

New Student Packet

This packet must be completed with a Parent or Guardian and must be returned to the Haven Charter enrollment team.

MISSION:

Haven Charter High School is revitalizing Career and Technical education in the Bronx with a focus on the health sciences. We cultivate critical thinkers and future leaders through immersive, hands-on learning experiences, a strong commitment to civic responsibility, and personalized support. Our mission is to equip students with the knowledge and skills essential for success in college, careers, and beyond.



VISION:

A Haven Charter High School student will graduate equipped with the technical expertise, critical thinking skills, and professional competencies needed to excel in postsecondary education, thrive in competitive career pathways, and actively contribute to their communities.



New Student Enrollment Checklist

Child's Name: _____ Entering Grade: _____

Pre Enrollment Documents:

- ☐ Student Application
- ☐ Seat Acceptance Form

Enrollment Documents (submitted by parent/guardian):

- ☐ Proof of Birth (birth certificate or passport)
- ☐ Proof of Address*
 - Utility Bill (gas, electric, or water bill. Must be within 60 days of the registration date)
 - Document from the City Housing Authority or the Human Resources Administration (must be within 60 days of the registration date & current address must appear on document)
 - Medical or Insurance Cards (current address must appear on card)
 - Paycheck (must include employer's address)
- ☐ Proof of immunizations
- ☐ Proof of recent physical examination

*If parent/caregiver is subletting an apartment or house, or shares a living space, a notarized letter from the actual leaseholder or homeowner must accompany the proof of address submitted.

Enrollment Documents (to be completed by parent/guardian):

- ☐ New Student Registration Form
- ☐ Emergency Contact Sibling
- ☐ Medical Information Form
- ☐ Haven Family Attendance Agreement
- ☐ Temporary Housing Questionnaire
- ☐ Home Language Questionnaire
- ☐ Special Education Questionnaire
- ☐ Student Information Release
- ☐ Release for Media Recording
- ☐ First Aid and Emergency Release
- ☐ Haven Charter High School Student Ethnic and Race Identification
- ☐ Request for Student Records



Student Registration Form

To Be Completed by the Parent/Guardian

Student Information

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT OSIS#
HOME ADDRESS (House Number, Street Name, Apt #, City, State, Zip)					HOME PHONE NUMBER
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) M <input type="checkbox"/> F <input type="checkbox"/>	PLACE OF BIRTH		HOME/NATIVE LANGUAGE
NAME, CITY, STATE OF LAST SCHOOL					LAST GRADE COMPLETED
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES, If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO, If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No					HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES, If YES, do you have a copy of the individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO					

Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House Number, Street Name, Apt #, City, State, Zip)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:	
HOME PHONE NUMBER	CELL PHONE NUMBER		PARENT/GUARDIAN EMAIL	

Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House Number, Street Name, Apt #, City, State, Zip)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:	
HOME PHONE NUMBER	CELL PHONE NUMBER		PARENT/GUARDIAN EMAIL	



Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to Schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, **the student is not required to submit proof of residency** and other required documents that may be part of the registration packet. The district cannot disclose housing status information without parental consent.

Student Name & Information:			(School Use Only)
LAST NAME	FIRST NAME	MIDDLE NAME	
OSIS NUMBER	DATE OF BIRTH (mm/dd/yyyy)	SCHOOL	

Please identify the student's current living arrangements. Please check <u>one</u> box:		(School Use Only)
Check (✓)	Housing Questionnaire Choice	ATS Code
<input type="checkbox"/>	Doubled Up - With another family or other person because of loss of housing or as a result of economic hardship.	D
<input type="checkbox"/>	Shelter - Emergency or transitional shelter.	S
<input type="checkbox"/>	Hotel/Motel - Living in what is NOT an emergency or transitional shelter and involves payment	H
<input type="checkbox"/>	Other Temporary Living Situation- Trailer Park, campground, car, park, public places, abandoned building, street, or any	T
<input type="checkbox"/>	Other Temporary Living Situation- Trailer Park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="checkbox"/>	Permanent Housing - Student who is living in a fixed, regular, and adequate housing situation	P



If the student is NOT living in permanent housing, also indicate if the below applies:

<input type="checkbox"/>	Unaccompanied Youth - Youth who is not in the physical custody of a parent or guardian	Enter “Y” if Applicable
--------------------------	--	--------------------------------

Parent/Guardian (print)

Parent/Guardian Signature

Date

Please return this form to your child’s school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student’s educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor’s Regulation A-780.

This form is accompanied by a one-page attachment titled:

“McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth”



Federal Parent/Guardian Student Ethnic and Race Identification

To the Parent or Guardian:

Federal law requires the Haven Charter High School to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept safe and private.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question gives you a chance to share if your child is of Hispanic, Latino, or Spanish origin. The second question gives you a chance to share your child's race or races. The federal government provides the options that you will choose from. Please respond to both questions.

We understand the sensitive nature of this process. The options may not represent a perfect or complete portrayal of your family's own ethnic or race identification. We encourage you to select the options using your best judgment. If you choose not to answer, federal guidelines require HCHS school staff to respond on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.

Thank you for your cooperation.

Directions for parents and guardians:

Please complete the form on the other side of this page and return it to your child's school.

Directions for school staff:

Fill the completed form in the student's cumulative folder as confidential information.

1 Confidentiality Procedures and Regulations: the [Family Educational Rights and Privacy Act](#) (FERPA) and [Regulations of the Chancellor A-820](#) prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.



Federal Parent/Guardian Student Ethnic and Race Identification

All students between 5 and 21 years of age have the right to a free and public education.

Federal law requires the HCHS to collect and record the ethnic identity and race(s) of public school students.

Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identify, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

Student Name: _____ Date of Birth: ____ / ____ / ____
(Last name, first name, middle initial) (Month/Day/Year)

Name of School: _____ District Borough Number: ____

Grade level: _____ Official Class Code: ____

NYC Student Identification Number: ____

PARENT OR GUARDIAN: PLEASE COMPLETE THIS SECTION

Please answer **both** questions 1 and 2. Please read them before you respond.

For question 1, mark the box that best describes your child.

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

- ☐ YES, Hispanic
☐ NO, not Hispanic

For question 2, mark **all** boxes that apply to your child

Select one or more races from the following five racial groups.

- ☐ AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America). **(ATS Code: B)**
- ☐ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **(ATS Code: C)**
- ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. **(ATS Code: D)**
- ☐ BLACK: A person having origins in any of the Black racial groups of Africa. **(ATS Code: E)**
- ☐ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. **(ATS Code: F).**

Signature of Parent/Guardian/Other/School Staff Observer: _____ Date: _____

Relationship to student:

- ☐ Parent ☐ Other (specify): _____
☐ Guardian ☐ School Staff Observer (name): _____



OPT-OUT LETTER

FOR PARENTS OF ALL NINTH THROUGH TWELFTH GRADE STUDENTS, AND HIGH SCHOOL STUDENTS AGES 18 AND UP)

Federal law requires Haven Charter High School to provide the following information about 11th and 12th grade high school students to military recruiters and institutions of higher education that request this information, except where the parent of a student who is younger than 18 years of age, or a student who is age 18 or over, opts out by notifying the HCHS in writing that they do not consent to release this information. If the student is under age 18, the parent must sign the opt-out. If the student is age 18 or over, the student must sign the opt-out.

- name, address, and telephone number to institutions of higher education that request this information and/or;
- name, address, telephone number, and HCHS provided student HCHS email address to military recruiters who request this information. (Please note that any emails sent by military recruiters to student HCHS email addresses are not controlled, sponsored or reviewed by the HCHS.)

While we are committed to protecting the confidentiality of our students, we must comply with the law.

If you are a parent of a child younger than 18, and you do not consent to the disclosure of this information, you must complete, sign, and return this form to your child's school **by October 22, 2025**. If you do not return the form by this date and your child is a student in the 11th or 12th grade, we will release your child's information upon request. For parents of 9th and 10th grade students, the opt-out form can be completed and saved in advance.

If you are a student who is 18 years of age or older, you must determine whether to consent to release the information. Students 18 or older who do not want to release their information must complete, sign, and submit this form to their school **by October 22, 2025**. If the opt-out letter is not returned, the student's information will be released upon request.

Parents of students younger than 18 and students ages 18 and older who do not complete a form now may do so at any time the student is enrolled in a HCHS school. For more information or assistance, please contact your school. Thank you for your cooperation.

OPT-OUT FORM

Please complete and sign below only if you do not want the information described above to be released to military recruiters and/or institutions of higher education. You do not need to complete this if you do not wish to withhold the information.



Student Name: _____ Student's Official Class: _____

Name of School: Haven Charter High School

If student is younger than 18:

☐ I am the parent of the student listed above who is under age 18.

Please check appropriate box:

☐ Military Recruiters: I do not want my child's name, address, telephone number, and HCHS student email address to be shared with military recruiters.

☐ Institutions of Higher Education: I do not want my child's name, address, and telephone number shared with institutions of higher education.

☐ Both: I do not want my child's information shared with military recruiters and institutions of higher education.

Parent Name: _____

Parent Signature: _____ Date: _____

If student is 18 or older:

☐ I am the student listed above and I am age 18 or over.

Please check appropriate box:

☐ Military Recruiters: I do not want my name, address, telephone number, and HCHS student email address to be shared with military recruiters.

☐ Institutions of Higher Education: I do not want my name, address, and telephone number shared with institutions of higher education.

☐ Both: I do not want my information shared with military recruiters and institutions of higher education.

Student Name: _____

Student Signature: _____ Date: _____



Special Education Questionnaire

Child's Name: _____

Grade Entering: _____

Dear Families,

To help us provide your child with all of the necessary resources for academic, physical, social, emotional and moral growth, please inform us whether or not she or he has an IEP [Individualized Education Plan] in place, is/was receiving early intervention, or has any special needs. If your answer is yes, please understand that your child will not be excluded from school on the basis of having an IEP or receiving therapeutic services.

No, my child does not have an IEP in place, is not/was not receiving early intervention, nor does she or he have any special needs.

Yes, my child does have an IEP in place, is/was receiving early intervention, or has special needs.*

Please Explain-

*We request a copy of your child's IEP so that we can start to gather the resources needed to meet that IEP, and/or look into having the IEP modified to more appropriately meet your child's needs.

Child's Current School Name: _____

Teacher's Name: _____

School Telephone#: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Thank you for your cooperation.



Condom Availability Program (CAP) Parent/Guardian Notification Letter

Dear Parents, Guardians, or Custodians of Newly Admitted High School Students:

Health education that teaches responsible decision-making enables students to be more productive in school and in life. As a complement to the health education that students receive, the Haven Charter High School HIV/AIDS education program requires a Condom Availability Program (CAP) at public high schools that can help reinforce students' decision-making in and out of the health education classroom. According to state law, through CAP, students in grades 9-12 may request free condoms, medically accurate health information, and health referrals from trained school staff.

As a parent, guardian, or custodian, you may ask the school **not** to provide your adolescent with condoms. Per Public Health Law § 2504, you are not permitted to make this request if your child 1) is 18 years of age or older; 2) has been or is currently married; 3) is a parent, and/or 4) is entitled under law to give consent for themselves.

To request that your child **not** receive condoms through CAP, you must write a letter to me that includes:

- Full name of student
- Grade of student
- Student's identification number (Note: If you do not have this information, we will provide it for you)
- The following statement: "_____ (Full name of student) should not receive condoms through the Condom Availability Program."
- Your signature as parent, guardian, or custodian.

If you change your mind and decide that your child can request free condoms, you can send me a letter at any time during the school year. CAP-trained staff members are committed to ensuring the confidentiality of all students, including those who do not participate in the program.

We encourage you to have conversations about sexual health and other health topics at home to best support your young adult in making positive health choices. Thank you for working together with us too help New York City students feel valued, healthy, and able to thrive.

Sincerely,

Lucinda Mendez
Principal



Media Consent for Haven Charter High School Use

Student Name: _____

School: _____

I consent to the use and disclosure of the image, quotes, name, the participation in interviews, and the taking of photographs, recordings, and videos of the Student named above by the Haven Charter High School (**HCHS**) and HCHS-invited members of the press for HCHS-sponsored events. I grant the HCHS and invited members of the press the right to disclose, edit, use, and reuse the Student's image, quotes, name, and interviews, and photographs, recordings, and videos of the Student for the HCHS's nonprofit and public press purposes. This includes use in print, on broadcasts, in online spaces (such as the HCHS website and social media accounts and those of the press), and all other forms of media. I understand that when the school hosts a public event, individuals at the event may take their own photographs, videos and audio of the event, that such recordings may capture me or my child, and that they may also be made public.

I also release the HCHS, its agents, and employees from all claims, demands, and liabilities in connection with the rights granted above.

If Student is Under Age 18:

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Date: _____

If Student is Age 18 or Over:

Name of Student: _____

Signature of Student: _____

Date: _____

For students age 18 and over, the form must be signed by the student, and not the parent or Guardian.



Haven Community Commitments

I _____, understand that this is a nonviolent community of learners, and I agree to solve all conflicts in a peaceful way by utilizing the conflict mediation process to diffuse and avoid the possibility of violence. I understand that violence comes in many forms including physical, verbal, emotional, bullying, and social media bullying. I understand that the possession of any weapon, (box cutter, gun, knife, etc.) is illegal. I agree not to engage in any of these negative forms of behavior either before, after, during in or out of school. I understand that engaging in any form of violence may result in departure, (discharge), from this school community.

Student Signature: _____

I _____, understand that Haven Charter High School is a drug-free community. The use and possession of drugs of any type, i.e. alcohol and marijuana, before, during, or after school, on or near school premises is not acceptable and may result in my immediate need to go into an abuse program and other drug counseling sessions. I understand that if I am suspected of using drugs my parents will be involved in any form of intervention that takes place. I know that at Haven Charter High School, I have the support available to me If I need to overcome an addiction. I understand that the repeated use of drugs may put me in jeopardy of being placed in a rehabilitation program which could result in discharge. I commit to being drug-free at Haven Charter High School.

Student Signature: _____



First Aid and Emergency Medical Care Consent and Release Form

Child's Name: _____ Date of Birth: _____

I authorize the staff at Haven Charter High School who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Haven Charter High School to transport my child to the nearest medical care facility and/or to Einstein, and to secure necessary medical treatment for my child. In addition, I give the school permission to contact my child's physician/medical office when necessary.

Child's Physician's Name: _____

Address: _____ Phone: _____

Health Insurance Coverage: _____ Policy #: _____

Child's Allergies: _____

Chronic health Conditions: _____

Parent/Guardian: _____ Phone Cell: _____

Parent/Guardian: _____ Phone Cell: _____

Emergency Contacts & Release (in order to be contacted -- must list at least two)

In the event of an emergency or child becomes ill while at school and parents cannot be contacted, please notify (individuals listed must be local and aware they may be called):

Emergency Contact # 1: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you give permission for child to be released to this person? Yes: _____ No: _____



Emergency Contact #2: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you give permission for child to be released to this person? Yes: _____ No: _____

Emergency Contact # 3: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you give permission for child to be released to this person? Yes: _____ No: _____

Parent/Guardian Signature

Date



Haven Charter High School Emergency Contact Card

SCHOOL YEAR 202____ **to 202**____

Student: Last Name _____ First _____ MI ____ DOB _____

Sex ____ ID# _____ Grade: _____

Parent/Guardian (Student resides with) _____ Relationship _____

Parent's Preferred Language of Communication:

Written: _____ Oral: _____

Home Telephone: () _____ Work Telephone: () _____

Cell #: () _____ E-mail _____

Address _____ Apt. _____

Borough _____ ZIP _____

Other Parent/Guardian: _____ Relationship _____

Parent's Preferred Language of Communication:

Written: _____ Oral: _____

Home Telephone () _____ Work Telephone () _____

Cell # () _____ E-mail _____

Address _____ Apt. _____

Borough _____ ZIP _____

List below names of three (3) persons who may be called in case of emergency or if child is sick in school.

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD.

Emergency Contact #1

Name _____ Telephone () _____

Relationship _____

Emergency Contact #2

Name _____ Telephone () _____

Relationship _____



Emergency Contact #3

Name _____ Telephone () _____

Relationship _____

If there is a person who may **NOT HAVE ACCESS** to child, please indicate. Legal documentation must be on file.

Name _____ Relationship _____

Order of Protection Exists? Yes _____ No _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

The principal will be notified in writing of any changes to information on this card.

Parent/Guardian Signature: _____ Date: _____

Main Office Only:

(Please do not write in this section)

Received by: _____ Date: _____