



HARMONY SCHOOL OF ART AND TECHNOLOGY

9115 Kirby Dr., Houston, TX 77054 ♦ Tel and Fax (Temporary): (713) 230-8781

Student Name:
Grade Applied:

Dear Parent / Guardian;

Congratulations! Your child's name was selected in the lottery process. You may now enroll your child into Harmony School of Art and Technology for the 2010-2011 school year. Registration will be done Monday-Friday, between **8:00 a.m. to 5:00 p.m.** Please complete the following registration packet no later than **Monday, July 5th, 2010**. Your application will be CANCELED if these items are not submitted by the due date and students on our waiting list will be accepted.

REGISTRATION CHECK LIST

- Registration form – enclosed
 - The code of student conduct form - enclosed
 - Parent/guardian contract – enclosed
 - The “home” or “zoned” school information- enclosed
 - Emergency information/medication authorization form – enclosed
 - Health inventory – enclosed
 - Pick-up information form – enclosed
 - Permission to release school records – enclosed
 - Home language survey – enclosed
 - Photo and name release form - enclosed
-
- Immunization records (should be up to date)
 - Copy of parent’s driver license
 - Copy of birth certificate
 - Copy of social security card
 - Proof of residency (i.e. Utility bill)
 - Copy of last report card
 - Copy of the most recent TAKS scores (and/or Stanford)
 - Copy of special education reports (if applicable)
 - Textbook deposit (\$50)
 - Student id fee (\$5-nonrefundable)
 - Art supply fee (\$25-nonrefundable)
 - Bring **\$80.00 Money Order** Only : Received by: _____(Office Use ONLY)



HARMONY SCHOOL OF ART AND TECHNOLOGY

9115 Kirby Dr., Houston, TX 77054 ♦ Tel and Fax (Temporary): (713) 230-8781

6/28/2010

RE: Registration

Dear Parent / Guardian,

Congratulations! You applied for your child to attend Harmony School of Art and Technology, and he/she was selected in the lottery process. You can now enroll your child to Harmony School of Ingenuity for the 2010-2011 school year.

Harmony Schools are run by the non-profit sponsoring entity, the Cosmos Foundation Inc. Cosmos Foundation Inc was founded in 1999 by dedicated educators from distinguished universities such as UT, Texas A&M, Rice, and UH. This organization was created in order to establish Science and Math oriented open enrollment charter schools (Harmony Schools).

The Faculty, Staff and Administrators at Harmony School of Art and Technology will do our utmost to provide the best possible learning climate to our students. With the assistance of our supportive parents, the faculty and staff will guide our students beyond all community and state mandated expectations.

Please find the registration check list and other enclosed documents in this envelope. Please submit all the documents that are on the registration check list to our school's front office by **July 5, 2010 at 5:00 PM**. Failure to submit any documents may cause cancellation of your child's enrollment.

Thank you for choosing Harmony School of Art and Technology for your child's future academic endeavors.

Yours truly,

Bulent Dogan
Principal



HARMONY PUBLIC SCHOOLS ENROLLMENT FORM

For Office Use Only	Docs.	Initial		
	Birth Certificate		Grade Applied For	
	Social Security Card		Date Received	
	Immunization Records		Special Ed (circle)	Yes No
	Proof of Residence		Exact Date Enrolled	

CAMPUS INFORMATION			
SCHOOL YEAR APPLIED FOR	CAMPUS	CURRENT GRADE LEVEL	GRADE APPLIED FOR
20__ - 20__			

STUDENT INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	RACE (Choose one or more regardless of ethnicity)
			MM/DD/YYYY	<input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE
				<input type="checkbox"/> ASIAN
				<input type="checkbox"/> BLACK or AFRICAN AMERICAN
				<input type="checkbox"/> NATIVE HAWAIIAN / PASIFIC ISLANDER
				<input type="checkbox"/> WHITE
GENDER	ETHNICITY (Choose only one)	STUDENT LIVES WITH (Check one)	SOCIAL SECURITY #	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER	-----	

PREVIOUS SCHOOLS ATTENDED DURING THE PAST THREE YEARS (START WITH THE MOST RECENT)				
	SCHOOL NAME	DISTRICT NAME	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)
SCHOOL LAST ATTENDED				
PREVIOUS SCHOOL ATTENDED				
PREVIOUS SCHOOL ATTENDED				
HAS APPLICANT EVER SKIPPED A GRADE? (CIRCLE ONE)	YES NO	IF YES, WHICH GRADE(S) AND WHY?		
HAS APPLICANT EVER BEEN RETAINED? (CIRCLE ONE)	YES NO	IF YES, WHICH GRADE(S) AND WHY?		
HAS APPLICANT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? (CIRCLE ONE)	YES NO	IF YES, PLEASE EXPLAIN:		
HAS APPLICANT APPLIED TO HARMONY BEFORE? (CIRCLE ONE)	YES NO	IF YES, WHICH CAMPUS AND WHEN?		
HAS APPLICANT EVER ATTENDED HARMONY? (CIRCLE ONE)	YES NO	IF YES, WHICH CAMPUS AND WHEN?		

PARENT(S)/GUARDIAN INFORMATION						
MALE PARENT INFORMATION	LAST NAME	FIRST NAME	RELATIONSHIP	OCCUPATION	EMPLOYER	
	STREET ADDRESS			APT #	CITY	ZIP
	HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL		
	() - - - - -	() - - - - - ext.	() - - - - -			
FEMALE PARENT INFORMATION	LAST NAME	FIRST NAME	RELATIONSHIP	OCCUPATION	EMPLOYER	
	STREET ADDRESS			APT #	CITY	ZIP
	HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL		
	() - - - - -	() - - - - - ext.	() - - - - -			
OTHER PERSON INFORMATION	LAST NAME	FIRST NAME	RELATIONSHIP	OCCUPATION	EMPLOYER	
	STREET ADDRESS			APT #	CITY	ZIP
	HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL		
	() - - - - -	() - - - - - ext.	() - - - - -			

SIBLING INFORMATION (UNDER 18 YEARS OF AGE)					
LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	CURRENT SCHOOL ATTENDING	CURRENT GRADE LEVEL

SPECIAL PROGRAM INFORMATION		
SPECIAL PROGRAM	PLEASE CHECK ALL THAT APPLY	
GIFTED AND TALENTED	<input type="checkbox"/>	IF CHECKED, PLEASE LIST APPLICANT'S HONORS, AWARDS, OR SPECIAL ACHIEVEMENTS (IN OR OUT OF SCHOOL)
ESL/BILINGUAL	<input type="checkbox"/>	
SPECIAL EDUCATION	<input type="checkbox"/>	IF CHECKED, DISABILITY CONDITION:
	<input type="checkbox"/>	
PLEASE ATTACH STUDENT'S MOST RECENT IEP AND ASSESSMENT (IE) DOCUMENTS		

HOW DID YOU LEARN ABOUT HARMONY SCHOOLS?					
<input type="checkbox"/> BROCHURE, FLYER, HANDOUT	<input type="checkbox"/> OUTDOOR SIGN	<input type="checkbox"/> FRIEND	<input type="checkbox"/> ADVERTISEMENT: _____	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> INTERNET	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> NEWSPAPER: _____		

PLEASE CHECK		
Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I ALLOW MY CHILD'S PHOTOGRAPHS/VIDEO RECORDING TAKEN AND/OR NAMES PUBLISHED TO BE USED FOR HARMONY SCHOOLS. I UNDERSTAND THAT THE PHOTOS AND THE NAMES MAY BE USED FOR DISPLAY, PUBLICATION, VIDEO, WEBSITES, OR BY OTHER MEDIA, SUCH AS LOCAL NEWSPAPERS AND/OR TELEVISION STATIONS. I ALSO AGREE THAT THIS PERMISSION WILL HAVE NO TIME LIMITATIONS.
<input type="checkbox"/>	<input type="checkbox"/>	I ALLOW MY CHILD TO PARTICIPATE IN ALL ATHLETIC EVENTS AT HARMONY SCHOOLS, WITH THE UNDERSTANDING THAT THE PARENT/GUARDIAN IS RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED IN THE EVENT OF AN INJURY.

I/WE, THE UNDERSIGNED, HEREBY CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE COMPLETE AND ACCURATE. I/WE UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS MAY RESULT IN REJECTION OF THIS APPLICATION OR FUTURE DISMISSAL OF THE APPLICANT. I AND MY CHILD AGREE TO FOLLOW THE RULES OF HARMONY SCHOOLS AS STATED IN THE STUDENT HANDBOOK.

NOTICE: FALSIFYING INFORMATION ON THIS FORM IS A VIOLATION OF THE LAW. VIOLATION MAY RESULT IN PROSECUTION (SECTION 37.10 OF THE TEXAS PENAL CODE).

----- Signature of Male Parent	----- Date Signed (mm/dd/yyyy)	----- TX Driver's License No	----- Date of Birth (As Required by TEC §25.002 (f))
----- Signature of Female Parent	----- Date Signed (mm/dd/yyyy)	----- TX Driver's License No	----- Date of Birth (As Required by TEC §25.002 (f))
----- Signature of Legal Guardian	----- Date Signed (mm/dd/yyyy)	----- TX Driver's License No	----- Date of Birth (As Required by TEC §25.002 (f))

Harmony Public Schools do not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability or the district the child would otherwise attend.



THE CODE OF STUDENT CONDUCT

Student and Parent Acknowledgment

Harmony School of Art and Technology shall foster a climate of mutual respect for the rights of others. Each student is expected to respect the rights and privileges of other students, teachers, and school personnel. The student's responsibilities for achieving a positive learning environment at school and/or school-related activities shall include the following:

- Arrive school on time and stay until the designated time
- Leave the school at the designated time
- Attend all classes each day and be on time
- Prepare for each class with appropriate materials and completed assignments
- Attend any tutorial that is made mandatory by school officials
- Make up assignments missed because of an excused absence
- Dress according to the dress code adopted by each individual school
- Know that the possession, use, and/or sale of illegal or unauthorized drugs, alcohol, and weapons are unlawful and prohibited
- Show respect toward others
- Conduct yourself in a responsible manner
- Pay required fees and fines
- Know and obey all school rules in the *Student Handbook*
- Cooperate with staff members in investigations of disciplinary matters
- Seek changes in school policies and regulations in an orderly and responsible manner, through appropriate channels
- Report threats to the safety of students and staff members as well as misconduct on the part of any other students or staff members to the building principal, a teacher, or another adult
- Be familiar with and comply with the Acceptable Use Policy for Computers and Technology and understand that if access is not desired, the parent and student may opt out. Use school technology systems for school business purposes only and use school computers and related equipment appropriately
- Report all observed or suspected technology security problems immediately to a teacher

It is important that every student understand the Code and be expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in the Code. Please read and discuss the Code with your child. When you have done so, you and your child must sign this form and return it to the school. Signatures of parents and the student acknowledge receipt of a copy of the Code of Student Conduct and certify that they have read and discussed the Code. It is expected that parents and students will accept their responsibilities as described in the Code of Student Conduct.

Student Signature

____/____/_____
Date

Parent or Guardian Signature

____/____/_____
Date

2009 - 2010 Texas Minimum State Vaccine Requirements for Students Grades K - 12



This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§97.61-97.72 of the Texas Administrative Code (TAC).

This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccines	Kindergarten	7 th Grade	8 th - 12 th Grade
Diphtheria, Tetanus, and Pertussis ¹ (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses ²	3 doses ³ 1 Tdap/Td booster ⁴	3 doses ³ 1 Tdap/Td booster within last 10 years ⁵
Polio ^{1, 6}	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses
Measles, Mumps, and Rubella ^{1, 7, 11} (MMR)	2 doses	2 doses ⁷	2 doses ⁷
Hepatitis B ^{1, 8, 11}	3 doses	3 doses	3 doses
Varicella ^{1, 9, 11, 12}	2 doses	2 doses	1 dose ⁹
Meningococcal ¹		1 dose	
Hepatitis A ^{1, 10, 11}	2 doses		

Footnotes

- ¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- ² Five doses of a diphtheria-tetanus-pertussis containing vaccine, one of which must have been received on or after the 4th birthday; however, 4 doses meet the requirement if the 4th dose was given on or after the 4th birthday.
- ³ Three doses, including one dose on or after the 4th birthday.
- ⁴ Students will be required to have a booster dose of Tdap only if it has been five years since their last dose of tetanus-containing vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.
- ⁵ Students will be required to have a booster dose of Tdap if it has been ten years since their previous dose of tetanus-containing vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.
- ⁶ Four doses of polio vaccine one of which must have been received on or after the 4th birthday; however, 3 doses meet the requirement if the 3rd dose was given on or after the 4th birthday.
- ⁷ Two doses of MMR vaccine with the 1st dose on or after the 1st birthday. For the 2009 - 2010 school year, 7th - 12th grade students are required to have two doses of a measles-containing vaccine, and one dose each of mumps and rubella vaccine. Refer to the phase-in schedule to determine when the 2-dose MMR requirement goes into effect for 7th - 12th grade.
- ⁸ Two doses of adult hepatitis B vaccine (Recombivax®) are acceptable for individuals 11 - 15 years of age. Dosage and type of vaccine must be clearly documented. (Two 10 mcg/1.0 ml of Recombivax®)
- ⁹ Two doses received on or after the 1st birthday. Refer to the phase-in schedule to determine when the 2-dose Varicella requirement goes into effect for 8th- 12th grade.
- ¹⁰ Two doses with the 1st dose received on or after the 1st birthday.
- ¹¹ Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in lieu of vaccine.
- ¹² Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine."



PARENT/GUARDIAN CONTRACT

Dear Parent(s)/Guardian(s),

Please read carefully, initial, and sign the following school requests and policies.

1.) From time to time, staff may photograph students during school activities. By signing below, you agree to the release of such photos and student names to be used for school brochures, newsletters, yearbook and/or any other use for school related publication. Initial: _____

2.) I/we will communicate with teachers and administrators by attending parent conferences and meetings and by updating information if my/our address or phone numbers change. I/we understand that, it is my/our responsibility to get information about our child's academics and homework on a regular basis via the website. Initial: _____

3.) I/we will make sure that my/our child attends 100% of each class. I am aware that missing 5% of class/school will result in failing the class/grade and be subject to truancy by State Law. Initial: _____

4.) I/we will make sure that my/our child arrives to school, so that he/she is seated in homeroom by 8:00 am. I am aware that if my child has five unexcused tardiness in a semester, he/she will have Saturday Detention. The next five tardiness will result in suspension. Five unexcused tardiness are equivalent to one unexcused absence. School may contact with truancy officers in case of habitual tardiness. Initial: _____

5.) Per school policy, students must be picked up immediately upon dismissal. If students are in the facility after dismissal times, the authorities may be contacted. Harmony School of Art and Technology (HS of Art and Technology) assumes no responsibility for any student in the facility after designated hours. Initial: _____

6.) I/we understand that my/our child must follow the rules, as set forth in the HS of Art and Technology Student Handbook (may be updated from time to time), so as to protect the safety, interest and the rights of all individuals at school. Initial: _____

7.) It is parent's and student's responsibility that the uniform requirements outlined in the handbook are followed strictly and maintained daily. Initial: _____

8.) HS of Art and Technology PTO is a parent organization that performs various functions including fundraising for HS of Art and Technology. If you would like to be added to that directory; please add your phone number below. By adding your number below, you are granting permission to PTO officials to contact you for volunteer purposes or for any discussion that is PTO related, Initial: _____

9.) I/we will contribute at least 3 hours of volunteer service each year. Initial: _____

10.) I/We know and obey all school rules in the Student Handbook

I have read and understand the above requests and policies and will comply by them.

Signature of Parent/ Guardian 1

Date

Signature of Parent/ Guardian 2

Date

Phone Number to add to HS of Art and Technology PTO Directory



HARMONY SCHOOL OF ART AND TECHNOLOGY

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EMERGENCY INFORMATION

Student's Name: _____
Last First Middle

Grade: _____ Date of Birth: _____

Address: _____
Street City State Zip

Parent/Guardian:

Name: _____ Relationship: _____ Phone(H) _____ (W) _____ (O) _____

Name: _____ Relationship: _____ Phone(H) _____ (W) _____ (O) _____

Physician: _____ Phone: _____ Insurance: _____

List anyone authorized to pick up your child in case of illness or injury and you cannot be reached at the above numbers. **Only those persons listed will be allowed to pick up your child without additional approval from you.**

Name: _____ Relationship: _____ Phone(H) _____ (W) _____ (O) _____

Name: _____ Relationship: _____ Phone(H) _____ (W) _____ (O) _____

AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION

I hereby authorize the school nurse or persons designated to administer medication to administer the following non-prescription items as needed by my child. **(Please initial in blanks for authorized medications.)**

_____ Acetaminophen (Tylenol) _____ Benadryl _____ Sudafed _____ Ibuprofen
_____ Antacid

Topical and/or first aid items may be utilized by school personnel unless there is a specific objection by the parent/guardian. Please list any topical or first aid items that are **not** to be used.

Students in grades 6-8: Do you wish to be notified prior to administration of the above medicines? **Yes / No** (Circle one)

(Yes means that if you cannot be reached your child will not receive medication. No means that your child will receive the above medication(s) at the discretion of school personnel)

Students in grades 9-12: Students will receive the above medication(s) at the discretion of school personnel.

I hereby authorize the physician, surgeon or dentist to administer any emergency treatment, procedure or medicine necessary and advisable. I also authorize the use of an ambulance, if necessary, to transport my child. I further agree to pay for all services provided for my child. If this is not satisfactory, please list specific emergency instructions in the event that you cannot be reached.

Parent or Guardian Signature

____/____/____

Date



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HEALTH INVENTORY

Please fill in this form and return it to the school at the earliest possible date. The information given on this form will enable the school staff to have a better understanding of your child's health status.

Student Name: _____

Date of Birth: ____/____/____

Grade : _____

Sex: Male Female

Birth weight: _____

Disease History:

Disease	Age	Disease	Age	Disease	Age
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/> Sickle Cell Disease	_____
<input type="checkbox"/> Allergy	_____	<input type="checkbox"/> Kidney Disorder	_____	<input type="checkbox"/> Surgery/fractures	_____
<input type="checkbox"/> Blood Disorder	_____	<input type="checkbox"/> Orthopedic	_____	<input type="checkbox"/> TB contact	_____
<input type="checkbox"/> Convulsions	_____	<input type="checkbox"/> Poliomyelitis	_____	<input type="checkbox"/> Hearing loss	_____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Rheumatic Fever	_____	<input type="checkbox"/> Vision loss	_____
<input type="checkbox"/> Epilepsy	_____	<input type="checkbox"/> Serious accident	_____		

If this child has had any of the above conditions, did he/she receive medical care? Yes No

Is he/she under treatment now? Yes No

Please check any of the following signs and symptoms you have recently observed:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Overweight | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Earaches | <input type="checkbox"/> Frequent stomach aches |
| <input type="checkbox"/> Nail biting | <input type="checkbox"/> Shyness | <input type="checkbox"/> Does not get along with others |
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Frequent headaches | |
| <input type="checkbox"/> Frequent nose bleeds | <input type="checkbox"/> Fainting | |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Does not like school | |

Has the child consulted a physician about the above symptoms? Yes No

Has the pupil had a complete physical in the past year? Yes No

Is this child on any kind of medication? Yes No

If so, what? _____

For what condition? _____

Is this pupil under medical care at this time? Yes No

Name of doctor or clinic: _____

Further comment: _____

Name of the Person completing this form

Relation to the child

Signature

Date



PICK UP INFORMATION FORM

Dear Parents and Guardians,

Please fill out the following short questionnaire so that school administrators can efficiently and safely coordinate after school dismissal time.

Please note that your child will be released from the school according to information you have provided below.

Name of the Student : _____
Grade/Section : _____
Parent signature : _____
Emergency/Work Phone: _____
Home Phone : _____
Date : _____

Please **mark only** one of the following options for your child as a mode of transportation.

- _____ a) My child is taking the daycare bus
_____ b) My child is picked up by a private car
_____ c) My child walks home
_____ d) Other (Please explain it specifically like Monday by daycare bus, other days by car:

As a parent or guardian, if you want your child to use a different option other than you marked, please call office and inform us (Office Tel: 713.664.1020). If your child is picked up, please fill out the following:

Name of person permitted to pick Up you child:	Relationship to your child:	Phone #	I.D. Scan

- *This document will be placed into your child's folder.
*This information is also valid for Emergency/Rainy Day Plan

Parent

Signature

Date



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PERMISSION TO RELEASE SCHOOL RECORDS

By my/our signature below, I/we as parent(s) or legal guardian of _____
(student's name) whose date of birth is ____/____/____ (student's birth date), give
permission to the principal of _____ (name of student's
current or most recent school) to release a copy of my child's school records including the
following information to Harmony School of Art and Technology.

Records to be released:

1. Grades and academic records
2. Psychological assessment and records
3. Disciplinary records
4. Attendance records and medical/immunization reports
5. Test results and/or evaluations
6. Psychological Evaluations
7. ARD, IEP Report
8. Full and Individual Evaluation
9. Adaptive and Assistive Technology
10. Functional Behavior Assessment
11. Occupational and/or Physical Therapy
12. Counseling
13. Medical Report
14. Section 504 Records
15. Dyslexia Records

Parent/Guardian's Signature

Date



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HOME LANGUAGE SURVEY

(English)

Student Name: _____ Date of Birth: _____

Home Phone: (____) _____ - _____ Grade Level: _____

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

PART A:

1. What language is spoken in your home most of the time? (Please check only one)

English Spanish Other (Specify): _____

2. What language does the student (do you) speak most of the time? (Please check only one)

English Spanish Other (Specify): _____

Grades PK – 8

(Parent or Guardian)

(Date)

Grades 9 - 12

(Parent or Guardian or Student)

(Date)

PART B:

Place of Birth (Country of Origin)

City: _____

Country: _____

Date of initial entry into U.S. schools

(mm/dd/yyyy)

Number of complete academic

years in U.S. schools: _____

(Do not count Pre-K and Kindergarten)

When your child lived outside the U.S., did he or she attend school regularly? (Check one.)

Yes, my child attended school regularly in all previous grades outside the U.S.

No, my child missed significant portions of one or more school years, as specified:

Specify grade and time period, including month and year (example: Grade2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.

Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years?

Yes

No



HOME LANGUAGE SURVEY

(Spanish)

Nombre del Alumno: _____ Fecha de Nacimiento: _____
 Teléfono: (____) _____ - _____ Grado: _____

El Código de Educación de Texas requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes. Por favor conteste las siguientes preguntas.

PART A:

1. ¿Qué idioma se habla en su hogar casi siempre? (Seleccione solo uno por favor)

Inglés Español (Favor de especificar): _____

2. ¿Cual idioma habla su hijo/a en casa casi siempre? (Seleccione solo uno por favor)

Inglés Español (Favor de especificar): _____

Grados PK – 8

Grados 9 - 12

(Firma del padre o Guardian)

(Firma del padre, guardian o estudiante)

(Fecha)

(Fecha)

PART B:

Lugar de Nacimiento

Ciudad: _____

Pais: _____

Fecha de inicio a las escuelas de los estados unidos

(mm/dd/yyyy)

Número de años escolares completos en escuelas estadounidenses: _____

(Pre-K y Kindergarten no cuentan)

Conteste solo si aplica: Cuando su hijo/a vivía fuera de los Estados Unidos, ¿asistió con regularidad a la escuela? (Marque solo una de las siguientes opciones.)

Sí, mi hijo/a asistió con regularidad a la escuela fuera de los Estados Unidos y terminó sus grados escolares anteriores.

No, mi hijo/a perdió una gran parte de uno o más años escolares, como se especifica a continuación:

Especifique el grado y el periodo en que su hijo/a no asistió a la escuela, incluyendo el mes y el año. (Por ejemplo: 2º grado, de enero del año 2000 hasta mayo del 2002). No incluya el tiempo que su hijo/a no asistió a la escuela si fue menos de un mes. No incluya días festivos ni vacaciones que la escuela haya programado para el año escolar.

¿Ha trabajado usted o un miembro de su familia en trabajos de AGRICULTURA o en la INDUSTRIA PESQUERA en los últimos tres años?

Sí

No



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Student Name: Grade/Section:

Parent Name(s):

HS Art and Technology needs your help in order to provide your children with better educational/social opportunities. Please mark the activities that you (or your spouse) can volunteer to organize or help with:

- Library
- Transportation for field trips
- Dismissal duty (2:40-3:05 PM)
- Traffic control (7:30-8:00 AM)
- CDL
- Homeroom Parent
- Substituting classes (I have a 4-year degree in _____)

Activities

- Geography Bee
- Fine Arts Gala
- Math Competitions
- Robotics Competitions
- Turkic Festival
- Talent Show
- Book Fair
- School Field Trips/Days
- Picture Day
- Science Fair
- Field Trips
- Black History Week
- Faculty Activities (birthdays, bowling, etc.)
- Staff Thanksgiving Dinner
- Cinco de Mayo Celebration
- Carnivals
- Athletic Events/Tournaments
- College Panel/College Trips
- Sponsor a project/coach a kid for science fair
- Award Ceremonies
- Student Council / National Honor Society Activities

Fundraisers

- Sausage sale
- Chocolate sale
- Cookie dough
- Coupon book Sale
- Free dress
- Garage sale
- Popcorn, cotton, candy sale
- Raffles
- Recycling
- Sally foster fundraising
- Silent auction (art, basket etc)
- Valentine day gifts

Clubs

- Animation
- Arts and Crafts
- Band
- Baseball
- Basketball
- Board Games
- Creative Writing
- Cheerleading
- Chess
- Drama
- Debate
- Folk Dance
- Football
- French
- Future City Design
- Computer/Game Design
- Geography Bee
- Home Arts/Cooking
- Journalism
- Karate
- MathCounts
- Movie/Science Fiction
- Multiculturalism
- National Honors Society
- Newsletter
- Orchestra/Musical
- Odyssey of the Mind
- Psychology
- Photography
- Robotics
- Reading/Book Club
- Spelling Bee
- Science Olympiad
- Soccer
- Sociology
- Student Council
- Video Production
- Volleyball
- Web Mastering
- Wrestling
- UIL/Quiz Bowl/Science Bowl
- Yearbook

Other activity/fundraising/club that you can organize or help with:
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HARMONY SCHOOL OF ART AND TECHNOLOGY

9115 Kirby Dr., Houston, TX 77054 ♦ Tel and Fax (Temporary): (713) 230-8781

PHOTO AND NAME RELEASE FORM

I agree to allow my child's photographs to be taken and/or names to be published to be used for Harmony School of Art and Technology (HS Art and Technology) publicity purposes. I understand that the photos and the names may be used for display, publication, video, websites, or by other media, such as local newspapers and/or television stations. I also agree that this permission will have no time limitations.

I hereby certify that I am the parent/legal guardian of _____

And I do give my consent on his/her behalf.

Name of the parent/guardian

Signature of the parent/guardian

___/___/___
Date



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REGISTRATION FORM THE "HOME" or "ZONED" SCHOOL INFORMATION

The state requires us to submit the following information for each student.

What elementary school is your child zoned to? What is the "home" or "zoned" elementary campus for your child?

In other words,

If you had not sent your child to Harmony School of Art and Technology, what public school would your child have attended?

As you know, Harmony accepts students from all zones and we thank you for choosing our school. The information is required by the state and it will not affect your choice and right to be here. We are proud to serve your child.

STUDENT'S NAME : _____

GRADE : _____

STUDENT'S ADDRESS : _____

THE "HOME" or "ZONED" SCHOOL : _____

SCHOOL DISTRICT : _____