



Harvard International Academy

3260 Stirling Road Ste B

Hollywood, FL 33021

[www.HarvardInternationalAcademy.org](http://www.HarvardInternationalAcademy.org)

☎ 954-966-0017

☎ 954-301-5828

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Dear Parent,

Thank you for your interest in Harvard International Academy. We understand that choosing the right school for your child is an extremely important decision, and we are delighted that you are considering us!

Families are attracted to Harvard International Academy for several important reasons. Our small class sizes foster engagement between children and teachers. Parents looking for a place where their children can be loved and challenged, rather than getting lost in the crowd, will find that Harvard International Academy meets that requirement.

The atmosphere at Harvard International Academy is centered on leadership skill development and good citizenship. Many parents desire consistency in their home lives and school. Our parents appreciate how teachers encourage and partner in promoting unified values in their students. They sense the balance between high standards and grace. As a result, all children are challenged to grow intellectually and emotionally.

The academic program at Harvard International Academy is rich and rigorous. Students are engaged every day in various subjects. They interact with classic literature and innovative materials. They are encouraged to love their studies and are nurtured to be our future leaders. Through training in habits of mind and attention, Harvard International Academy students are equipped with the tools they need for a lifetime of learning, community service, and leadership.

Please feel free to contact the school at 954-966-0017. We look forward to meeting you and discussing the rich learning environment at Harvard International Academy!

Sincerely,  
The Admissions Team



Harvard International Academy  
 3260 Stirling Road Ste B  
 Hollywood, FL 3302  
[www.HarvardInternationalAcademy.org](http://www.HarvardInternationalAcademy.org)  
 Office: 954-966-0017 Fax: 954-301-5828

## STUDENT ENROLLMENT CHECKLIST

School Year \_\_\_\_\_

Student Name:

DOB:

Document	Completed (X)	Expires	Notes
<b>Section 1- Student Profile</b>			
Enrollment Form			
Parent Intent			
Student Birth Certificate -Copy			
Student Social Security Card -Copy			
Photo ID's both Parents -Copies			
School Health Form (Yellow DH 3040)			
Student Emergency Contact Information			
Immunization Form (Blue DH 680)			
Parents Rights and Responsibilities			
Students Rights and Responsibilities			
Student Interview Questionnaire			
School Uniform Policy			
Authorization for Photo/Media			
<b>Section 2 - Academic Records</b>			
Current Transcripts from previous School			
Current Report Card/Grades			
<b>Section 3 - Plans/Data</b>			
Student Academic Assessment			
Individualized Education Plan (IEP) if applicable)			
<b>Section 4 - Scholarship Information (If Applicable) - Separate checklist will be provided.</b>			
List Scholarship: _____			
<b>Section 5 - Other Info.</b>			
Legal documents (eg) custody papers			



Student Name \_\_\_\_\_  
Enrolled \_\_\_\_\_ Renew \_\_\_\_\_ Scholarship \_\_\_\_\_

## Harvard International Academy 2024-2025 Enrollment Application

**Child's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Child's Gender** ☐ Male ☐ Female **Child's Date of Birth** (mo/day/yr) \_\_\_\_\_

**Child's Race:** ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American  
☐ Pacific Islander ☐ White ☐ Other, please specify \_\_\_\_\_

**Child's Ethnicity:** ☐ Hispanic ☐ Haitian ☐ Other, please specify \_\_\_\_\_

**Child's Social Security number:** \_\_\_\_\_ ☐ No SSN; ☐ prefer not to give SSN

**Child's Current Grade:** \_\_\_\_\_ **Child's Current School:** \_\_\_\_\_

**Child's Country of Origin:** \_\_\_\_\_ **Is Child Proficient in English?** ☐ Yes ☐ No

**Additional/Other language(s) spoken in the home:** ☐ Spanish ☐ Haitian-Creole ☐ Other \_\_\_\_\_

Name of Mother \_\_\_\_\_ Profession or occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Family Information

Father \_\_\_\_\_ Profession or occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Who does the child reside with? \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other

Who will be financially responsible for the child's account? \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other

If parents are divorced or separated, who has legal custody of the applicant? \_\_\_\_\_

If parents reside at different addresses, do you wish to receive double mailings? If so, please indicate other address. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Driver License \_\_\_\_\_

### Student Academic History:

Has The student previously attended School at: Broward/ Miami- Dade Public? Yes No.  
If Yes,  
School \_\_\_\_\_

Has The student previously attended School outside Florida Public school? Yes No.  
If Yes,  
School \_\_\_\_\_

Has the student ever been:

Retained (repeated a grade)?	Yes	No	If yes, Grade (s) _____
In home educational program?	Yes	No	If yes, School _____
In Exceptional Student Education? Yes	No	If yes, Program _____	
In a magnet program?	Yes	No	If yes, Program _____
Expelled from School?	Yes	No	Convicted of a felony? Yes    No

**Does child have health insurance** (ex., private insurance, Kid Care, Medicaid)? ☐ Yes ☐ No

**Does child have a documented disability?** ☐ Yes ☐ No

*If yes, do you have (check all that apply):*

- ☐ an Individualized Family Service Plan
- ☐ an Individualized Education Plan (IEP) from the school system
- ☐ a Section 504 Plan
- ☐ a medical diagnosis from a doctor
- ☐ a diagnosis by a state certified/licensed professional (ex., psychologist)
- ☐ disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

*If yes, how would you best classify the type(s)? Check all that apply:*

- |   |   |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorders          | <input type="checkbox"/> Learning Disability        |
| <input type="checkbox"/> Chronic Medical Condition          | <input type="checkbox"/> Physical Disability        |
| <input type="checkbox"/> Developmental Delay (under 5 only) | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional/ Behavioral Disorder     | <input type="checkbox"/> Visual Impairment (blind)  |
| <input type="checkbox"/> Hearing Impairment (or deaf)       | <input type="checkbox"/> Other Disability _____     |

**Scholarship Info.** (If Applicable)

Is your child enrolled in any scholarship program \_\_\_\_ Yes \_\_\_\_ No I do not know

*If yes, select any that apply:*

- ☐ **FES-UA** (Florida Empowerment Scholarship Unique Abilities)
- ☐ **FTC** (Florida Tax Credit Scholarship)
- ☐ **FES-EO** (Florida Empowerment Scholarship Equal Opportunities)
- ☐ **HOPE Scholarship**
- ☐ Other \_\_\_\_\_

***I hereby apply for registration of my child for the school year \_\_\_\_/\_\_\_\_ and I authorize my child to participate in all school activities within and off school premises. I fully understand that our educational programs are geared for average to above-average students. In addition, we offer a limited program designed for students with mild diagnosed learning disabilities.***

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**For Administrative Staff Use Only (MUST BE COMPLETED)**

Approved for Enrollment: \_\_\_\_\_

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 8:00 a.m. to 3:00p.m. Monday – Friday.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Opportunity Scholarship:**

**Harvard International Academy** agrees to accept an Opportunity Scholarship from the State Of Florida for this student. The State Of Florida provides payments four times yearly. The parent/guardian fully understands that 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

Has this student had previous psychological testing? No Yes

Psychologist's / Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies**Does your child/student have food allergies? ☐ Yes ☐ NoAre the food allergies severe or life threatening? ☐ Yes ☐ No

Medical Release statement: I, \_\_\_\_\_, the official parent/guardian of the child above do hereby consent to the exchange of pertinent dietary information between the physician and school as needed. All Information will be kept confidential.

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please check the box of any food allergies or intolerances your child has from this list:

☐ Milk and Dairy Products. ☐ Eggs ☐ Wheat. ☐ Soy ☐ Peanuts ☐ Tree Nuts ☐ Corn

If your child has any other food allergy, such substitution may only be made on a case-by-case basis when supported by a diet modification form signed by a recognized medical authority such as a physician, physician's assistant or nurse practitioner.



## EMERGENCY CONTACT INFORMATION

Child Name: \_\_\_\_\_  
Grade \_\_\_\_\_  
Phone \_\_\_\_\_ Sex: M F Date of Birth \_\_\_\_\_  
Mother's/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Father's/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Mother/Guardian Email \_\_\_\_\_  
Father/Guardian Email \_\_\_\_\_

Other persons to be notified in case of illness or accident and permitted to remove child:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL:** List the name(s) of those persons authorized to take your child from School during the school day. If any person previously listed is NOT AUTHORIZED to take the student from School anymore, please indicate so:

### AUTHORIZED

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

### NOT AUTHORIZED

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

The child will not be released to any person not listed above. It is the parent's responsibility to inform the school of any changes in the information listed in this form.

**PARENTAL RIGHTS:** Harvard International Academy, in accordance with the Florida Statute 61.13(3), will make school records and in-person conferences available to both parents unless a court order specifically revokes this right, in which case it is the responsibility of the custodial parent to provide the court order to the school. It is the parents' responsibility to inform the School of the updated addresses and contact information where the student's records should be sent.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_



# **TRANSPORTATION POLICY/ AGREEMENT**

## **STUDENTS – RULES & EXPECTATIONS**

The transportation provided for Harvard International Academy students is an extension of the school, in that, all school rules, boundaries, expectations and consequences apply while students are being transported to and from school.

### **In the Morning:**

\_\_\_\_I agree, be ready at least 5 minutes before the bus is scheduled to arrive and come out of your home/stop and get on the vehicle as soon as it arrives.

\_\_\_\_I agree, wait for the bus in a place that is clear of traffic, and as far back from the road as possible.

\_\_\_\_I agree, if in a group of waiting students, maintain appropriate boundaries and behavior and avoid horseplay.

\_\_\_\_I agree, wait to cross the street and/or approach the vehicle only after it has stopped, and the driver has put on the flashing lights and/or signaled you to cross.

\_\_\_\_I agree, only get on and off your assigned transportation at your own stop.

### **On the Bus**

\_\_\_\_I agree, Go directly to an available seat, or assigned seat.

\_\_\_\_I agree, Remain seated during the ride, wear your seat belt and face forward.

\_\_\_\_I agree, Keep hands, heads, arms and legs inside the vehicle.

\_\_\_\_I agree, Never play with emergency exit equipment.

\_\_\_\_I agree, Never throw or pass around any object(s).

\_\_\_\_I agree, Never carry on live animals of any kind.

\_\_\_\_I agree, only carry-on items that can easily be held in your lap.

\_\_\_\_I agree, No eating or drinking on the bus.

*No food or drinks (unless you have received specific permission from HIA Administration).*



\_\_\_\_I agree, Interact positively with peers; and use appropriate voice tone, volume and language. No vandalism of the vehicle or anyone's property.

\_\_\_\_I agree, No exchanging, trading or borrowing of any items – all students will be responsible for their own personal belongings.

\_\_\_\_I agree, Respect everyone's (driver and students) personal space, and their right to a peaceful ride to school – no arguing, profanity, obscene gestures, bullying, antagonizing, horseplay, or fighting.

\_\_\_\_I agree, No weapons of any kind.

\_\_\_\_I agree, No hazardous materials or nuisance items (laser lights, etc.).

\_\_\_\_I agree, No cameras or recording of any students.

\_\_\_\_I agree, No tobacco products, drugs, alcohol or any other controlled substance.

\_\_\_\_I agree, No medications of any kind (unless you have received specific permission from CDS Administration).



# TRANSPORTATION POLICY/ AGREEMENT

## STUDENTS – RULES & EXPECTATIONS

### DISCIPLINE POLICY

Any student who does not follow the identified rules will be subject to the following disciplinary procedure. This protocol will start simply – between the driver and the student – but continued issues will lead to a progression in reporting and consequences.

#### **Informal (Verbal) Interactions & Reports:**

1. The driver will speak with the student about the inappropriate behavior.
2. The driver may instruct the student to sit quietly throughout the ride.
3. The driver may assign the student to a specific seat or may restrict the student from sitting in a specific area of the vehicle.
4. The driver will speak with HIA staff about inappropriate behavior and interventions that are being attempted.

#### **Formal (Written) Interactions & Reports (when informal interventions are ineffective):**

1. First Report - The driver will formally write-up the student's behavior and forward this report to HIA staff. The student will receive a Detention for this incident; however, depending on the severity of the incident, the student may receive a HIA Visit instead. Parent/Guardian will be notified of the incident on the student's referral note.
2. Second Report - The driver will formally write-up the student's behavior and forward this report to HIA staff. Behavioral Intervention staff will follow up with the driver, and the student will receive a HIA Visit. Parent/Guardian will be notified of the incident via phone or e-mail.
3. Fourth Report - The driver will formally write-up the student's behavior and forward this report to HIA staff. Behavioral Intervention staff will follow up with the driver, and the student will receive an In School Suspension. While in HIA, the student will also have to write a paper identifying the changes s/he plans to make to behave more appropriately on the bus – s/he will process the content of this paper with HIA staff. The student will also meet with the principal to discuss the recurrence of the behavior; and Parent/Guardian will be notified of the incident via phone or e-mail, and depending on the severity of the issue, may be asked to come into HIA to have a more formal discussion of the incidents with HIA staff and their child. Further incidents can lead to: Out of School Suspensions, a change in transportation, and any other disciplinary measure deemed necessary.

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Student Signature\_\_\_\_\_ Date\_\_\_\_\_



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## PARENT INTENT FORM

Child Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M F  
Phone \_\_\_\_\_ Sex: M F Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_  
Last, First Middle  
Parent SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_

*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 \_\_\_\_\_  
Date \_\_\_\_\_ Administrator



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Harvard International Academy recognizes that individual students have a right to free expression; however, that right must be balanced with our responsibility to provide a safe, secure, and orderly educational environment for all students. Harvard International Academy is a "uniformed" school. All students must wear uniforms and carefully read our School's required uniform dress code.

<b>SHIRT/TOPS</b>
Royal Blue Polo Shirt with School Logo
White Polo Shirt with School Logo
<b>SWEATER/JACKET</b>
Navy Blue Fleece Sweater or Navy- Blue V-Neck Cardigan with School logo (no hooded)
Navy Blue/White Varsity Jacket with School logo (no hooded)
<b>PANT/BOTTOM</b>
Khaki Pants only
Navy Blue pants Only

### **UNACCEPTABLE SHOES/FOOTWEAR**

All students must wear shoes/footwear. School shoes/footwear must be closed toe and heel athletic shoes to protect the entire foot.

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Sandals    | <input type="checkbox"/> Shoes with wheels |
| <input type="checkbox"/> Crocks     | <input type="checkbox"/> House slippers    |
| <input type="checkbox"/> Yeezy Foam | <input type="checkbox"/> Shower shoes      |
| <input type="checkbox"/> Slippers   | <input type="checkbox"/> Platforms         |

are examples of **UNACCEPTABLE** footwear and cannot be worn.

## **UNACCEPTABLE HEADCOVERING/SUNGLASSES**

Scarves, curlers, bandanas, sweatbands, or other similar head coverings cannot be worn to School.

In addition, caps, hats or other similar head coverings cannot be worn to class and will be checked in upon arrival to program unless prescribed by a physician, previously approved by the school's administration for religious reasons, or approved by the School's administration for a special school activity.

Sunglasses (unless prescribed by a physician) cannot be worn to class and will be checked in upon arrival to program.

### **DISCIPLINARY ACTION**

Students who are reprimanded for repetitive dress code violations will be imposed with the following disciplinary actions:

- 1<sup>st</sup> offense – Warning, conference with administration, parent to purchase school shirt from school office same day.
- 2<sup>nd</sup> offense – Warning letter sent home about offense and parent will need to pickup child from the school office to change them into full appropriate uniform.
- 3<sup>rd</sup> offense – Phone call home for parent to pick up child from the school office. Child will not be allowed back in School without appropriate uniform.

I have read and understand the above policy and will comply.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Internet and Email Regulations

Communications on the network are often public in nature. General rules for behavior and communication apply. The following are not permitted:

Is acupuncture

- Sending, displaying, or assessing offensive messages or pictures
- Using obscene language
- Harassing, insulting, or attacking others
- Damaging computers, computer systems, computer network, or other school equipment.
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work, files or personal items
- Enjoying the network for commercial purposes
- Assessing sites prohibited by online school provider

I have read, understand, and agree to adhere to the rights and responsibilities of Harvard International Academy.

Student Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_



## AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby authorize and give consent to Harvard International Academy and the staff to the following:

I hereby:

☐ **consent and authorize**      or      ☐ **do not consent and authorize**

Harvard International Academy to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of Harvard International Academy

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against Harvard International Academy, their staff, service providers, employees, agents, affiliates and Board members.



## Parental Rights & Responsibilities

It has been proven that parent/guardian involvement in a student's education improve academic achievement, attendance, attitude, and aspiration to continue education. Harvard International Academy has an optimistic expectation of establishing effective program-family partnership outcomes. Such partnerships connect families and schools to help students succeed in School and in their future. It is important that each parent become familiar with the following rights and responsibilities:

- The responsibility of developing a positive partnership with Harvard international Academy
- The responsibility of asking for clarification of any aspect of the program that is unclear to me.
- The responsibility of monitoring my child's progress.
- The responsibility of discussing with Harvard international Academy any problems that may occur with my child's assessment, placement, or educational program.
- The responsibility of keeping records.
- The responsibility of paying for any charges related to the repair or replacement of equipment that my child has damaged.
- The responsibility to ensure that the required steps of identification and/or continuation of ESE/ESSA services with the School Board of Broward and Miami Dade County are taken.

I have read and understand my rights and responsibilities as a parent of a child enrolled in Harvard international Academy.

Student's Name: \_\_\_\_\_ Grade level \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Student Rights & Responsibilities**

Harvard International Academy has a learning environment designed to foster collaboration, open communication, mutual respect, and inclusiveness among students, faculty, and staff as they engage in the education process. As members of this community, all students are entitled to certain rights and privileges, which are protected. To protect the rights and privileges of all students, there are guidelines for conduct that are intended to facilitate the desired environment and educational goals of the program and its students. Students are responsible for good behavior on computer networks just as they are in a classroom, school bus and school event. It is important that each student become familiar with the following rights and responsibilities.

### **Student Rights**

1. The right of respect for personal feelings, freedom from indignity, and to expect an education of the highest quality.
2. The right to participate in communication using independent processes to solve problems.
3. The right of freedom to hear and participate in dialogue and to examine diverse ideas.
4. The right to a learning environment free from harassment, discrimination, and violence.

### **Student Responsibilities**

1. The responsibility of assuming the consequences of one's actions.
2. The responsibility for knowledge and observance of established program policies presented in enrollment forms.
3. The responsibility that free discussion represents the scholarly nature of the learning community.
4. The responsibility to respect the rights and privacy of others.
5. The responsibility of paying for any charges related to the repair or replacement of equipment that I have damaged.



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## PERMISSION FOR RELEASE OF RECORDS

Student Name: \_\_\_\_\_ ☐ 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 \_\_\_\_\_ Zip Code \_\_\_\_\_

**The purpose for the 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 \_\_\_\_\_ Date \_\_\_\_\_

School/Agency Releasing/ Requesting Records: \_\_\_\_\_

Signature of Authorized personnel: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Harvard International Academy is subject to the Family Educational Right and Privacy Act of 1974 Codified at 20 U.S.C. 232G. Therefore, all documents contained in a. Student educational records, except those specifically waived, are asseible 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 parents or eligible students.

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