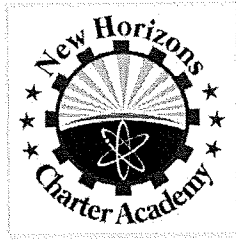


New Horizons Charter Academy
STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME				FIRST NAME				M.I.		STUDENT'S LAST NAME																										
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE		HOME LANGUAGE																														
STUDENT'S HOME ADDRESS -- NUMBER		STREET				APT #		CITY			ZIP CODE																									
MAILING ADDRESS -- NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>		STREET				APT #		CITY			ZIP CODE																									
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME				RELATIONSHIP TO STUDENT				LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		FIRST NAME																								
WORK ADDRESS -- NUMBER		STREET				CITY				ZIP CODE																										
CONTACT NUMBERS		Indicate which phone to call for each message type:*				EMAIL ADDRESS:																														
HOME		EMERGENCY		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																
CELL		ATTENDANCE		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																
WORK		GENERAL INFO		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.																																		
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME				RELATIONSHIP TO STUDENT				LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		MIDDLE INITIAL																								
WORK ADDRESS -- NUMBER		STREET				CITY				ZIP CODE																										
CONTACT NUMBERS		Indicate which phone to call for each message type:*				EMAIL ADDRESS:																														
HOME		EMERGENCY		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																
CELL		ATTENDANCE		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																
WORK		GENERAL INFO		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																																
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.																																		
<p><i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> </table> <p><i>List any other family members attending this school:</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> </table>											NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	DATE
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LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																																
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																																
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:		Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Relationship to Student: _____		Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased																																
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT																																				
<p>The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small></p> <p>hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.</p> <p>HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</p>																																				
<p>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families</p> <p>MEDI-CAL / HEALTHY FAMILIES ID Number: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">1. PRIVATE HEALTH INSURANCE NAME</td> <td colspan="2">GROUP NO.</td> <td colspan="2">2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small></td> <td colspan="2">GROUP NO.</td> </tr> <tr> <td colspan="4">NAME OF DOCTOR / MEDICAL OFFICE</td> <td colspan="4">PHONE NUMBER OF DOCTOR / MEDICAL OFFICE</td> </tr> </table> <p><small>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</small></p> <p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____</p> <p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____</p> <p>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</p> <p align="right">DATE _____</p> <p align="center">X</p> <p align="center">SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN CAREGIVER (AFFIDAVIT)</p>						1. PRIVATE HEALTH INSURANCE NAME		GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>		GROUP NO.		NAME OF DOCTOR / MEDICAL OFFICE				PHONE NUMBER OF DOCTOR / MEDICAL OFFICE																		
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NAME OF DOCTOR / MEDICAL OFFICE				PHONE NUMBER OF DOCTOR / MEDICAL OFFICE																																



Dear Parent or Guardian:

We are pleased to inform you that New Horizons Charter Academy is now participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for 2023-2024 School Year.

Schools that participate in CEP are able to provide healthy breakfasts **and** lunches each day at no charge for **all** students enrolled at NEW HORIZONS CHARTER ACADEMY School during the 2023-2024 School Year.

This means that all NEW HORIZONS CHARTER ACADEMY School students are eligible to receive FREE breakfast and lunch meals.

If we can be of any further assistance, please contact us at (818) 655-9602

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil rights activity.

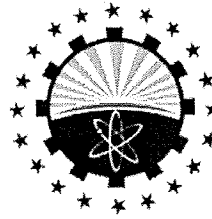
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

New Horizons Charter Academy



Family Income Form 2023-2024

Dear Parent/ Guardian,

The data collected in this Family Income Form will be used to determine eligibility for various funding and grant opportunities for New Horizons Charter Academy. THIS IS NOT A MEAL APPLICATION. All New Horizons Charter Academy have become CEP (Community Eligibility Provision) schools, which means all students can eat all school meals for FREE. Your information will assist us in securing funds for your child's school. Thanks for your participation.

1

Student Names | School Name

Please list ALL students in your household that attend any of the New Horizons Charter Academy.

STUDENT FIRST & LAST NAME	GRADE	DATE OF BIRTH	NAME OF SCHOOL

2

Household Size | Household Income

What is the **TOTAL NUMBER** of people in your household? Include **ALL CHILDREN** and **ALL ADULTS**.

TOTAL HOUSEHOLD SIZE: _____

What is your **MONTHLY** Household Income? **If no income, please add a ZERO.**

TOTAL MONTHLY INCOME: _____

3

Parent/ Guardian Information and Signature

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Phone

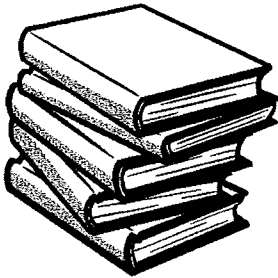
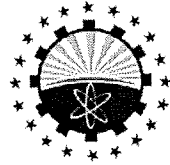
Number: _____ Email: _____

OFFICE USE ONLY

MONTHLY INCOME	HOUSEHOLD SIZE	ELIGIBILITY RESULT	CONFIRMING OFFICIAL SIGNATURE	DATE

This Institution is an Equal Opportunity Provider

New Horizons
Charter Academy



Library Contract 2023-24

I, _____ agree to take full responsibility for the books that I borrow from the library by following these rules:

1. I will keep my book in a safe place.
2. I will keep food and beverages away from my book.
3. I will never write on or damage my book.
4. I will report any damaged or lost books to my teacher.
5. I will always return my book on the due date.
6. I will always be mindful and respectful of school property and peers when visiting the library.

My parent/guardian agrees that if I lose or damage a book they will be responsible for the replacement or cost of the book.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Media Release Parental Consent Form

August 7, 2023

Dear Parent/Guardian,

Please be advised that during the year your child may be photographed, recorded or video interviewed at various school sponsored events. With your consent the photographs, video and interviews may be reproduced and released for use in the media, including brochures, newspapers, yearbooks, videos, television, internet and New Horizons Charter Academy websites and social media platforms.

Please indicate your preference below.

Student's Name	Student's DOB
<hr/>	
<input type="checkbox"/> Yes	My child's photograph/video/interview may be reproduced and released for use in the media.
<input type="checkbox"/> No	My child's photograph/video/interview may not be reproduced and released for use in the media.
Parent/Guardian Name <hr/>	
Parent/Guardian Signature <hr/>	Date <hr/>

August 1, 2023

New Horizons Charter Academy



Dear Parents and Guardians,

In an effort to maintain an optimal learning environment for all of our students and to ensure safety and limit distractions, we request your support as we curtail the student use of cell phones at New Horizon Charter Academy at Fair.

Please review this letter, guidelines, and consequences for not following student expectations regarding responsible possession of a cell phone on campus. We would like both you and your child to sign and return the bottom portion of this letter which outlines our cell phone policy, student expectations, and consequences for students who do not abide by these guidelines.

There is increasing evidence on the negative impact of cell phones not just on students' social emotional wellness but on their ability to focus and learn. *For example in a 2017 study, participants completely turned off and silenced their phones. While they performed memory tasks, some were allowed to keep their phone, and some were told to put it in the other room. Those who had the phone with them did significantly worse. The mere presence of smartphones reduces available cognitive capacity. In other words, the attention and energy it takes to not check a phone seems to cause "brain drain."*

Here at NHCA we are committed to empowering student learning, connections, community, and joy in a safe and inclusive environment. We feel, based on research and our experiences as educators, that this is an important step to helping us support your children, our students, learn how to be present and connected to lessons, and to their classrooms.

Please discuss these cell phone usage expectations with your child:

- **Cell phones (and air pods) must remain in backpacks** from the start of school to dismissal at 3:00p.m. Airpods are not permitted, please keep them home.
- We strongly encourage families to make plans with their children prior to the beginning of the school day for after-school plans.
- Parents may call the office at Fair 818-754-1362 or send a ClassDojo message to your child's teacher to relay a message regarding a change in after school pickup or care.
- Students may access their phones after their day ends at 3:00 p.m.
- **Students will not have access to their cell phones during their lunch periods.**
- All cell phones must be **turned off and stored in the students' backpacks during the school day.**
- In the event that your child must call home, a telephone will be available in the main office.
- Health concerns can be addressed using the telephone in the main office.
- In the case of a family emergency, the office (Fair 818-754-1362) staff will certainly give your child a message or have him/her return your call.

Students will be expected to comply with these expectations and any student who violates these expectations will be held accountable to the School's Student Expectations guidelines (located in our student handbook).

Thank you in advance for your partnership with our school and your continued support in order to provide a safe and productive learning environment that limits distractions for all of our students.

Progressive Discipline regarding cell phones and airpods or earbuds

1st Offense:

Teacher takes phone and gives it to site administrator. Student will come to office to call home and notify parent. Device will be returned to student after school. If no contact with parent, the phone will only be released to parent after school. Teacher will notify the parent.

2nd offense:

Teacher takes phone and gives it to site administrator. Student will come to office to call home and notify parent. Device will be returned to parent or guardian after school.

3rd offense:

Teacher takes phone and gives it to site administrator. Administrator will come to office to call home and notify parent. Device will be returned to parent or guardian after school. Student will sit out of free play time after nutrition. *

**Subsequent offenses will require a parent-staff-student conference to discuss implementation of a behavior plan.*

Please cut, sign, and return the bottom portion of this letter to acknowledge your understanding of our NO CELL PHONE POLICY at NHCA.

I have reviewed the New Horizon Charter Academy Student Expectations and Guidelines regarding student cell phone usage at school. I understand that NHCA is a **NO CELL PHONE school**. I understand that NHCA staff will confiscate any cell phones that are out during class or school activities and these phones will be locked in a safe place in the office until they are returned to the student (offense 1) or parent after school. If a student needs to reach his/her/their parents or guardians they may ask their teacher for permission to go to the office and use the school phone to communicate with parents for essential or urgent communication only. Parents will communicate with the NHCA staff directly by phone or ClassDojo for messages for their children while in school.

Parent name(print): _____

Student name (print) _____

Parent signature: _____

Student signature _____

Date: _____

Date: _____

2024 New Horizons Charter Academy

Yearbook

Order your yearbook for the 2023-24 school year!

Our Yearbook will feature ALL of our students grades TK-8 and makes the perfect keepsake of your time at New Horizons Charter Academy.

The price per Yearbook is \$30.

We will accept two payments of \$15: one at time of reservation and the other by October 20, 2023.

The deadline for Yearbook purchases is October 20, 2023.

Please include this form with your payment.

Student Name: _____

Grade: _____

Teacher: _____

Parent Name: _____

Phone: _____

Email: _____

of Books Ordered: _____

Amount Enclosed: _____