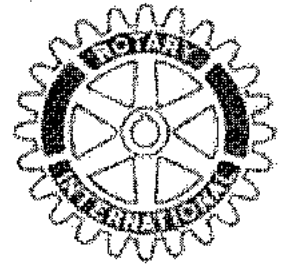




Goal Sheet for Students &

Dragon Boat Sign-up

HarborCity
INTERNATIONAL
SCHOOL



WELCOME CLASS OF 2020 & Transfer Students

Tuesday, March 29, 2016, for students and parents

4:30-7:30pm, open house style

4th floor at Harbor City; meet your classmates and teachers, choose classes, eat pizza

Name: _____ Current School: _____

School goals for this fall:

1.

2.

3.

Possible summer involvement opportunity-Dragon Boat Races

Are you interested in getting to know some of your classmates ahead of time and having a blast on the Dragon Boats?? Yes or No

Phone Number & email address _____

Parent Number: _____

Last Name: _____ First Name _____

Harbor City International School Academic Commitment Contract 2016

1

Harbor City International School's purpose is to improve pupil learning and student achievement; HCIS is committed to providing students with a high quality education.

- We are proud of being the only public, college preparatory school in Duluth.
- We are proud of our recognition as an MDE Minnesota Reward School for four consecutive years, 2012-2015.
- In keeping with our mission and our goals, it is important that the school, the teachers, the parents/guardians, and (most importantly) the students commit to these responsibilities.

The following is a contract to be signed by students, parents/guardians, and a school representative upon student enrollment at Harbor City International School.

As a Harbor City student, these are my responsibilities:

- I will be here. Good attendance is vital to ensuring a quality education.
- I will be punctual. I will be on time for classes, with all the necessary materials. I understand that if I am not on time, or if I am not prepared for class, I will be marked tardy. An accumulation of tardies/absences will result in detention and/or loss of credit.
- I will contribute positively to the HCIS community.
- I will check teacher websites several times a week to prepare for classes and ensure assignments get finished.
- I will utilize homework lab in the afternoons, math lab in the mornings, or work directly with my instructors on a daily basis before and after school to ensure my success if my GPA falls below 2.0, or if I have any grades that are below a C.
- I am responsible for approaching teachers for missing work due to absences, and for getting it finished and turned in in a timely manner.
- It is my responsibility to finish all coursework, and to know all my teachers' late work policies.
- I will keep the four R's: Respect, Responsibility, Relationship, Reach, in mind when conducting myself at school and when I represent HCIS in the community.
- I am expected to pass all my classes every semester. Failing classes will result in credit recovery, summer school and/or not being promoted to the next grade level.
- (Juniors and Seniors) I understand that if I do not have enough credits to be a junior or a senior, or if I am failing any classes, I will lose the privilege of going off campus for lunch.
- I will check my school email regularly (at least three times per week)
- I will adhere to all Harbor City School policies.

Student Signature _____ Date _____

As a Harbor City Parent or Guardian, these are my responsibilities:

- I will encourage my student in the following areas: completion and return of homework, regular attendance, and prompt arrival.
- I will ensure my student has an environment which supports academic success by providing a healthy diet and adequate sleep hours, by limiting outside school responsibilities (i.e., work hours), and by arranging transportation in order for my student to attend before/after school homework labs, if necessary.
- I will speak with my student about how things are going in their classes, and I will regularly check PowerSchool and teacher websites to monitor my student's assignments, assessments, and grades.
- I will read school emails, newsletters, and check the school's website for announcements and upcoming events.
- I will attend parent conferences, school meetings, and other activities sponsored by the school.

Last Name: _____ First Name _____

Harbor City International School Academic Commitment Contract 2016

2

___ I will communicate with teachers and HCIS staff with any questions or concerns about my student by phone or email.

___ I will be familiar with the guidelines and consequences outlined in the HCIS Student Handbook. I will support HCIS in enforcing these expectations.

___ I will ensure that my student will stay for math lab or homework lab if they have any grades that fall below a C.

Parent/Guardian Signature _____ Date _____

As a school, these are our responsibilities:

- Provide a safe campus and classroom climate of mutual respect.
- Provide clear posted standards of student behavior within classroom.
- Provide for the individual needs of students and effectively facilitate student learning.
- Provide information regarding a student's learning challenges to SAT (Student Advocacy Team) or the special education team.
- Provide opportunities for makeup work for excused absences according to student handbook and teacher syllabi.
- Provide posted teacher office hours for support outside regular class hours.
- Provide homework lab opportunities for extra student support four days a week.
- Provide updated teacher websites weekly with assignments, tests/quizzes, due dates, and policies.
- Provide up-to-date academic progress through PowerSchool.
- Provide quarterly progress reports or grades via mail.
- Conduct monthly academic conferences with students during basecamp.
- Teacher/Case manager will contact parent through phone or email monthly if student is receiving a D in any class
- School representative will contact parent to set up meeting if student is failing any class.
- If students are receiving special education services, staff will consistently collaborate to support the student's IEP and promote their academic success.

School Representative _____ Date _____

Support available at HCIS:

- Homework Lab (Monday – Thursday 3pm-4pm)
- Morning Math Lab (Monday – Friday 7:45am – 8:25am)
- Before/after school teacher office hours
- Individually working with Promise Fellows (9th and 10th graders)
- Basecamp conferences
- Teacher conferences
- Parent meetings

Failure to maintain continuous academic progress, grade level expectations, or desirable work habits will result in a conference with administration to review the interventions.

These commitments are essential to the mission of our school.



New Student Information Form 2016-2017

Parents: Please complete all of the items on this 2- page form & return to school
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 2016:	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) Primary language spoken in the home:			
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			
Is your student a "military- connected youth?" Yes No			
Minnesota is a member of the Interstate Compact on Educational Opportunity for Military Children			

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

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	

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? Yes No	Responsible for custody of student? Yes No	
Email Address			
Mailing Address	City	State	Zip
Home phone	Place of employment and phone	Cell phone	

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

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 may not 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 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 2016:	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:

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.

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.
Our school nurse is Candace Ginsberg.
Records may be sent to nurse@harborcityschool.org or faxed to 218 625-6068.

Parent/Guardian Signature:	Date:
----------------------------	-------

Relationship to student:	Phone number:
--------------------------	---------------

Student Immunization Form

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.

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Complete, booster required in _____
<input type="checkbox"/>	In process, 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	Parental/guardian consent _____

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

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
Required (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.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						5th dose not required if 4th dose was given on or after the 4th birthday
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						4th dose not required if 3rd dose was given on or after the 4th birthday
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
Recommended						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (annually for children 6 months and older)						

Additional exemptions:

- **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 Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **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 18 years of age or older:** Do not need polio vaccine.

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Received all required immunizations:

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

Signature of Parent / Guardian OR Physician / Public Clinic

Date

B. Will complete required immunizations within the next 8 months:

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, 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. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

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). List 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 (If disease occurred before September 2010, a parent can sign.)

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

3. Parental/Guardian Consent to Share Immunization Information (optional):

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. 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 documentation with Minnesota's immunization information system:

Signature of parent or legal guardian

Date

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. Children birth to age 2 may not have received all doses. Look at the table on the back, it shows the age when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^① For Kindergarten	Age: 7 through 11 years For 1st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑥ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ^④ ✓✓✓✓✓	✓✓✓ tetanus and diphtheria containing doses	Tdap ^⑦ ✓
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal ^⑧ ✓ & booster
Pneumococcal ^② ✓✓✓✓			
Varicella ^③ ✓	Varicella ^③ ✓✓	Varicella ^③ ✓✓	Varicella ✓✓

Immunizations recommended but not required:

Influenza
Annually for all children age 6 months and older

Rotavirus
For infants

Human papillomavirus
At age 11-12 years

- ① First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ② Not required after 24 months.
- ③ If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form.
- ④ Fifth shot of DTaP not needed if fourth was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third was after age 4. Final dose of polio on or after age 4.
- ⑥ An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.
- ⑦ Proof of at least three doses of diphtheria and tetanus vaccination needed. If a child received Tdap at age 7 through 10 years another dose of Tdap is not needed. Td does not meet the Tdap requirement.
- ⑧ One dose is required beginning at 7th grade. The booster dose is usually given at 16 years but the timing depends on when the first dose was given.

Exemptions To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.
Parents may file a medical exemption signed by a health care provider or a conscientious objection signed by a parent/guardian and notarized.

Looking for Records? For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

When to Get Vaccines Birth to 16 Years

CC = Child care
ECP = Early Childhood Programs
K-12 = Kindergarten through 12th grade
7-12 = 7th through 12th grade

Birth MONTHS 2 MONTHS 4 MONTHS 6 MONTHS 12 MONTHS 15 MONTHS 18 MONTHS 4-6 YEARS 11-12 YEARS 16 YEARS Required for:

Hep B	Hep B* (1-2 months after first hep B dose)	Hep B*	Hep B* (6-18 months)	HPV 3-6 years at 0, 1-2, and 6 months interval	Hep B : CC, ECP, K-12
RV	RV	RV*			
DTaP	DTaP	DTaP	DTaP (15-18 months)	Tdap	DTaP/Tdap : CC, ECP, K-12
Hib	Hib	Hib	Hib (12-15 months)		Hib : CC & ECP MCV : 7-12
PCV	PCV	PCV	PCV (12-15 months)		PCV : CC & ECP
IPV	IPV	IPV	IPV (6-16 months)	IPV	IPV : CC, ECP, K-12
			MMR (12-15 months)	MMR	MMR : CC, ECP, K-12
			Varicella (12-15 months)	Varicella	Varicella : CC, ECP, K-12
			Hep A (2 doses at least 6 months apart)		Hep A : CC & ECP

Concerned about costs?
Free or low cost vaccinations are available. Talk to your doctor or clinic.

Influenza (each fall)

It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

The number of doses depends on the product your doctor uses.

For copies of your child's immunization records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

Key to vaccine abbreviations

DTaP/Tdap	=diphtheria, pertussis, tetanus	Hib	= <i>Haemophilus influenzae</i> type b
Hep B	=hepatitis B	Hep A	= hepatitis A
MMR	= measles, mumps, rubella	IPV	=polio
		PCV	= pneumococcal
		RV	=rotavirus



Student Name [Last, First Grade]

332 W MICHIGAN ST
SUITE 300
DULUTH, MN 55802
PH 218-722-7574
FAX 218-625-6068

General Permission Slip & Media Release Form

General Permission Slip

HCIS prides itself on providing opportunities for students to explore the community and utilize its resources. This permission slip will make it easier for teachers to go into the community when the opportunity arises. By signing this slip you are giving permission for your child to participate in:

- Field experiences within walking distance of the school. This includes the downtown area and Canal Park region (reached by the Skywalk).
- Field experiences within the DTA(Duluth Transit Authority) transportation lines. The school will provide passes for students traveling with a class.

Any field experiences that do not fit these criteria will have individual permission forms. Teachers at HCIS will do their best to inform families when they plan to leave campus for walking or DTA trips.

I give my student permission for my student to travel with HCIS on field experiences within walking distance of the school and on DTA transportation lines.

Signature _____

Media/Promotional Materials Release Form

At times the media may be in our school to share our experiences with the community. All media events will be arranged by and approved by the HCIS administration. We want to show our "best face" to the community and our students are a crucial element of the HCIS story. We understand that you may have privacy concerns. Please read the statement below and sign and date.

I give permission for my child to:

- Be photographed and/or videotaped by HCIS approved media sources for public viewing.
- To be interviewed by HCIS approved media sources
- Have his/her picture posted on the HCIS website, and/or promotional materials.
- Have his/her work displayed on the HCIS website and/or promotional materials.

Parent Signature _____

Comments or restrictions:

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

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

Option 1: Bus Pass-Students receive a DTA business pass. (one per semester)
 Students living within ISD 709 receive a DTA bus pass. Pass replacement is \$2.00. **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 4th W. ramp.

Option 2: Parking Reimbursement
 Student chooses to drive to school and have parking costs reimbursed to a *maximum* of **\$20.00** 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: _____ **Attach copy of receipt to this form; thank you.**

Option 3: Mileage Reimbursement
 Student lives **outside** 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. *Maximum* reimbursement is **\$37.50/month**. 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>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: _____



REQUEST TO DENY PUBLIC ACCESS TO PRIVATE INFORMATION

You may restrict the release of student data by completing this form
2016-2017

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. 5a, 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 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 & Welcome!

Your name _____
Your student's name _____
Your Email address _____
Your Phone _____

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 college preparatory, public high school. We are a small community whose mission is to nurture a sense of belonging, insist upon academic excellence, and graduate global citizens who eagerly pursue knowledge and enrich their communities."

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





HARBOR CITY INTERNATIONAL SCHOOL

332 WEST MICHIGAN STREET, SUITE 300 • DULUTH, MN 55802 • 218-722-7574 • FAX 218-625-6068
www.harborcityschool.org

Parents/Students: If you feel you are ready to sign up for an Honors level class (in any subject), you will need a letter of recommendation from your current teacher in that subject area. Bring those letters to the March 29th student registration event. You may also be required to do some form of assessment (to assist in determining proper placement) and have a conversation with a HCIS teacher at the March 29th event.

You may give this template to the teachers you are requesting to write the letter for you as a tool. It is not necessary, but it may be helpful for your teacher to know what we are looking for.

Teacher's Template for Letter of Recommendation to honors level classes

- On school letterhead
- Dated

Sample: (Many of you write a nice letter of recommendation already, I was requested to put a template together for this year.)

It is my recommendation for Jane Doe to take Honors _____ during her 9th grade school year. She has exceptional skills in _____ (areas); Jane has been a student that chooses to take that extra step in _____.

Some teachers choose to attach a sample of the student's writing for an Honors English class.

(Basically we are looking for reasons you feel this student is ready for an honors level class. We don't know the student at this point and don't want to set them up for something they aren't ready for.)

Sincerely,

Teacher

Teacher contact info-email and phone with extension

Teachers- Thank you very much for your assistance!

Harbor City International School
Suggested School Supply List for Semester 1

2 - 3 ring binders (at least 1 ½ inch)
2-4 spiral notebooks
4 pocket folders
pens
pencils
erasers
1 highlighter
2 boxes of tissues*

2 reams of printer paper*
2 packages loose leaf binder paper*
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!

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