



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 empowers students through hands-on learning in the health sciences, fostering critical thinking, civic responsibility, and the confidence to succeed in college, careers, and beyond.



VISION:

Our vision is to cultivate future health and community leaders who think critically, act responsibly, and contribute meaningfully to a changing world.



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) <input type="checkbox"/> M <input type="checkbox"/> F	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
HOME PHONE NUMBER	CELL PHONE NUMBER	PARENT/GUARDIAN EMAIL	

Second 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: <input type="checkbox"/> SPOKEN: <input type="checkbox"/>
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 one box:

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	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
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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.²

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.

1. 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

2. 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**).



Haven Charter High School

1529 Williamsbridge Road, Bronx New York 10461

Telephone: 347-218-6880

www.havencharterhighschool.org

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

Relationship to student:

<input type="checkbox"/> Parent	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Guardian	<input type="checkbox"/> 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 NYC Department of Education 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.



STUDENT DEVICE LOAN TERMS OF USE

Student Information

Student Name: _____
(Last name, first name, middle initial)

NYCID#: _____

Grade: _____ School DBN: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Device Information

Date of Issue: _____ Device Type: _____

Asset Tag: _____ Serial Number: _____

Accessories: _____

Students in Haven Charter High School may be issued a device for their educational use. If reasonable precautions and care are taken in the use of the device, the device should not experience physical damage. Each student in grades 6-12 as well as parents/guardians for students in all grade levels should review this form carefully, and parents should discuss the content with their student.

All devices issued to students are to be used to access learning and other educational uses. Students are expected to follow the guidelines below and take any additional common-sense precautions to protect the device. Students are responsible for taking care of the device. The policies outlined in this document are intended to cover all available technologies, not just those specifically listed.

By accepting the equipment listed above, I _____, acknowledge the following:

(Last name, first name, middle initial)

Care and Maintenance



- The student/family is responsible for the daily care and maintenance of the device. Any damage or theft must be reported to the NYCPS within one school day. In the event of a stolen device, it is the responsibility of the student/family to file a police report and provide the school with the police report number.
- Keep the device in a safe place when not in use.
- Students/families should report problems either digitally to the Support Hub at <https://suporthub.schools.nyc/> or by calling (718) 935-5100. Students/families may also report on the issue directly to the school. Do not attempt to remove, add, or change the physical structure of the device, including keys, memory, battery, screen, charger, ID labels, etc.
- Carry the device carefully at all times. Do not store items on top of the device.

Usage Guidelines

In general, all students are expected to use good judgment and common sense; be safe, appropriate, careful and kind online; not attempt to get around technological protection measures; and ask an adult if they need help.

Student Acceptable Use Guidelines

Students must:

- Use the device provided only to access learning activities.
- Follow the same guidelines for respectful, responsible behavior online that students are expected to follow offline.
- Treat this device carefully and alert the HCHS helpdesk at 718-935-5100 if there is any problem with the operation.
- Understand that this device is the property of the Haven Charter High School and should be treated as such. If a device is stolen, a police report must be filed.
- Alert a teacher or other staff member if students see threatening, inappropriate, or harmful content (images, messages, posts) online.
- Be cautious to protect the safety of students and others.
- Help to protect the security of school resources.

Students must not:

- Attempt to bypass the school's mobile (internet) filter.
- Use this device in a way that could be personally or physically harmful.
- Attempt to find inappropriate images or content.
- Engage in cyberbullying, harassment, or disrespectful conduct toward others. Such conduct will result in disciplinary action and loss of privileges. In some cases, cyberbullying can be a crime.
- Try to find ways to circumvent the school's safety measures and filtering tools.
- Use school technologies to send spam or chain mail.
- Use language online that would be unacceptable in the classroom.
- Use school technologies for illegal activities or to pursue information on such activities.



- Attempt to hack or access sites, servers, or content that is not intended for student use.
- Alter a school's device hardware or installed software.

Personal Safety and Privacy

- Users should never share personal information, including phone number, address, social security number, birthday, or financial information over the Internet without adult permission.
- Users should recognize that communicating over the Internet brings risks and should carefully safeguard the personal information of themselves and others.
- Users should never agree to meet someone they meet online in real life without parental permission. If students see a message, comment, image, or anything else online that makes them concerned for their personal safety, they should bring it to the attention of an adult immediately.

Limitation of Liability

The HCHS will not be responsible for damage or harm to persons, files, data, or hardware. Devices employ filtering and other safety and security mechanisms, but there is no guarantee as to their effectiveness. The HCHS will not be responsible, financially or otherwise, for unauthorized transactions conducted over the school network.

Return of Device

This device is the property of the HCHS and contains a tracking device so that the device can be located. All HCHS-purchased devices should be returned to the issuing school in good working condition prior to exiting (graduations, transfer to another school, or other departure).

By signing this document, I acknowledge that I have read and understand the above.

Parent Signature (required): _____

Date: _____

Parent Name: _____

Student Signature (if applicable): _____ Date: _____

Student Name: _____



Student Contract Form

Haven Charter High School (HCHS) is designed for you by you. It is a special setting for you to complete high school and leave certificates and job experience. Haven Charter High School, we offer support to our students throughout the entire academic school year and thereafter. You chose to attend HCHS. We accepted you and agreed to support you in achieving your goals. For HCHS to do this, we have very clear policies, rules and guidelines that must be followed to maintain a safe and orderly environment free from bias, bullying and other behavior that may have played a part in you seeking our program. The following HCHS Guiding Principles have been established and will be maintained.

Placing your initials with each item means you acknowledge the rule and agree to abide by it. Failure to do so will require meeting with your advisor and possibly enlisting the support of your parents/guardian to reinforce our protocols.

Show Up:

- Attend class consistently and on time
- Participate enthusiastically and positively
- Complete assignments on time

Signature Here: _____

Ask Questions:

- Ask questions for clarity
- Exercise non-judgmental exchanges
- Minimize assumptions

Signature Here: _____

Learn One New Thing:

- Record one new thought or something learned
- Open yourself to the world of learning

Signature Here: _____

Excellence in Everything:

- Set SMART goals and go after them
- Challenge yourself every day to be the best you
- Stay positive and aim for excellence

Signature Here: _____

Talk Respectfully:

- Practice professional language; eliminate profanity
- Use proper voice volume in class and in the hallways
- Speak respectfully to all community members

Signature Here: _____

Inspire Someone:

- Encourage others to do the right thing
- Treat others how you expect to be treated

Signature Here: _____

Tell The Truth:

- Speak your own truth; no he-said, she said distractions
- Speak up on matters that may endanger our community

Signature Here: _____

Enjoy your Successes:

- Celebrate your accomplishments

Signature Here: _____



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: _____



Haven Charter High School

1529 Williamsbridge Road, Bronx New York 10461

Telephone: 347-218-6880

www.havencharterhighschool.org

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 _____



Haven Charter High School

1529 Williamsbridge Road, Bronx New York 10461

Telephone: 347-218-6880

www.havencharterhighschool.org

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: _____