



## 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 <sup>th</sup> 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: \_\_\_\_\_



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

Accredited by:  
**N. P. S. A. G.**  
Accreditation Group

# 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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## PERMISSION FOR RELEASE OF RECORDS

Please Print

Student's 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 12<sup>th</sup> 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**



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# HEALTH SCREENING

**Student Name:** \_\_\_\_\_ **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: \_\_\_\_\_

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

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

In case of Emergency, contact (other than parents): Name(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Tell me about you:**

\*What do you like to do in your free time?

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

\*What makes you happy or feel good about yourself?

\*What do you do well?

\*Do you have many friends?

\*What do you and your friends like to do together?

### **Tell me about school:**

\*How are you doing in school?

\*What do you like best/least about school?

\*What do you think your strengths are in school? Areas you need to work on?

\*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 \_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_

Student Name

\_\_\_\_\_

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

\_\_\_\_\_

Date

