



# New Student Information Form 2014-2015

**Parents: Please complete all of the items on this 2- page form & return asap.**  
**Student Information-return to school or dbuck@harborcityschool.org**

Last Name		First Name		Middle Name	Suffix-Jr. etc
Preferred Name:		Gender:	Date of Birth:	Home phone:	
Grade Entering 2014:	Street Address/City/State/Zip				
Federal Defined Ethnicity Part A [for state reporting purposes] Is student/parent Hispanic/Latino? [Choose only one] <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)					
The previous question was about ethnicity, not race. No matter what you selected above, please continue to answer the following question by checking one or more to indicate what you consider the student's race. Federal Defined Ethnicity Part B, what is the student's/parents' race? [for state reporting purposes]					
<input type="checkbox"/> Black/African American			<input type="checkbox"/> Native Hawaiian/Pacific Islander		
<input type="checkbox"/> American Indian/Alaska Native			<input type="checkbox"/> Asian <input type="checkbox"/> White		
School previously attended [including city and state if not in local area]					
Does your student have a Special Education Individual Education Plan [IEP]? Yes No					
Does your student have a Section 504 Plan? Yes No					

## Family 1/Guardian 1 Information:

Please supply us with an email address that is best for school correspondence i.e. newsletter link, attendance notices, event notices, teacher and office communication. Report cards and test results will be sent via the US Postal Service so please notify the office of any address changes.

Parent Name(s)		Responsible for custody of student? Yes No	
Email Address (es)			
Mailing Address		City	State Zip
Home phone	Place of employment and phones	Cell phones	

**From the numbers and addresses above, please circle the best method to contact you during the school day.**

### Family 2/Guardian 2 Information:

We give our families the opportunity for a second family member to receive information about the student. Please supply us with an email address that is best for school correspondence i.e. newsletter link, attendance notices, event notices, teacher and office communication. Report cards and test results will be sent via the US Postal Service **so please notify the office of any address changes.**

Name	Relationship to student Receive mailings? <b>Yes No</b>	Responsible for custody of student? <b>Yes No</b>	
Email Address			
Mailing Address		City	State Zip
Home phone	Place of employment and phone	Cell phone	
<b>From the numbers and addresses above, please circle the best method to contact you during the school day.</b>			

### Emergency Contacts [Other than parents/guardians]

Name and relationship to student:	Best contact numbers:
Name and relationship to student:	Best contact numbers:

### Dismissal Information

List any other person who may pick up your child from school:	List any other person who <b>may not</b> pick up your child from school:	In case of early dismissal of school, we should:
		____ Send student home as usual OR
		____ Contact: Name and phone

### Parent/Guardian Signature(s)

	Date
	Date

HCIS does not discriminate on the basis of race, religion, social or economic background, or sexual orientation.

**Harbor City International School is authorized by Volunteers of America, voamn.org, (612) 270-1998**



# Harbor City International School

## Health Information Form

**Parent/Guardian- Please complete all of the items on this form and return with the other forms.  
Call 722-7574 x311 with any questions. Thank you!**

Student's Last Name	First Name	Middle Name	Suffix-Jr. etc
Grade entering Fall 2014:	Gender: Male   Female	Date of Birth:	
Doctor's Name and Phone Number:			
Dentist's Name and Phone Number:			
Does the school have your permission to call the doctor/dentist or ambulance if needed?      Yes      No			
Hospital of choice, please circle one.    St. Luke's    St. Mary's			

Is your child on any medication? If yes, please list the medication and reason:	
<i>If your child needs medications distributed at school, you must have a medication distribution form signed by a doctor. Please call or visit the office for the form.</i>	
Any allergies or special health problems/alerts or unusual health habits? If yes, please explain.	
Any serious illness, surgery, hospitalization or accidents within the past year? If yes, please explain.	
Please supply an immunization record (fill out form) or contact your healthcare provider for a copy. We must complete an annual immunization report to the state so this data is very important. Thank you for your assistance.  Records can be sent to <a href="mailto:dbuck@harborcityschool.org">dbuck@harborcityschool.org</a> or faxed to 218 625-6068.	
Parent/Guardian Signature:	Date:
Relationship to student:	Phone number:

**HCIS is a Public Charter School Authorized by Volunteers of America – Minnesota, [voamn.org](http://voamn.org)  
(612) 270-1998**

# Pupil Immunization Record

## FOR SCHOOL USE ONLY

- ( ) Complete; booster required in \_\_\_\_\_  
 ( ) In process; 8 mos. expires \_\_\_\_\_  
 ( ) Medical exemption for \_\_\_\_\_  
 ( ) Conscientious objection for \_\_\_\_\_  
 ( ) Parental/guardian consent \_\_\_\_\_

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

**Parent:** Enter the MONTH, DAY, and YEAR for all vaccines your child received, MED for vaccines that are medically contraindicated, or CO for vaccines that are conscientiously opposed. Sign appropriate signature boxes on reverse.

MED: Medical contraindication to immunization, history of disease, or laboratory evidence of immunity.

CO: Immunizations are contrary to parent or guardian's conscientiously held beliefs.

**School Personnel:** Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✕)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
<b>Diphtheria, Tetanus, and Pertussis</b> (DTap, DTP)						
<b>Diphtheria and Tetanus</b> (DT) • for 6-year-olds and younger						
<b>Tetanus and Diphtheria</b> (Tdap, Td) • for 7-year-olds and older						
<b>Polio</b> (IPV, OPV)						
<b>Measles, Mumps, and Rubella</b> (MMR) • minimum age: on or after 1st birthday • required for kindergarten and 7th grade						
<b>Hepatitis B</b> (hep B) • required for kindergarten and 7th grade						
<b>Varicella</b> (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required for kindergarten and 7th grade						
<b>Recommended</b>						
<b>Meningococcal</b> (MCV, MPSV)						
<b>Human Papillomavirus</b> (HPV)						
<b>Hepatitis A</b> (hep A)						

### Additional exemptions:

- **Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 10 years or older:** May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- **Students 18 years of age or older:** Do not need polio vaccine.

**1. Choose one of the following to indicate student's immunization status and the source of the information above:**

A. I certify that this student has received all immunizations required by law.

\_\_\_\_\_  
Signature of parent/guardian or physician/public clinic

\_\_\_\_\_  
Date

B. I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K and 7th), varicella (K and 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of physician/public clinic

\_\_\_\_\_  
Date

**2. Parental/Guardian Consent to Share Immunization Information:**

Your child's school is asking your permission to share your child's immunization record with Minnesota's immunization registry to help us better protect students from disease. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization record with Minnesota's immunization registry:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**3. Exemptions to School Immunization Law**

**A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed. (For varicella disease see \* below.)

Exempted immunization(s):

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant

\_\_\_\_\_  
Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_.  
Year

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of notary



## REQUEST TO DENY PUBLIC ACCESS TO PRIVATE INFORMATION

You may restrict the release of student data by completing this form  
2014-2015

### **A. Student Data/Directory Information: The following student data is considered directory information:**

Name

Date and place of birth

Participation in officially recognized activities and sports

Address

Home phone number

Email address

Degrees and awards received

Dates of attendance

**Publications: If you wish to restrict the release of student data, student information will NOT be released for any of the following (not limited to these examples), sign and date at the bottom of this form.**

School newsletters (electronic versions as well)

Honor and merit roll lists

School newspaper articles

Special awards

Yearbook (inclusion in)

Graduate list

Website publishing

Requests from post-secondary institutions including scholarship mailings

**B. Armed Services – Grades 11 and 12 only:** The Minnesota Legislature has amended the Data Practices Act, M.S. 13.32, Subd. Sa, stating that schools must release to military recruiting officers the names, addresses, and home telephone numbers of students in grades 11 and 12, UNLESS the parent/guardian or 18-year old student has checked "2" in the OPTIONS section below, signed, dated, and returned the form.

### **C. Options:**

1. Allow ALL student data to be published/distributed as defined under student data/directory information, "A."

**DO NOT RETURN FORM IN THIS CASE**

Options 2 or 3 – place a check in the applicable boxes before returning this form.

2. ☐ Deny student data as defined in "B" above from distribution to the armed forces.
3. ☐ Deny student data as defined in "A" from publication or distribution.

If you do not wish to have any directory information published or distributed, you MUST complete and sign section "D" below. Doing so will EXCLUDE student data from being published. If you have any questions, please contact the school operations manager: [dbuck@harborcityschool.org](mailto:dbuck@harborcityschool.org) phone- 218-722-7574 x225

**D. SIGNATURES:** If you opt to deny student data from publication, this form MUST be signed by the parent/guardian or adult student (18 years of age or over). This request remains in effect for the CURRENT school year only.

Student's Name & Grade, please print: \_\_\_\_\_

PARENT/LEGAL GUARDIAN OF MINOR STUDENT Signature and date: \_\_\_\_\_

STUDENT'S SIGNATURE (If 18 years of age or over) \_\_\_\_\_

## Harbor City International School Parent Community

Hello Parents,

Your name\_\_\_\_\_

Your student's name\_\_\_\_\_

Your Email address\_\_\_\_\_

Your Phone\_\_\_\_\_

Welcome to Harbor City International School! We are thrilled that you have chosen our community for your child's high school experience. Our mission states, " Harbor City International School is a tuition-free, college preparatory, charter high school. We are a small community that nurtures a sense of belonging and academic excellence." We invite you to participate in our community in any way that you can. We understand that some of you have schedules that may keep you from investing a lot of time; any time or talent shared is appreciated. Please check the following volunteer opportunity areas. (Please check those of interest, *no experience is necessary and some projects could be done at home*):

- ☐ Help with facilities projects like painting, assembling furniture
- ☐ Chaperone (field trips, dances, service opportunities...)
- ☐ Committee work/planning
- ☐ Theater Support (set building, etc...)
- ☐ Parent Coach or Club advisor
- ☐ Bake/Cook for various events
- ☐ Assist w/ community events ( such as chili cook-off, coffee house, international night, ... )
- ☐ Music / Fine Art Support
- ☐ Teacher Appreciation & Support (May Event)
- ☐ Parent Group Meetings

☐ Help with classroom projects  
Area of expertise\_\_\_\_\_

- ☐ Student recognition (Jan. & June Events)
- ☐ School Board
- ☐ I would be willing to be a guest speaker at school. My occupation or expertise/interest is:\_\_\_\_\_

☐ I would be interested in finding speakers for classroom topics or arranging career exploration experiences for student



**Transportation Options & Reimbursement Form: Name\_\_\_\_\_**  
**District 4085-Please Circle Option 1, 2 or 3**

**Please CIRCLE ONE of the following 3 options for transportation:**

<b>Option 1: Bus Pass-Students receive a DTA business pass-one each semester</b>
Students living within ISD 709 receive a DTA bus pass. Pass replacement is \$10.00. Please report lost or damaged passes to the school office immediately so they can be cancelled or replaced. Students living outside of 709 can get a bus pass but then they can't collect mileage reimbursement.
Students who bus/bike to school must park bikes outside of the school, parking available under 4 <sup>th</sup> W. ramp.

<b>Option 2: Parking Reimbursement</b>	
Student chooses to drive to school and have parking costs reimbursed to a <i>maximum</i> of <b>\$20.00</b> per month. Student is responsible for contracting with the parking lot. Reimbursement request must include a copy of the receipt from the parking facility.	
Reimbursement Month:	<b>Attach copy of receipt to this form; no receipt, no reimbursement.</b>

<b>Option 3: Mileage Reimbursement</b>					
Student lives <b>outside</b> of the ISD 709 district and drives to school. Mileage reimbursement rate of \$0.15/mile will be paid based on the mileage from the home address to the ISD 709 border. <i>Maximum</i> reimbursement is <b>\$37.50/month</b> . Each student is eligible for reimbursement in the case of siblings traveling together. The office will verify the mileage to the ISD 709 border based on your address.					
Reimbursement Month:		Family's Address:			
<i>Distance from home to ISD 709 border</i>	<i>X 2 (roundtrip)</i>	<i>X \$0.15</i>	<i>X days attended</i>	<i>=</i>	<i>Reimbursement (maximum \$37.50)</i>
	X 2	X \$0.15		=	

*For example, if a student lives 20 miles from the ISD 709 border, round trip mileage would be 40 miles x \$ 0.15 = \$6.0 times number of days attending school to a maximum reimbursement of \$37.50 per month.*

*(Please Print)*

Student's Name:	
I certify that all information provided above is true and correct and that misrepresentations of information may prohibit the student from receiving further funds for transportation.	
Parent/Guardian signature and date	
Printed Name:	
Address:	

Return completed form with attached receipt for parking reimbursement if applicable to:  
Harbor City International School Main Office  
332 W Michigan St. Suite 300 Room 311  
Duluth MN 55802



## *Harbor City International School Commitment Contract - please sign on page 2*

Welcome to Harbor City International School, a small community of teachers, administrators, parents and students where knowledge, creativity, passion, a discerning mind, and self-directed learning are highly prized and pursued. We accept that the educational process is challenging and that learning helps us **reach** beyond what we thought were our limits; that the **relationships** we form here will endure as we grow, teaching us to consider one another and balancing our individual needs with the needs of our community; that **respect** represents a state of mind from which to view life, others, and the world, as well as a dynamic attribute achieved through compassion, loyalty, hard work, persistence, discipline, and integrity; that our sense of **responsibility** leads us to take care of ourselves, our community, and the world around us through our labor, our intelligence, and our integrity. ( Letters in bold are our community's core values.)

Choosing to enroll at Harbor City International School is a choice and a declaration that you want to succeed in life beyond high school, especially in post-secondary educational opportunities, and that you accept the challenges of participating in a rigorous academic program and agree to abide by the standards of conduct for our school's mission. You are acknowledging that you will spend time on your academic life, complete your homework, arrive to class prepared to learn and focus on your education. You are agreeing to consider others in your behavior at school, respect your teachers, contribute to the environment in positive ways, and comply with the policies of our Student Handbook.

The policies in the Harbor City handbook follow state and federal laws and they also support these 4R core values we work to maintain in our community:

### **Respect**

HCIS students, parents, and staff will be respectful of themselves and others, of individuality, and of the environment (both within the school and the greater environment). Respect will be seen in open, honest, and direct communication, using language that is sensitive and does not offend.

### **Responsibility**

Responsibility is seen in the HCIS community in active citizenship, professionalism, appropriateness (in dress and language), and timeliness. Responsibility will allow earned freedom. Students and Staff will serve as advocates to each other and to the greater community.

### **Relationships**

HCIS relationships will be caring, compassionate, supportive, accepting, and patient. The HCIS community, through practicing empathy, will build new relationships and deepen existing ones.

### **Reach**

The academic program at HCIS will be individualized, authentic, challenging, student centered, current, and inquiry based. Students and Staff are seen as the learners in an environment where expectations are high, curiosity is encouraged, and work is done ethically. Together, students and staff will reach for their potentials—consistently striving for excellence.

## **The Basics at HCIS**

This is a quick view of the most commonly referenced sections of our handbook. Please view and familiarize yourself with the entire student handbook available online or in the main office. [harborcityschool.org](http://harborcityschool.org).

**Dress Code:** Please dress appropriately for school. Details are in the Student Handbook. If a student does

not meet dress code expectations, they will be sent to the office to problem- solve with administrative staff. Students may be sent home for a change of clothing or parents may be called to bring in appropriate clothing.

**Food and Drink:** No food or drink except water in **any** carpeted areas without specific teacher permission. **No food or drink near computers.**

**Off-Campus Privileges:** Students in 9th and 10th graders may not leave school during lunch. 11th and 12th graders are automatically granted off-campus privileges, but this privilege may be revoked by parents or staff.

**Language:** Students must use appropriate language across school settings.

**Electronic Devices:** Students may not take out or use (use = device is visible) electronic devices unless a classroom teacher has granted permission and the wi-fi form is filled out and on file. If a student does not have permission to take out or use an electronic device, teachers will take the device to the office, and the student can pick up the device at the end of the day. Cell phones and electronic devices may be used before school, during lunch and after school. Parents will be asked to pick up devices after the 2nd violation. See the handbook for additional details.

**Classroom Behavior:** If a student is disrupting the classroom environment and interrupting the learning process, students will be sent to the office. Consequences will be identified by administrative staff.

**Tardies and Absences:** Students must check into the office throughout the day if they are tardy. When students are more than 10 minutes late without a valid excuse per the handbook, they are unexcused absent "UA." Students will receive a mandatory detention for unexcused absences. Students will also receive detention if they accrue more than 3 unexcused tardies. If a student accrues three unexcused tardies, the student is considered habitually tardy and detention will be assigned for each additional tardy. Parents may be notified to help problem-solve the tardiness problem. School officials will make the final determination regarding the validity of tardiness incidents.

**Detention:** After school detention from 3:10-4:00pm may be assigned by teachers or administrative staff when students do not meet academic or behavioral classroom or school wide HCIS standards. Parents may request to reschedule a student's detention due to work schedule of student. If a student does not show up for a detention, he/she will be suspended the following day.

**Classroom Expectations:** Students are expected to hand in assignments on time, be prepared for class, and ready to learn every day across school settings.

**We acknowledge, by signing below, that we are making this commitment to uphold Harbor City International School's values.**

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

**Harbor City International School**  
**Suggested School Supply List for Semester 1**

2 - 3 ring binders (at least 1  $\frac{1}{2}$  inch)  
2-4 spiral notebooks  
4 pocket folders  
pens  
pencils  
erasers  
1 highlighter  
2 reams of printer paper\*

2 boxes of tissues\*  
glue sticks\*  
colored pencils\*  
markers \*

**Technology (recommended):**

USB Flash Drive —1 GB  
minimum

\* These items will be collected and used by the entire HCIS community.  
Donations of extra supplies will be accepted and appreciated. Thank you!

**Harbor City International School**  
**Suggested School Supply List for Semester 1**

2 - 3 ring binders (at least 1  $\frac{1}{2}$  inch)  
2-4 spiral notebooks  
4 pocket folders  
pens  
pencils  
erasers  
1 highlighter  
2 reams of printer paper\*

2 boxes of tissues\*  
glue sticks\*  
colored pencils\*  
markers \*

**Technology (recommended):**

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minimum

\* These items will be collected and used by the entire HCIS community.  
Donations of extra supplies will be accepted and appreciated. Thank you!