



APPLICATION FOR ADMISSION (OS FC)

Dear Parents,

To ensure that your student's enrollment is secured at Harvard International Academy, the forms listed below are required. Please return these forms to the school registration office.

Student Information

- | | |
|---|---|
| _____ School Application | _____ Copy of SSN |
| _____ Health Exam (form DH3040) | _____ Immunization Record (Form DH680) |
| _____ Scoliosis screening (6 th grade) | _____ Last Report Card |
| _____ Copy of IEP (if applicable) | _____ Withdrawal Form (Withdraw after approval) |
| _____ Copy of Health Insurance | _____ Parent Student Manual Receipt |
| _____ Birth Certificate | _____ Disciplinary Form |
| _____ Parent Affidavit (McKay) | _____ Teacher Interview Questionnaire |
| _____ Other _____ | |

Parent Information

- _____ Copy of photo ID

ALL INFORMATION SUBMITTED WILL BE KEPT BY HARVARD INTERNATIONAL ACADEMY, AS PART OF THE STUDENTS PERMANENT FILE.

We look forward to having your child with us.

Educationally Yours,
Harvard International Academy



Harvard International Academy
3260 Stirling road Ste B
Hollywood, Fl 33021
Phone: (954) 966-0017
Fax: (954) 301-5828



APPLICATION FOR ADMISSION (OS FC)

OFFICE USE ONLY

Date Enrolled: _____ Departure Date: _____

Student's Name: _____ Male Female
Last First Middle

Home Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Social Security #: _____ - _____ - _____

Place of Birth: _____ Citizenship: _____ Resident – Visa # _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Other Contact Number: _____

E-mail: _____ Languages Spoken Fluently: _____

Facebook Page: _____

Last School Attended _____ Circle Last Grade Completed: 1 2 3 4 5 6 7 8 9 10 11

Health Information:

Eyesight: Normal _____ Corrected _____ **Hearing:** Normal _____ Corrected _____

Birth Certification Verified _____ Health Certificate _____ Immunizations _____

Health Insurance Carrier _____

Policy # _____ Phone _____

Physical conditions we should be aware of: _____

Allergies: No _____ Yes / List Them _____

Has this student had previous psychological testing? No _____ Yes _____

Psychologist's / Counselor's Name _____ Phone _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Other Contact Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Doctor's Name: _____ Phone: _____

Parent / Guardian Information:

Student resides with: Mother and Father _____ Mother _____ Father _____ Other _____

Father's Name: _____ Phone: _____

Address: _____

Employment / Profession: _____ Business Phone: _____

Mother's Name: _____ Phone: _____

Address: _____

Employment / Profession: _____ Business Phone: _____

Emergency:

In case of emergency, I hereby consent to have Harvard International Academy arrange transportation to the nearest Emergency Room.

Parent Signature: _____ Date: _____

Parental Involvement:

To assure the maximum educational development of each student and the betterment of the school, communication between parent and the administration is vital. A parent or responsible adult is required to attend monthly meetings. It is the parents' responsibility to initiate contact with the school if warranted. **I understand that my child/children could be asked to leave the School if I fail to comply with the terms of this registration. I further understand that Harvard International Academy cannot keep my child enrolled if he/she is unduly disruptive to other students.**

Parent Signature: _____ Date: _____

Field Trips:

Some field trips within the immediate community taken during regular school hours are included in this agreement. Longer field trips ordinarily require a special permission slip. This authorization is meant for ordinary field trips and for other field trips with verbal parental permission. The student whose application this is has authorization to participate in ordinary school field trips and to be transported by school staff and board members.

Parent Signature: _____ Date: _____

Attendance:

Students must attend 35 hours weekly Monday thru Friday. High School students 8:50 a.m. to 3:00 p.m. Monday – Friday.

Parent Signature: _____ Date: _____

Mckay/ Step it Up Scholarship/ PSLA/ AAA

Harvard International Academy agrees to accept **Mckay/ Step it Up Scholarship/ PSLA/ AAA** Scholarship from the State Of Florida for this student. The State Of Florida provides payments four times yearly. The parent/guardian fully understands and is obligated to endorse all scholarship check while the child is enrolled during the period of time of attending Harvard International Academy. in all school rules and policies apply equally to paying students and opportunity scholarship students. When these rules are not followed, the school administration will have the student withdrawn from Harvard International Academy or legal matter.

Parent Signature: _____ Date: _____

Parent's Social Security #: _____ - _____ - _____

Student Signature: _____ Date: _____



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PARENT INTENT FORM

Please Print

Student's Name: _____ Male Female
Last First Middle

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Social Security #: _____ - _____ - _____

Home Phone Number: _____ Other Contact Number: _____

Parental/Legal Guardian's Name: _____
Last First Middle

Parent's Social Security #: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Other Contact Number: _____

Current School Name _____ Last Grade Completed: 2 3 4 5 6 7 8 9 10 11 12

I choose to enroll my child who is receiving Florida Child Scholarship to Harvard International Academy, effective immediately.

Signature: _____ Print Name: _____
Please Circle: Mother – Father – Legal Guardian

Date: _____

_____ **has been accepted to attend Harvard International Academy, a private academy registered with the state of Florida.**

Accepted: _____ By: _____
Administrator

Date: _____



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Accredited by:
 National Independent
N.I.A.G.
 Accreditation Group

PERMISSION FOR RELEASE OF RECORDS

Please Print

Student's Name: Hill Keyuanna male Female
Last First Middle

Records to be released: (Please check appropriate item(s))

Psychological Reports Test Scores Attendance Information
 Health/ Medical Records Grades Other (Specify)

The Record(s) indicated above is/are to be released to:

Agency/School _____

Address: _____

City _____ State _____ ZipCode: _____

The Purpose for This Release: _____

I hereby grant permission for the release of the above record(s) and this release is to be in effect until _____(Date)

Signature of parent or eligible Student Keyota Ragin _____ Date _____

School / Agency Releasing /Requesting Records: _____

Signature Authorized Personnel: _____

Title _____

Date: _____

Harvard International Academy is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. 232G . Therefore , all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible students. Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL



FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



JOHN M. MCKAY SCHOLARSHIPS FOR STUDENTS WITH DISABILITIES PROGRAM

SCHOLARSHIP ISSUE FORM

Date: _____

Number of Pages Included: _____

Please attach a detailed summary of your complete request and/or documentation to this form and fax to the number listed below. Please do not fax copies of student IEPs. Thank you for your cooperation.

Topic of Issue: (Check all that apply)

- Registration/Enrollment/Withdrawal Date Assistance
- Attendance Verification (see below*)
- Request for Payment
 - Sept Nov Feb Apr
- Student Fee Schedule (please attach)
- School Fee Schedule (please attach)
- Website Problem
- Student Transfers
- Reenrollment in 12th Grade
- Grade correction
- Other: _____

Private School Information

Private School: _____

School Code: _____ County (if applicable): _____

New Private School (if applicable): _____

School Code: _____ First Date of Attendance: _____ Withdrawal Date: _____

Student and Parent Information

Student Name _____ Date of Birth _____

Last First MI

Last Public School: _____ Current Grade: _____

Print Parent/Guardian Name: _____ Contact Number _____

Parent/Guardian Address _____

Street Address City/State Zip Code

*For Attendance Verification

By signing below, you are affirming that the student was in attendance at your school for at least ten days during the payment period and had regular and direct contact with the private school teacher at your school's physical location. Daily student attendance records for the pay period must be attached.

Confirm Attendance and Regular Contact _____
Signature of Private School Administrator

REQUIRED FOR ALL TOPICS

Parent/Guardian Signature _____

School Contact Information

Submitted by: _____ Contact Number: _____



IEPC – AFF1
Pursuant to Rule 6A-6.0970
Effective November 2009

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ (Name of Parent), who being duly sworn, attests that he or she is the parent or legal guardian of _____ (Name of Student), and that the signature below is his or her true and correct signature and is the signature that will be used to endorse warrants issued on behalf of the above-named student under the McKay Scholarship Program.

(SIGNATURE OF PARENT)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ (Name of Parent).

Personally Known Or Produced Identification

Type of Identification Produced _____

NOTARY SEAL

(SIGNATURE OF NOTARY)

(PRINTED NAME OF NOTARY)

Parent's Address _____

Parent's Home Telephone _____ - _____ - _____ Parent's Work Telephone _____ - _____ - _____

Any student participating in the program must remain in attendance at a McKay approved school a minimum of 170 actual school days at the school's physical location, unless excused by the school for illness or other good cause.

Each parent and each student has an obligation to comply with the private school's published policies.

The parent to whom the scholarship warrant is made must endorse the warrant to the private school for deposit into the account of the private school. The parent may not designate any entity or individual associated with the participating private school as the parent's attorney in fact to endorse a scholarship warrant.

Adam Miller



Harvard International Academy
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HEALTH SCREENING

Student Name: _____ Keyuanna Hill _____ **Session:** _____

Dear families,

In an effort to minimize illness on Harvard international Academy, we ask you to please fill out the Health Screening Form.

Please indicate if your Child has any of the following symptoms prior to Harvard International Academy and record a temperature daily. If any temperature or symptoms are present, please have your child evaluated by a licensed provider and contact Harvard International Academy for further guidance.

Symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or Vomiting
- Diarrhea

Please Initial: _____ KR _____

1. Student has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of Harvard international Academy. **Initial** _____
2. No one in our household has been sick in the 14 days prior to Harvard international Academy. **Initial** _____
3. Student has not traveled by air or traveled out of state in the 14 days prior to Harvard international Academy. **Initial** _____
4. Student has adhered to our state's guidelines regarding COVID19. **Initial** _____

Our signature indicates we completed this health screening daily for 14 days prior to school and to the best of our ability. We understand that arriving to school healthy is vital to a healthy Harvard international Academy for all Students. Students who show signs of sickness on campus will be isolated parents will be called to come pick up child.

Parent Signature:  Date: 07/27/2021

Student Signature: _____ Date: _____

Last Name Hill First Name Keyuanna

Gender Female Birth Date 01 / 05 / 2014

Address 17230 nw 46 avenue

City Miami Gardens State Fl Zip 33055

Parent/Guardian 1: Keyota Ragin Emergency Phone 754-281-1698

Parent/Guardian 2: Deldrick Hill Emergency Phone 754-244-2433

In case of Emergency, contact (other than parents): Name(s) Jacqueline Baker

Phone(s) 786-226-7251 Relationship Grandmother

To the best of my knowledge, all health information for the person described herein is correct. I authorize the medical personnel or staff selected by the Harvard international Academy director to secure any medical or emergency treatment deemed necessary for the person named above. Parents will be notified in case of emergency. In the event of an accident, injury, or illness, the insurance of the Student's parent or guardian is primary. I certify that the applicant has had a physical examination within the 12 month period prior to arrival at Harvard International Academy.

Signature of Parent/Guardian, or adult Student (if over 18)

Date

STUDENT INTERVIEW

Name: Keyuanna Hill School: _____

Grade: Second Date: 07/27/2021

Tell me about you:

*What do you like to do in your free time? Play or read

*What makes you angry or upset? How do you usually handle your anger?

Sometimes i get upset when i cant figure something out

*What makes you happy or feel good about yourself? Talking about things that ive learned

*What do you do well? Read and weite

*Do you have many friends? Yes

*What do you and your friends like to do together? Play outside go to the park watch tv

Tell me about school:

*How are you doing in school? Excellent

*What do you like best/least about school? Learning new things

Being bored in school is somerhing i do t like

*What do you think your strengths are in school? Areas you need to work on? Nothing

When im being challenged

*Could you be doing better in school?

What do you think you need to do to be more successful in school?

*If you could change anything about school, what would you change?

Tell me about home:

*Who do you live with?

*How do you get along with your parents? Siblings?

*What kinds of things does your family do together?

*Is there anything else you want to tell me?



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Consent for Participation in Physical Education

All students must have a physical on file for the current school term as well as this permission form for participation in Physical Education, Sports, and Work Experience Programming.

FULL PARTICIPATION I understand that physical education is a class and includes physical activities. My child Keyuanna Hill has permission and does not have any medical condition or need that exempt him from participating fully in all such activities. I/We agree to hold Harvard International Academy and its employees and authorized volunteers harmless should any mishap occur. I/We realize that Harvard International Academy staff will do all possible to provide for the safety of my/our child. In the event of an accident in which my/our child is injured.

By my signature on this document, I agree to the terms written above.

07/27/2021 Parent/Guardian Date

LIMITED PARTICIPATION Complete this section if your child has physician prescribed limitations to his physical exertion level. IT MUST HAVE A PHYSICIAN'S SIGNATURE if he/she cannot participate in regular physical activities. Please make us aware and complete the LIMITED PARTICIPATION section.

For reasons explained below physical activities for my/our child, _____, must be limited.

My/Our child has permission to participate within the guidelines set forth in the limitations prescribed below by his physician. I/We agree to hold Harvard International Academy and its employees and authorized volunteers harmless should any mishap occur. I/We realize that Harvard International Academy and its employees staff will do all possible to provide for the safety of my/our child. In the event of an accident in which my/our child is injured, I/we give my/our express consent for the Harvard International Academy staff to obtain medical treatment.

The physician has prescribed these limitations:

_____ Physician Date

By my signature on this document, I agree to the terms written above

_____ Parent/Guardian Date



ANTI-BULLYING CONTRACT

Harvard International Academy believes that all students have a right to a safe and healthy school environment. The system schools and community have an obligation to promote mutual respect tolerance, and acceptance. Harvard international Academy will not tolerate behavior that infringes on the safety of any student.

What is School bullying?

School bullying is when one or more students repeatedly act towards another less powerful student in way which is intended to hurt, intimidate or diminish that other student. Bullying is seen by many researchers as referring to a cluster of different behaviors, unified by the theme of aggression. These behaviors are generally categorized as follows.

- **Relational Bullying** is someone referred to as a “social” or “psychological” bullying. This takes the form of disrupting another students’ peer relationships through gossiping whispering and spreading rumors.
- **Cyber-Bullying** in contrast to face to face bullying social bullying is often indirect; students communicates negative representation of the target to third parties, often through cyber-bullying such as instant messaging, chat rooms. Posting on web pages or blogs.
- **Verbal-Bullying** such as threatening taunting, intimidating, insulting, sarcasm, teasing, ridiculing and other gestures
- **Physical Bullying**, both to the person (such as hitting, pushing, shoving, kicking, pinching , holding down) and their possessions (through extorting money stealing or causing their possessions damage).
- **Sexual Bullying**, Sexual bully is often referred to as a sexual harassment which includes unwanted sexual attention and comments, gender -demeaning remarks and jokes, using sexually offensive names and more

Reporting Procedures:

- Tell a teacher or another adult
- Witness statement will be completed by other students
- A counselor or administrator will review and investigate the report from the students and or reporting adult to verify illegal acts. Student report that’s are found to have been intentionally filed under false pretenses or in retaliation will be subject to disciplinary action.

Disciplinary Action:

- Student offenders will be disciplined in a progressive manner including warnings, detention, suspension and recommendation for expulsion. **Depending on the infraction law enforcement may be involved.**
- Interventions to correction inappropriate behaviors may include but are not limited to counseling violence prevention and intervention meetings.

Student Responsibility

I commit that I will not bully my peers. When I witness bullying, I will report it to an adult. I understand the anti-bullying policy and procedures.

Keyuanna Hill

Student Name

Second

Grade

Parent/Guardian Responsibility

I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to the authorities. I authorities the anti-bullying policy and procedures.

Parent /Guardian Signature

07/27/2021

Date

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
TITLE I, MIGRANT EDUCATION AND SPECIAL PROGRAMS

Parental Consent for Year 2021-2022

- I **GIVE** permission for my child to receive School Board of Broward County (SBBC) Title I Supplemental Academic Services.
- I **DO NOT GIVE** permission for my child to receive Title I Services.

Your child may be eligible to receive Title I instructional services in reading and/or math.

These services will be provided by the School Board of Broward County and will be paid for using Federal Title I funds. Title I Services include supplemental small group instruction and pre/post assessment through the district's contracted Vendors. In order to assess your child's needs for supplemental academic services, a review of standardized test scores, grades and observations from your child's teacher will occur. Progress reports will be sent to you and shared with your child's classroom teacher at the end of the school year.

Disclosure of Information

I give the private school permission to disclose all the information listed on this form to SBBC for the purpose of determining address and academic eligibility so my child may receive supplemental Title I academic services in the areas of reading and/or mathematics.

I give SBBC permission to disclose my child's eligibility status to the private schools. Purpose: to receive supplemental Title I academic services based on his/her address, grades, teacher observation and/or standardized assessment results.

I give SBBC permission to disclose my child's eligibility status to receive supplemental Title I academic services, and to redisclose all the information on this form to contracted vendor providing Title I services to private school students.

Student Information

Legal Name of Student: _____ **Grade Level:** _____
Last First Middle

Place of Birth: _____ **Date of Birth:** _____ **Gender:** Male Female

School: _____ **Classroom Teacher:** _____

Ethnicity: Is the student of Hispanic, Latino or Spanish origin? Yes No

Race (Check all that apply): White Black Asian American Indian/Alaskan Native

Parent Information

_____ Print Name _____ Parent Signature _____

_____ Phone _____ E-mail Address _____ Date _____

Home Address

Home Address: _____ **Bldg./Apt:** _____

City: _____ **State:** _____ **Zip Code:** _____

To be completed by the school

Academic Eligibility: Reading Math

Grades K – 2 ONLY: Teacher Observation: (specifically list areas of academic concern)

Grades 3 – 12: Standardized Test Name/Score (2-Digit percentile) OR Report Card Grade

Mathematics: _____ **Reading:** _____