A School Where Dreams Come True

Horizon Science Academy Columbus Schools

Student Enrollment Package
2015-2016

HorizonColumbus.org

Managed By
CONCEPT SCHOOLS

K-12

Elementary School  2835 Morse Rd, 43221  Tel: 614-475-4585
Middle School     2350 Morse Rd, 43229  Tel: 614-428-6564
High School       1070 Morse Rd, 43229  Tel: 614-846-7616
Parent Language Notification

If you need assistance in understanding above, for free language assistance services, please call the school at 614-846-7616 and ask for “Language Help Needed”.

Somali:
Hadii aad u baahantahay caawitaan waxa kor ku qoran, caawi taanka luuqada oo qarash la'aan ah, adoo raali ah soo wac iskool ka 614-846-7616 waxaana weeydiisaa "u baahitaanka caawinta luuqada".

Twi:
Se wohia eboa senee beyee a, wobe nee edededoso ye ase ewo kasa nkyerkyere mu abere woretua têkû a, mepa wokyew fre sukuu ye akasahoma fidie ye wô 614-846-7616 na bisa kasa a wopesye ñerekyerkyere wo ase.

French:
Si vous avez besoin d’aide pour le service d’assistance de langue, s’il vous plaît appeler l’ecole au 614-846-7616 et demander pour:"Aide de language".

Spanish:
Si necesita asistencia para entender lo de arriba, por favor llamar a la escuela al (614)-846-7616 para asistencia de lenguaje gratis y preguntar por “Language Help Needed”.

Arabic
إذا كنت في المدرسة الإدارية، يمكنك إجراء مساعدة لخدمات أعلاه، فهم في المهمة إلى بحاجة كانت إذا "المطلوبة اللغة مساعدة" وطلب 614-846-7616.

Krio
If you need any assistance pan whaten de above, for free laguange assistance servicedem, please call de school the number nah 614-846-7616 and ask for “Language Help Needed".
Dear Prospective Parent,

Thank you for inquiring about Horizon Science Academy Columbus for the 2015-2016 school year.

- Please complete enrollment package
- Return the enrollment package to our school.
- The student will take a diagnostics test on English and Mathematics in order to see the current level. The test is not a Pass/Fail test.
- **Testing is on Fridays 10 AM or 12:30 PM**

- Open enrollment is between **March 1st – March 16th**
- The lottery will be held on **March 16th**

Additionally, please have the following documents for your child:

- Birth Certificate
- Social Security Card
- Latest Report Card/Transcript
- IEP (if available)
- Proof of Residency (either a recent gas, electric, water or phone bill)
- Parental Photo ID
- **Shot Records / Immunization Records**

There is a **$25.00** Consumable Fee to be paid. *(Please see the Consumable Fee Policy)*

In case you have any questions please contact us via,

Elementary School      2835 Morse Rd, Columbus, OH, 43221      Ph(614)-475-4585      Fax(614)-475-4587
Middle School           2350 Morse Rd, Columbus, OH, 43229      Ph(614)-428-6564      Fax(614)-428-6574
High School             1070 Morse Rd, Columbus, OH, 43229      Ph(614)-846-7616      Fax(614)-846-7696

Or by e-mail at: info@horizoncolumbus.org

Our office hours are **Monday thru Friday** between **9am-4pm**.

Thank you,

Horizon Science Academy Columbus Administration
Horizon Science Academy Columbus requires parents to pay one time, $25.00 of consumable fee, which is to be used for student paperwork, classroom supplies, classroom projects, after school activities and so forth.

Consumable Fee Policy:

- All students will provide $25.00 consumable fee without exceptions.

  *(See the footnote)*

- For more than one child in the same family, fee will be:
  - $25.00 for the first child and
  - $15.00 for each additional child.

- $25.00 has to be paid to secure registration and re-enrollment.

No Refund Policy:

- The amount of $25.00 is not refundable to any students.

If you are in financial difficulty to pay the $25.00 consumable fee, you **have to write** a waiver letter explaining your situation to the school administration.

In case of remaining balances without any payment schedules or notices, Horizon Science Academy Columbus will **not** send in grade cards nor release student records.
# Horizon Science Academy Columbus

**Student Enrollment Form**

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**Student’s Name:**

**Middle:**

**Last:**

**1st Parent/Guardian:**

**Middle:**

**Last:**

**2nd Parent/Guardian:**

**Middle:**

**Last:**

**Street Address:**

**Apt#:**

**City:**

**State:**

**Zip:**

**School District:**

**City of Birth:**

**State of Birth:**

**Parent’s Cell Phone:**

**Parent’s Home Phone:**

**Parent’s Work Phone:**

**Parent’s Email:**

**Student’s Date of Birth:** (mm,dd,yy)

**Student’s Gender:** M F

**Ethnicity:**

- Asian
- African American
- Hispanic or Latino
- Native American
- Somali
- White
- Other Ethnicity

**Student’s Grade Applied:**

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth
- Sixth
- Seventh
- Eighth
- Ninth
- Tenth
- Eleventh
- Twelfth

**Did the Student Ever Skip any Grade?**

- No
- Yes

**Grade Skipped was:**

**Did the Student Ever Repeat any Grade?**

- No
- Yes

**Grade Repeated was:**

**Student’s English Language Proficiency:**

- Native English Speaker
- Limited (English Language Learner)

**Is the Student “Gifted” determined by an Official Test?**

- No
- Yes

**What Test?**

**Prior to Our School, the Student has Attended to:**

- Check Only One School Type
  - Public (The Same District)
  - Private (The Same District)
  - Charter
  - Home Schooling
  - Out of State
  - Out of Country
  - Other (Please Specify)

**Previous School’s Name:**

**Phone:**

**Address:**

**State:**

**Zip:**

**Student has an IEP?**

- No
- Yes

**IEP Date:** (mm,dd,yy)

**Special Ed. Service(s):**

- Autistic/Autism
- Deafness
- Mental Retardation
- Speech or Language impairment
- Visual Impairment
- Deaf-Hearing Aid
- Emotional Disturbance
- Multiple Disabilities
- Specific Learning Disability
- Other Health Impairment
- Developmental Delay
- Hearing Impairment
- Orthopedic Impairment
- Traumatic Brain Injury
- None

**Application Date:** (mm,dd,yy)

**Enrollment Date:** (mm,dd,yy)

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**OFFICE USE ONLY**

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**This is the End of Student Information Form**

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*Horizon Science Academies Columbus*

- **Elementary School**
  - 2835 Morse Rd, Columbus, OH, 43221
  - Ph(614)-475-4585
  - Fax(614)-475-4587

- **Middle School**
  - 2350 Morse Rd, Columbus, OH, 43229
  - Ph(614)-428-6564
  - Fax(614)-428-6574

- **High School**
  - 1070 Morse Rd, Columbus, OH, 43229
  - Ph(614)-846-7616
  - Fax(614)-846-7696

*info@HorizonColumbus.org*

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*HSAC admits students regardless of race, color, religion, gender, national background, ethnic origin, any medical condition or disability.*
## Primary Parent or Guardian Residing With The Student Information

Relation to The Student: ____________________________  This Person has Legal Custody of the Student?  Yes    No

This Person has rights to pick up the Student?  Yes    No

First Name: ____________________________  Middle: ____________________________  Last: ____________________________

Street Address: ____________________________  Apt#: ____________________________

City: ____________________________  State: ____________________________  Zip: ____________________________

Cell Phone: (______) ____________________________  Home Phone: (______) ____________________________

Work Phone: (______) ____________________________  Email: ____________________________

## Secondary Parent or Guardian Residing With The Student Information

Relation to The Student: ____________________________  Does This Person have Legal Custody of the Student?  Yes    No

First Name: ____________________________  Middle: ____________________________  Last: ____________________________

Street Address: ____________________________  Apt#: ____________________________

City: ____________________________  State: ____________________________  Zip: ____________________________

Cell Phone: (______) ____________________________  Home Phone: (______) ____________________________

Work Phone: (______) ____________________________  Email: ____________________________

## Student’s Sibling Information

<table>
<thead>
<tr>
<th>1st</th>
<th>Full Name:</th>
<th>Age:</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>Full Name:</td>
<td>Age:</td>
<td>School:</td>
</tr>
<tr>
<td>3rd</td>
<td>Full Name:</td>
<td>Age:</td>
<td>School:</td>
</tr>
<tr>
<td>4th</td>
<td>Full Name:</td>
<td>Age:</td>
<td>School:</td>
</tr>
</tbody>
</table>
Home Language Survey

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 you use most frequently to your son/daughter? ______________
4) What language do the adults at home most often speak? ______________
5) How many years has your son/daughter attended school in the United States? ______________
6) Do you need written translations or oral interpretation of communications? ______________
7) What country was your son/daughter born in? ______________

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1) Luuqadee ugu horeeysay wiilkaaga mise gabadhaada inee ku hadlaan?
2) Luuqadee ugu badan wiilkaaga mise gabadhaada inee ku hadlaan markeey guriga joogaan?
3) Luuqadee ugu badan ood wiilkaaga mise gabadhaada kula hadashaa?
4) Luuqadee ku hadlaan dadka waa weyn oo guriga ku nool?
5) Wiilkaaga mise Gabadhaada imiso sano beey iskool ka dhiganayeen Mareeykanka?
6) Ma u baahantahay qoraal fasiraan ah mise turjumaan hadalka ah?

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1) dɛn kasa na wo babarima/babaa kasa bere ben ɔono kan dɛn sua ko rekasa?
2) dɛn kasa na wo wode babanin/babaa reede ye ntoatoaso wo fie?
3) dɛn kasa na wo bu so reede ye ko wode babarima/babaa?
4) dɛn kasa na paninfou bu so kasa wo fie?
5) mbrɛ sen na wo babarima/babaa aba sukuu mu no United States?
6) Wohia pɔto kasa ntworε yasekyε anaa pɔto kasa aseyεrε nkɔ Twi? Twerε kasa a wopε se ye kyεrε wo ase no hyε aha:

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1) ¿Qué idioma su hijo / a habla cuando él / ella aprendió a hablar?
2) ¿Qué idioma usa su hijo / a con más frecuencia en el hogar?
3) ¿Qué idioma usa con más frecuencia a su hijo / hija?
4) ¿Qué idioma a los adultos en el hogar hablan?
5) ¿Cuántos años ha su hijo / a asistió a la escuela en los Estados Unidos?

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1) Quelle langue parle ton fils / ta fille quand il / elle a apprit a parler?
2) Quelle langue ton fils / ta fille utilise rarement a la maison?
3) Quelle langue utilisez-vous le plus rarement pour parler a ton fils / ta fille?
4) Quelle langue les adultes de la maison utilisent le plus souvent pour parler?
5) Depuis combien d’années votre fils / votre fille va a l’école au Etats-Unis?
6) Avez-vous besoin des translations ecrits ou interpretation oraux de communications?
## Emergency Contact Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your occupation/employer?</td>
<td></td>
</tr>
<tr>
<td>How Did You Hear About Us?</td>
<td></td>
</tr>
<tr>
<td>Why Did You Choose Us?</td>
<td></td>
</tr>
</tbody>
</table>

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 applies to your child:

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

I hereby agree to provide Horizon Science Academy with any custody papers that may exist currently or in the future and provide updated versions promptly if requested by the State of Ohio or local school District.

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 or Guardian’s Signature: [Signature] Date: (mm, dd, yy)

Emergency Contact’s Relation To The Student: [Relation]

Full name: [Name] Able to pick up Student: Yes [ ] No [ ]

Cell phone: [Number] Home phone: [Number] Work phone: [Number]

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Horizon Science Academies Columbus          info@HorizonColumbus.org
Elementary School   2835 Morse Rd, Columbus, OH, 43221     Ph(614)-475-4585   Fax(614)-475-4587
Middle School       2350 Morse Rd, Columbus, OH, 43229     Ph(614)-428-6564   Fax(614)-428-6574
High School         1070 Morse Rd, Columbus, OH, 43229        Ph(614)-846-7616   Fax(614)-846-7696

HSAC admits students regardless of race, color, religion, gender, national background, ethnic origin, any medical condition or disability.
Emergency Medical Authorization Purpose:

This form is to enable parents and guardians to authorize the provision of emergency treatment for the child who gets ill or injured within the school authority when they are inaccessible.

<table>
<thead>
<tr>
<th>Student’s Full Name:</th>
<th>Birth Date: (mm,dd,yy)</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

Student Resides With: *(Please Mark)*
- Mother
- Father
- Sibling
- Guardian
- Grandparent
- Stepparent

Parent or Guardian’s Phones:
- Work: 

Please Choose One of the Following:

A. Consent For Treatment

<table>
<thead>
<tr>
<th>Preferred Physician’s Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Dentist’s Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Medical Specialist’s Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Preferred Hospital:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

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.

B. Refusal to Consent

I do **not** give 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 the following actions: *(Please Specify Below)*

Parent or Guardian’s Signature: Date: (mm,dd,yy)

Medical History

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments of which a physician/school personnel should be informed: *(Please Specify Below)*

Home Address: City: State: Zip:

Parent or Guardian’s Signature: Date: (mm,dd,yy)
## Request for Records

**Permission to Release Permanent School Records**

I, [Name], do attest that I am the parent/legal guardian of [Child’s Name], whose date of birth is [Date of Birth].

As of [Withdrawal Date], I have withdrawn my student from [School Name] and give permission to the principal or the principal’s designee to release my student’s permanent school records to:

Horizon Science Academy Columbus **Elementary School** 2835 Morse Road, Columbus, OH, 43231  
Horizon Science Academy Columbus **Middle School** 2350 Morse Road, Columbus, OH, 43229  
Horizon Science Academy Columbus **High School** 1070 Morse Road, Columbus, OH, 43229  

Attn: RECORDS

Please send the all of the information listed below, if applicable:

- 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.)

### 1st Request: 2nd Request: 3rd Request:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yy</td>
<td>mm/dd/yy</td>
<td>mm/dd/yy</td>
</tr>
</tbody>
</table>

The student’s first day of attendance at Horizon Science Academy will be on: [Date]

Parent or Guardian’s Signature: [Signature]  
Date: (mm,dd,yy)
Parent/Guardian Commitment

We, as parents/guardians, fully commit to HSAC in the following ways:

1. We will make sure our child arrives at HSAC every day by 7:45 a.m. and leaves at the scheduled time. (Monday – Friday)

2. We will make arrangements for our child to come to HSAC on appropriate Saturdays (whenever teacher or administration asks for extracurricular activities or tutoring) at 9:00 a.m. and remain until 12:00 p.m.

3. We will ensure that our child attends HSAC mandatory orientation program.

4. We will always help our child in the best way we know how, and we will do whatever it takes for him/her to learn. This also means that we will check our child’s homework every night, let him/her contact the teacher if there is a problem with the homework. We will encourage our child to read every night.

5. We will always make ourselves available to our children, the school, and any concerns they might have. This also means that if our child is going to miss school, we will notify the office and the teacher as soon as possible, and we will read carefully all the papers that the school sends home to us.

6. We will allow our child to go on HSAC field trips.

7. We will allow our child to participate in HSAC extracurricular activities when it is desired. We will also provide transportation when needed.

8. We will keep our contact information updated at all times.

9. We will make sure our child follows the HSAC dress code.

10. We understand that our child must follow the HSAC rules so as to protect the safety, interests and rights of all individuals in the classroom. We, not the school, are responsible for the behavior and actions of our child.

Failure to adhere to the above commitments can cause my child to lose various HSAC privileges, get disciplinary action, and can lead to leaving HSAC.

Parent or Guardian’s Signature:  

Date: (mm,dd,yy)
I, as a student, fully commit to HSAC in the following ways:

School Schedule
1. I will arrive at HSAC by 7:45 a.m. (Mon. – Fri.) and leave at the scheduled time.
2. I will come to HSAC on appropriate Saturdays at 9AM and remain until 12:00 PM, if needed.

Critical Discipline Issues
1. I understand that if I disrupt the class in any way, I will not be allowed back into the class until my parents are contacted. I will promise my parents, my teachers, and the administration not to hinder my learning and others.
   I HAVE NO RIGHT TO OBSTRUCT OTHER STUDENTS’ LEARNING.

2. I will follow the HSAC’s dress code fully. I understand that I will not be allowed to enter the school building if I am not wearing the school uniform. If there is a compelling, legitimate excuse, my parents, not me, must call the administration and explain.
   I WILL ALWAYS WEAR MY UNIFORM.

3. I understand that I will be quiet in the hallways. I will not run or chase other students.

4. I understand that a three-minute break is long enough to go to my next class on time.
   I WILL BE ON TIME TO CLASS.

5. I am responsible for my own behavior. I understand that if I show disrespect to my teacher or my classmates in the school, I will not be allowed back in class until I apologize and promise not to repeat that behavior. If a second offense occurs, I will go back to my class, apologize in front of the class, and promise not to repeat the behavior. The administration will contact and inform parents that the student is in violation of the contract.
   I WILL RESPECT EVERYONE IN THE SCHOOL.

6. I WILL NOT BRING FOOD, DRINK, OR GUM INTO THE CLASSROOM.

7. BEFORE TALKING IN CLASS, I WILL RAISE MY HAND AND WAIT TO BE RECOGNIZED.

In General
1. I will always work, think, and behave in the best way possible and I will do whatever it takes for me and my fellow students to learn. I will complete all of my assignments every night. I will call my teachers if I have a problem with the homework or a problem with coming to school. I will raise my hand and ask questions in class if I do not understand something.

2. I will always make myself available to parents, teachers, for any concerns they might have. If I make a mistake, I will tell the truth to my teachers/parents and accept responsibility for my actions.

3. I will always protect the safety, interests, and rights of all individuals in the classroom. I will give my respect to everyone in the school.

Failure to adhere to these commitments may cause me to lose my contractual rights, and my student status described in the student handbook.

Student Name: ___________________________ Student Grade: ___________________________
Student Signature: ___________________________ Date: (mm,dd,yy) __________
**UNIFORM CODE AND PERSONAL APPEARANCE**

All students attending Horizon Science Academy wear the approved school uniform. This uniform is described below. Our dress code guidelines indicate appropriate school dress during normal school days. HSA reserves the right to interpret these guidelines and/or make changes during the school year. Students are expected to follow these guidelines.

<table>
<thead>
<tr>
<th>Regular Loose Pants – School Appropriate</th>
<th>Regular Loose Pants – School Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Correct Image]</td>
<td>![Correct Image]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Too Tight – NOT School Appropriate</th>
<th>Too Tight – NOT School Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Incorrect Image]</td>
<td>![Incorrect Image]</td>
</tr>
</tbody>
</table>

**4.1 UNIFORM ELEMENTS FOR GIRLS AND BOYS**

*4.1.1 SHIRT:* Burgundy/dark blue polo shirt with school crest. This shirt is available to be purchased at the school. Shirt must be purchased in a size so as to be properly–fitting, and not overly baggy or overly tight. Shirts need to be tucked in. Shirt must be buttoned to all but the top button.

*4.1.2 PANTS/SLACKS:* Dress pants or slacks in khaki, navy, or black color. Pants may be purchased locally, and must fit properly, being neither too baggy nor too tight and reach the ankles. A properly–fitting belt must be worn all the time (except gym classes). Pants must be worn at the natural waistline. No sagging. Stretch pants, skinny pants, sweats or yoga pants, shorts, hip huggers, capris, pants with holes or tears, pants with excessive pockets or zippers and/or logos other than Horizon, etc. are prohibited.

*4.1.3 SOCKS/TIGHTS:* Socks must be worn with pants. These may be white or dark blue, burgundy, black or brown, and must be of at least ankle length (no anklets, footies, etc.). Tights must be a solid color in neutrals; black, brown, navy, white, or tan.

*4.1.4 SHOES:* Shoes may be any color. No heels or open-toe/sandals are permitted. Boots are permitted during the winter (Dec.-Feb. subject to change due to weather). Shoes with eyelets must be laced and tied.

*4.1.5 SWEATERS/SWEATSHIRTS:* A cardigan sweater may be worn as long as it does not cover the official school uniform shirt. No sweatshirts or hoodies are permitted on top of the school uniform. No coats or outerwear are to be worn at any time during the school day. Coats are to be left in lockers.

*4.1.5 SKIRTS:* Skirts may be worn by females in khaki, navy, or black. Length should not be above the knee level and will be monitored closely for conformity. Nyons, solid tights or socks, in the colors listed (Section 4.1.3) above must be worn when skirts are worn. The splits on long skirts must be no higher than the knee. No jeans are permitted to be worn under skirts.
PERSONAL APPEARANCE ELEMENTS FOR GIRLS

✓ Only 1 pair of earrings may be worn, and should be conservative in appearance and size (do not extend beyond ear lobe). No hoops!
✓ Only 1 necklace and/or ring may be worn, and it should be conservative in appearance and size.
✓ Only 1 functional hair accessory, minimal in size, may be worn.
✓ Facial/body/tongue piercings are not allowed. In the case of preexisting piercings, no ornamentation may be worn in them.
✓ Cosmetics must be appropriate for the school setting.
✓ Hair may not be dyed or bleached in extreme/unnatural colors.
✓ Hair ornamentation must be conservative and unobtrusive, no shaved designs.
✓ Hats, scarves, oversized hair accessories, do-rags and bandanas, or gang related apparel are not permitted.
✓ Fingernails must be conservative in color and no longer than 1/4”.
✓ No new tattoos visible when in school uniform will be permitted.

PERSONAL APPEARANCE ELEMENTS FOR BOYS

✓ Boys may not wear earrings, rings, hair ornamentation (shaved designs) or personal-appearance cosmetics.
✓ Only 1 necklace without ornamentation may be worn underneath the uniform shirt.
✓ Facial/body/tongue piercings are not allowed. In the case of preexisting piercings, no ornamentation may be worn in them.
✓ Hair may not be dyed or bleached in extreme/unnatural colors.
✓ Haircuts must be a clean cut, no designs or Mohawks.
✓ Hair ornamentation must not be more than a straight part line.
✓ Facial hair is not permitted.
✓ Do-rags and bandanas, or gang related apparel (intentional or unintentional) are not permitted.
✓ No new tattoos visible when in school uniform will be permitted.
✓ No hats, caps, and other headgear are permitted unless deemed religious/cultural, in which case, must be Solid colors only.
(Black, navy blue, white, or tan)

GENERAL UNIFORM CODE RULES AND POLICIES

Administration withholds the right to make decisions concerning the acceptability of any apparel worn to school or at other school functions.

PLEASE NOTE…

If a student arrives to school in violation of appearance/uniform policy, the student will not be permitted to attend class and will remain in ISS until the violation is corrected.

Students must be in full school uniform before they exit buses or other means of transportation. Failure to do so will result in disciplinary action. Students must be in full school uniform after school activities. Students who arrive at school out of uniform and do not have the proper items to correct the discrepancies will not be permitted to attend class. Students out of uniform will remain in ISS until uniform clothing is provided. Uniforms must be worn before, during and at after-school functions and clubs, field trips, etc. unless otherwise noted by staff or as indicated by the nature of the event.

Parent or Guardian's Signature: ___________________________ Date: (mm,dd,yy)

Student’s Signature: ___________________________ Date: (mm,dd,yy)
I- Please Fill Out the Parental Permission Form for School Activities

This is to certify that my child(ren), (Please Print Name(s) Below)

has/have my 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 all times, for expenses associated with the trip(s).

I hereby release Horizon Science Academy Columbus and all adult leaders from any liability. I further release Horizon Science Academy Columbus’s all adult leaders from any and all claims against them, individually or collectively, for any injuries which might be received during field trips and/or off campus activities, or in traveling to and from such field trip(s) and/or off campus activity destination(s).

In the event of my student needs transportation to and/or from home for a field trip or off campus activity, Horizon Science Academy Columbus has my permission to transport my student as needed.

<table>
<thead>
<tr>
<th>Relation to The Student:</th>
<th>Does This Person have Legal Custody of the Student?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Middle:</td>
<td>Last:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td>State:</td>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td></td>
</tr>
</tbody>
</table>

Cell Phone: __________________________ Home Phone: __________________________

Work Phone: __________________________ email: __________________________

II- Student’s Commitment in Parent or Guardian Permission

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

Student Name: __________________________ Student Grade: __________________________

Student Signature: __________________________ Date: (mm,dd,yy) __________________________
From time to time Horizon Science Academy is fortunate to have news articles related to some of our activities. The coverage may be newspapers or television stations. During this coverage, pictures and/or names of students may be used. From time to time we also use students’ pictures in newsletters, brochures and informational videos of Horizon Science Academy. We also publish our school related pictures and illustration on our web site, HorizonColumbus.org. We will permit this as long as the coverage is positive and personal information is not included without your permission.

According to the terms listed above, please check one of the following:

Yes ☐ Horizon Science Academy **has** permission to use my child’s name/picture for videos, newspaper, television, school websites and brochures.

No ☐ Horizon Science Academy may **never** use my child’s name/picture for press release.

Limited ☐ Horizon Science Academy may use my child’s name/picture **only** for newsletters or brochures, and school websites.

Parent or Guardian’s Signature: ___________________________ Date: (mm,dd,yy) ___________________________
Columbus City Schools
Transportation Services Department
2015 – 2016 REQUEST FOR PUPIL TRANSPORTATION TO A COMMUNITY SCHOOL

A separate application must be submitted for each pupil. Use the student’s full, legal name. Only one transportation service will be provided per pupil. Information must be provided along with certification by the school administrator. Reimbursement-in-lieu of transportation is provided only if no school bus or COTA Pass is available. The due date for full year reimbursement is September 30, 2015. Late applications will be pro-rated from the date of receipt.

Student Information
Check all that apply: ☐ New Student ☐ Returning Student ☐ Address Change ☐/☐/☐ Effective Date of change
Please print or type
Last name: ____________________________________________ First name: ___________________________ Middle Initial: ____________________________________________
Date of birth: ________________ (mm/dd/yyyy) Sex: __________ Race: _________ Grade: __________ Home Phone: ____________________________________________
Address: ____________________________________________ City: ____________________________ Zip: ____________________________
Mother/Guardian Name: ____________________________ Daytime Phone: ____________________________ Other Phone #: ____________________________
Father/Guardian Name: ____________________________ Daytime Phone: ____________________________ Other Phone #: ____________________________
Emergency Contact Name: ____________________________________________ Relationship to Student: ____________________________________________
Emergency Contact Address: ____________________________________________ Phone #: ____________________________ Other Phone #: ____________________________
Name of School Transportation is requested to: ____________________________________________ Enrollment Date: ________________
What school did your child previously attend? ____________________________________________ Withdrawal Date: ____________________________

Parent Signature (required for processing) ____________________________________________ Date: ________________

School certification (must be completed by the school administrator & required for processing)
I hereby certify that the above student resides in the Columbus City School District and was enrolled as of ________________ (mm/dd/yyyy) at Horizon Science Academy Middle School for the 2015-2016 school year, has been entered into the OSES with SSID # ____________________________, and is eligible for services provided by Columbus City Schools Transportation Dept. I further certify that I will notify Columbus City Schools immediately if the above student is withdrawn.

School Administrator Signature (required for processing) ____________________________ Date: ________________

Columbus City Schools Transportation Department Use Only
Service provided (check only one): _____ School Bus _____ COTA Pass _____ Reimbursement Start Date: ____________________________
Bus Route #: __________ Time & Location: ____________________________ Processed By: ____________________________

Incomplete Applications Will NOT Be Processed