_____	Weekly: _____ x 4.33 = _____	_____
<input type="checkbox"/> Denied	_____	Every 2 Weeks: _____ x 2.15 = _____	_____
<input type="checkbox"/> Income Too High		Twice a Month: _____ x 2.00 = _____	_____
<input type="checkbox"/> Incomplete App		Total Monthly Income: _____	Date Withdrawn: _____
<input type="checkbox"/> Change in Status _____		Total Household Size: _____	

**B.  FOOD STAMP and/or FDPIR**

SIGNATURE OF VERIFYING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**VERIFICATION:**  
 Date Verification Notice Sent: \_\_\_\_\_  
 Date Response Due from Household: \_\_\_\_\_  
 Date Second Notice Sent: \_\_\_\_\_  
 Date Response Received: \_\_\_\_\_

**VERIFICATION RESULTS:**  
 No Change:  
 Free to Reduced  
 Free to Paid  
 Reduced to Free  
 Reduced to Paid  
 Change in Food Stamp and/or FDPIR

**TYPE OF CONFIRMATION:** (Check those as applicable):  
 Wage Stub(s)  
 Written Documents (I.e., letter from employer)  
 Food Stamp and/or FDPIR Certification  
 Other: \_\_\_\_\_

**REASON FOR CHANGE (Check One):**  
 Income       Household Size  
 Refused to Cooperate       Change in Food Stamp and/or FDPIR  
 Other: \_\_\_\_\_

**ACTION:**  
 Date Adverse Notice Sent: \_\_\_\_\_  
 Date of Change: \_\_\_\_\_

SIGNATURE OF VERIFYING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

## **Horizon Academy Certifications**

**Delayed Enrollment:** Please check the appropriate box depending upon which condition best describes your student's intent.

I DO want the Horizon Academy to consider my student for enrollment in the Horizon Academy after the 1<sup>st</sup> day of the school year. I will have my student transfer from their current school at anytime during the school year when a space becomes available at the Horizon Academy.

I DO NOT want the Horizon Academy to consider my student to enroll in the Horizon Academy if after the 1<sup>st</sup> day of the school year. I will have my student wait until an open enrollment period for the following school year instead of transferring my student from another school during the school year.

**Volunteer Participation:** Please check that appropriate box depending upon which best describes your intent:

I DO want the Horizon Academy to contact my family about volunteering at the school.

I DO NOT want the Horizon Academy to contact my family about volunteering at the school.

**Informed Commitment:** By signature on this page both the parent and student acknowledge their understanding that the Horizon Academy is a school of choice and that many students may be placed on a waiting list to enroll in the school. The parent and student commit to inform the Horizon Academy at the earliest opportunity possible if the parent or student change their mind concerning enrollment in the Horizon Academy. This commitment is especially important for those parents and students who may change their mind prior to the 1<sup>st</sup> day of school, as another parent and student will be waiting for a space in the school to open so their student may enroll.

**Mandatory Attendance on the 1<sup>st</sup> Day:** By signature on this page both the parent and student acknowledge the statutory necessity to have the student physically attend class the 1<sup>st</sup> day of the school year (unless enrolling after the 1<sup>st</sup> day of school) in order to finalize their enrollment status at the Horizon Academy. If the student is not present on the 1<sup>st</sup> day or the school year the Horizon Academy will exercise its statutory responsibility to withdrawal the student and open a space for a student on the waiting list. All reasonable and appropriate efforts will be made to contact the homes of students not present on the 1<sup>st</sup> day to verify legitimate absences.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_