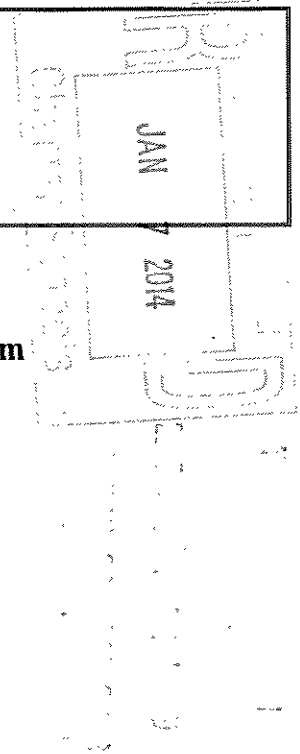


OPEN-ENROLLMENT CHARTER CONTRACT RENEWAL PETITION



Current Information in Charter School Tracking System

Charter Holder Name: HARMONY PUBLIC SCHOOLS

Charter School Name: HARMONY SCIENCE ACADEMY (AUSTIN)

Charter School County/District #: 227-816

Generation: 04

Maximum Approved Enrollment: 5000

Grades Approved: PK3,PK4,K,1,2,3,4,5,6,7,8,9,10,11,12

Campuses:

227816001 HARMONY SCIENCE ACADEMY (AUSTIN) 930 E RUNDBERG LN AUSTIN, TX 78753 Grade Levels Currently Served: K,1,2,3,4,5,6,7	227816002 HARMONY SCIENCE ACADEMY NORTH AUSTIN 1421 W WELLS BRANCH PKWY STE 200 PFLUGERVILLE, TX 78660 Grade Levels Currently Served: 8,9,10,11,12	227816003 HARMONY SCHOOL OF SCIENCE-AUSTIN 11800 STONEHOLLOW DR. AUSTIN, TX 78758 Grade Levels Currently Served: K,1,2,3,4,5,6,7,8
227816004 HARMONY SCHOOL OF POLITICAL SCIENCE AND COMMUNICATION 13415 FM 620 N AUSTIN, TX 78717 Grade Levels Currently Served: K,1,2,3,4,5,6,7,8,9,10	227816005 HARMONY SCHOOL OF INNOVATION-AUSTIN 2124 E ST ELMO RD AUSTIN, TX 78744 Grade Levels Currently Served:	227816101 HARMONY SCHOOL OF EXCELLENCE 2100 E ST ELMO DR AUSTIN, TX 78744 Grade Levels Currently Served: K,1,2,3,4,5,6,7,8,9,10,11,12

Geographical Boundary:

The original charter application and amendment history reflects that the following district(s) comprise the charter school's geographic boundary:

- | | | | |
|----------------------|----------------|-----------------|------------------|
| AUSTIN ISD | EANES ISD | LAGO VISTA ISD | PFLUGERVILLE ISD |
| BASTROP ISD | ELGIN ISD | LAKE TRAVIS ISD | ROUND ROCK ISD |
| BURNET CISD | GEORGETOWN ISD | LEANDER ISD | SAN MARCOS CISD |
| DEL VALLE ISD | HAYS CISD | LOCKHART ISD | |
| DRIPPING SPRINGS ISD | HUTTO ISD | MANOR ISD | |

Section I.

Coversheet

ATTACHMENT A: OPEN-ENROLLMENT CHARTER CONTRACT RENEWAL

The enclosed document entitled OPEN-ENROLLMENT CHARTER CONTRACT RENEWAL will serve as the coversheet when the application is completed and submitted and includes current information in the Charter School Tracking System. Verify the accuracy of the information on the coversheet and, if updates to the information are needed, create a separate sheet detailing your corrections and label the sheet "Update to Data Provided by TEA", and include it in the renewal packet immediately following the preprinted coversheet.

Update to Data Provided by TEA

For the following campuses grade levels served needs to be updated as follows:

227816003 Harmony School of Science Austin

Grade levels currently served: K,1,2,3,4,5,6,7

227816004 Harmony School of Political Science and Communication

Grade levels currently served: K,1,2,3,4,5,6,7,8,9,10,11

227816005 Harmony School of Innovation Austin

Grade levels currently served: K,1,2,3,4

227816101 Harmony School of Excellence

Grade levels currently served: 5,6,7,8,9,10,11,12

Section II.

Contact Information

The persons listed below will be contacted by agency staff if there are issues to be resolved in any of the renewal application sections. Note that any contact information, including email addresses, provided with the renewal application will be public information.

Superintendent Contact Information:

Superintendent's Name:	Soner Tarim
Telephone Number:	(713) 343-3333 ext:2051
Fax Number:	(713) 777-8555
E-mail Address:	starim@harmonytx.org

Charter Holder Board Chair Contact Information:

Board Chair's Name:	Oner U. Celepcikay
Telephone Number:	(832) 310 -8071
Fax Number:	(713) 777-8555
E-mail Address:	onerulvi@email.phoenix.edu

Application Preparer's Contact Information: Same as Superintendent Same as Board Chair

Contact Name:	Edib Ercetin
Telephone Number:	(713) 343-3333 ext:2221
Fax Number:	(713) 777-8555
E-mail Address:	eercetin@harmonytx.org

Charter School Website:

Web address:	www.harmonytx.org
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Section III.

Website Postings

In accordance with the requirements of *TEC §12.1211*, an open-enrollment charter school shall list the names of the members of the governing body on the home page of the school's internet website. Provide the internet URL address where the names of the members of the governing body are listed.

<http://www.harmonytx.org/AboutUs/BoardofDirectors.aspx>

In accordance with the requirements of *TEC §12.136*, an open-enrollment charter school shall post the salary of the school's superintendent or CEO on the school's internet website. Provide the internet URL address where the superintendent's salary is posted.

<http://harmonytx.org/AboutUs/FinancialInformation.aspx>

In accordance with *Local Government Code §140.006*, an open-enrollment charter school shall post continuously on the school's internet website the annual financials of the school. Provide the internet URL address where the annual financial statements of the charter school are continuously posted.

<http://harmonytx.org/AboutUs/FinancialInformation.aspx>

Section IV. Organizational Charts

Submit, as **Attachment 1**, the organizational chart for the charter school that specifies the administrative positions including the title and name of the individual currently in each position.

See Attachment 1- Organizational Chart for Charter School District

Submit, as **Attachment 2**, a chart that identifies all other entities under the direction of the charter holder. This would include entities and/or programs that the charter holder governs/manages in addition to the charter school.

See Attachment 2- Organizational Chart of Charter Holder- Harmony Public Schools

Section V.

Admission Policy

Please be aware that any change to the terms of an open-enrollment charter that relates to the following subject:

- grade levels,
- maximum enrollment,
- geographic boundaries,
- approved campus(es),
- approved sites,
- relocation of campus,
- charter holder name,
- charter school (district) name,
- charter campus name,
- charter holder governance,
- articles of incorporation,
- corporate bylaws,
- management company,
- admission policy, or
- the educational program of the school

REVISED DURING CONTINGENCY PROCESS
SEE INSERT

requires the commissioner of education's approval of an amendment. (See §100.1033(b) Types of amendments, 19 TAC Chapter 100.)

- A. Specify the period during which applications for admission are accepted. *TEC, §12.117, requires that a charter school establish a reasonable application deadline for the submission of applications for admission.*

Beginning of Period (Month/Day)

End of Period (Month/Day)

January 10

March 15

- B. If the school admits students by lottery when the number of admissions applications received exceeds the number of available spaces, describe the procedures followed in conducting the lottery.

A lottery is to be conducted if the number of applicants exceeds the maximum enrollment. The lottery shall take place within fifteen days after the closing date of the application period. The lottery will be conducted via lottery selection software. The principal or designee of each campus will conduct the computerized lottery, with supervision by at least one member of the sponsoring entity or his/her designee and a representative from the Harmony Public Schools's Central Office. This ensures that the winner list and the waiting list are selected randomly.

- C. If the school utilizes a lottery when oversubscribed, are any categories of applicants exempted from the lottery?

- Yes
 No
 Not applicable (because lotteries are not utilized)

If "Yes" was indicated in C above, state the categories of applicants that are exempted.

Children of the school's founders, teachers, and staff (so long as the total number of students allowed constitutes only a small percentage of the total enrollment) are exempt from lottery requirements, as permitted by federal guidance on the Charter Schools Program.

Section V.

Admission Policy

Please be aware that any change to the terms of an open-enrollment charter that relates to the following subjects:

- grade levels,
- maximum enrollment,
- geographic boundaries,
- approved campus(es),
- approved sites,
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- charter holder name,
- charter school (district) name,
- charter campus name,
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- articles of incorporation,
- corporate bylaws,
- management company,
- admission policy, or
- the educational program of the school

requires the commissioner of education's approval of an amendment. (See §100.1033(b) Types of amendments, 19 TAC Chapter 100.)

- A. Specify the period during which applications for admission are accepted. *TEC, §12.117, requires that a charter school establish a reasonable application deadline for the submission of applications for admission.*

Beginning of Period (Month/Day)

End of Period (Month/Day)

January 10

March 15

- B. If the school admits students by lottery when the number of admissions applications received exceeds the number of available spaces, describe the procedures followed in conducting the lottery.

A lottery is to be conducted if the number of applicants exceeds the maximum enrollment. The lottery shall take place within fifteen days after the closing date of the application period. The lottery will be conducted via lottery selection software. The principal or designee of each campus will conduct the computerized lottery, with supervision by at least one member of the sponsoring entity or his/her designee and a representative from the Harmony Public Schools's Central office. This ensures that the winner list and the waiting list are selected randomly.

- C. If the school utilizes a lottery when oversubscribed, are any categories of applicants exempted from the lottery?

- Yes
 No
 Not applicable (because lotteries are not utilized)

If "Yes" was indicated in C above, state the categories of applicants that are exempted.

Children of the school's founders, teachers, and staff (so long as the total number of students allowed constitutes only a small percentage of the total enrollment) are exempt from lottery requirements, as permitted by federal guidance on the Charter Schools Program. Returning students are also exempt from the lottery.

Section V. (Continued)
Admission Policy

D. If the school utilizes a lottery when oversubscribed, specify the approximate date on which a lottery will be conducted.

Approximate Date of Lottery (Month/Day)

March 25

E. If the school does not utilize a lottery when oversubscribed, but rather fills the available positions in the order in which applications were received before the expiration of the application deadline (i.e., a “first-come, first-served” admission process), describe the manner in which the school notifies the community of the opportunity to apply for admission. *TEC, §12.117, requires a charter school that uses a first-come, first-served admission process when oversubscribed to publish a notice in a newspaper of general circulation not later than the seventh day before the application deadline.*

N/A

F. If the school has a separate process for re-enrollment, state the process and the timeline to be used.

Returning students (students who currently attend the school and intend to return the next school year) are given priority in admission, if they notify the school of their intent to return for the next school year by February 1st of each school year.

G. State the procedures for processing applications received once the application deadline has passed.

If a student applies to the school outside of the designated application period, the student will be placed on a waiting list in order of the date in which the application is received.

H. Describe the information that an applicant must provide in order to be considered for admission. *Applicants may not be required to provide copies of transcripts or other academic records until after they are offered admission and are enrolling. Furthermore, a student may not be precluded from enrolling due to the charter school's failure to receive information required for enrollment from the student's parent or guardian or previous school. See TEC, §25.002.*

The application form must include the following items: Applicant's name, birth date, current school name and grade level, residential address, phone numbers, parents' name, contact information, and signature. The application form must also include information regarding the applicant has a sibling already admitted to attending the school and whether the applicant has a documented history of a criminal offense. Applicants are not required to provide transcript or other academic records until after they are offered admission.

Section V. (Continued)

Admission Policy

- I. The charter holder certifies that the non-discrimination statement required by *TEC, §12.111 (a)(5)* is printed in the school's admission policy. *TEC, §12.111 (a)(5)* requires that a charter school's admission policy include a statement that the school will not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.

Yes

No

- J. Does the admission policy either require or permit the school to exclude from admission all students with documented histories of a criminal offense, a juvenile court adjudication, or discipline problems under TEC Chapter 37, Subchapter A as authorized by *TEC, § 12.111 (a)(5)(B)*?

Yes (The school excludes such students or reserves the right to exclude such students from admissions.)

No (The school does not deny admission to such students based on their documented histories of misconduct.)

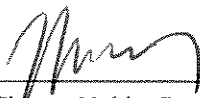
Submit

- A current copy of the admission policy that incorporates the information provided in the above answers to questions A through H and any other relevant information (**Attachment 3**);
- A blank copy of the current admission application, i.e., the information requested when the student first seeks admission (**Attachment 4**); and
- A blank copy of the current enrollment form(s), i.e., the information required once an applicant has been offered admission and is registering for enrollment (**Attachment 5**)

Section VI.

Special Education Assurances

The charter holder certifies it has policies and procedures in place that ensure implementation of all federal laws and regulations, Texas laws, State Board of Education (SBOE) and commissioner of education rules related to students with disabilities and further certifies any future amendments to the laws, regulations, and rules will be incorporated and implemented.



Signature of Charter Holder Board Chair
(Must sign in blue ink)

12/18/2014

Date

Oner U. Celepcikay

Printed Name of Charter Holder Board Chair

Section VII.

Serving Students at Residential Facilities Assurances

If the charter school is not currently approved to serve students at residential facilities, do not provide a signature and indicate N/A on the signature line.

If operating a charter school campus on the site of a residential facility (RF) or serving students residing in or receiving services from an RF, the charter holder certifies by signing the assurance that:

Compliance with Special Education Requirements: The charter holder assures that it will comply with all of the requirements for the provision of educational services to students with disabilities as mandated by the Individuals with Disabilities Education Act, as amended, the Texas Education Code, and federal and state special education regulations. The charter holder acknowledges that state and federal special education requirements require, among other things, it provide a free and appropriate public education (FAPE) in the least restrictive environment (LRE) to students with disabilities residing in RFs. The charter holder further assures that it will provide, or seek the provision of, a FAPE to students with disabilities, which may require it to contract with outside service providers or another local educational agency to provide necessary services and supports to students with disabilities.

Geographic Boundaries: The charter holder assures that it will accept students who reside in the school district(s) that are within each campus's geographic boundaries regardless of the presence or absence of a disability or admission to or participation in an RF program.

Admissions Criteria: The charter holder assures that its admissions criteria will not be based on the presence or the absence of a disability; or on gender; national origin; ethnicity; religion; academic; artistic or athletic ability; or the home district the child would otherwise attend.

School Choice: The charter holder assures that parents/legal guardians (or adult students) will be advised that they may choose to enroll their child in either the charter school or the local public school district and that the elected choice will be documented in writing and filed for purposes of review or audit by the Texas Education Agency (TEA), an external auditor, or another entity.

Residential Facilities Monitoring (RFM) System: The charter holder assures that it understands that, pursuant to 19 (TAC) §97.1072, there is a specific system for monitoring school districts and charter schools serving students with disabilities who reside in RFs. The charter holder further assures that it understands it will be required to report data related to students with disabilities residing in RFs in TEA's data collection system known as *RF Tracker* and it may be subject to RFM intervention activities and on-site visits based upon a review of the data reported on a random selection or other means of selection.

Training: The charter holder assures that all personnel involved with serving students with disabilities residing in a RF and personnel involved with reporting data in *RF Tracker* will receive training on the RFM system. Please contact your regional Educational Service Center for information regarding the required RFM system training.

Section VII. (Continued)

Serving Students at Residential Facilities Assurances

The charter holder assures this document has been shared with, and understood by, the RF board and that the RF board has acknowledged its understanding of all federal laws and regulations, Texas laws, State Board of Education (SBOE) and commissioner of education rules related to charter schools serving students at residential facilities and further certifies that any future amendments to the laws, regulations, and rules will be incorporated and implemented.

N/A

Signature of Charter Holder Board Chair
(Must sign in blue ink)

Date

Oner U. Celepcikay

Printed Name of Charter Holder Board Chair

**Please write N/A in the signature line
if the charter does not serve students at residential facilities.**

Section VIII.

Bilingual/ESL, Section 504, and Dyslexia Assurances

Texas Education Code, Chapter 29, Subchapter B, TEC §12.104(b)(2)(G), and 19 TAC §§89.1201-89.1265 require charter schools to identify limited English proficient students based on state criteria and to provide an appropriate bilingual education or English as a second language program conducted by teachers certified for such courses.

A. The charter holder certifies it has policies and procedures in place to ensure it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to limited English proficient students.

Yes

No

Section 504 of the Rehabilitation Act of 1973, *29 U.S.C. §794*, prohibits discrimination on the basis of disability in any program receiving federal financial assistance. A recipient that operates a public education program or activity shall provide a free, appropriate public education to qualified individuals.

B. The charter holder certifies it has policies and procedures in place to ensure it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to students protected by Section 504.

Yes

No

Texas Education Code §38.003, TEC §12.104(b)(2)(K), 19 TAC §74.28 and Section 504 of the Rehabilitation Act of 1973, *29 U.S.C. §794*, require charter schools to identify students with dyslexia or related disorders and to provide appropriate educational services.

C. The charter holder certifies it has policies and procedures in place to ensure it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to students with dyslexia or related disorders.

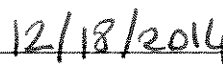
Yes

No

I further certify that any future amendments to the laws, regulations, and rules will be incorporated and implemented.



Signature of Charter Holder Board Chair
(Must sign in blue ink)



Date

Oner U. Celepcikay

Printed Name of Charter Holder Board Chair

Section IX.


Fingerprinting and Criminal Record Check Assurance

The charter holder certifies it is in compliance with *TEC §12.120*, and confirms that no individual is serving in any capacity if he or she has been convicted of a misdemeanor involving moral turpitude; a felony; an offense listed in *TEC §37.007(a)*; or an offense listed in *Article 62.001(5) Code of Criminal Procedures*; unless the individual is eligible to be employed in a position in a school district under *TEC §12.120 (a-1)*.

Additionally, the charter holder confirms all current fingerprinting and criminal record checks are available for all employees, including contract employees; volunteers who indicated in writing their intention to serve; board members; and officers of the charter holder who are not on the board, in compliance with *TEC §§12.1059, 22.0832-22.0835*.



Signature of Charter Holder Board Chair
(Must sign in blue ink)



Date

Oner U. Celepcikay

Printed Name of Charter Holder Board Chair


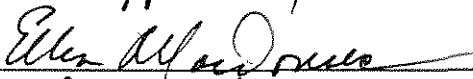
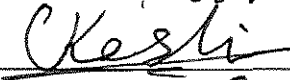
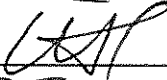

Section X.

Certificate of Acknowledgement

This section requires at least a majority of the governing body of the charter holder to certify it has had an opportunity to review the completed renewal application and has authorized, during an open meeting, submission of the application to the commissioner of education for consideration of renewal of the charter.

CERTIFICATE OF ACKNOWLEDGEMENT

The undersigned members of the governing body of the charter holder hereby acknowledge that they have had an opportunity to review the completed renewal application and have authorized its submission, during an open meeting, to the commissioner of education for consideration of the renewal of the charter:

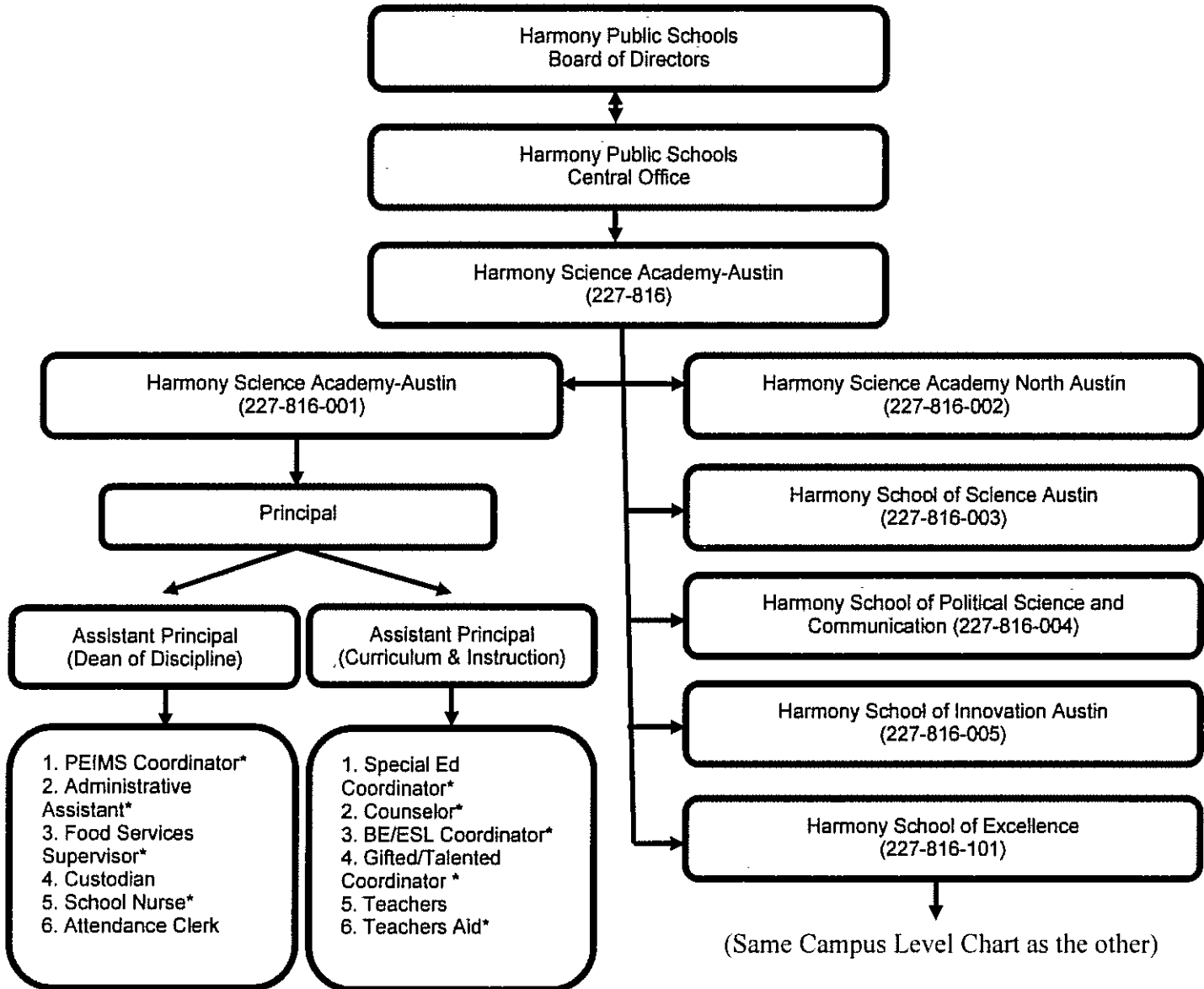
Typed Name (Type name next to corresponding signature)	Signature (Must sign in blue ink)	Date*
Dr. Oner U. Celepcikay		12/18/2014
Ellen MacDonald		12/18/2014
Cengizhan Keskin		12/18/14
Dr. Mustafa A. Atik		12/18/2014
Homer Stewart		12/18/2014
Dr. Kamil Sarac		

*Members are to sign the acknowledgement during an open meeting; therefore, the date next to each signature must reflect the date of the meeting.

ATTACHMENT-1

Organizational Chart of the Charter School

CHARTER SCHOOL DISTRICT ORGANIZATIONAL CHART



***Please Note** that the chart above is designed to show administrative functions rather than individual positions. In other words, multiple tasks can be performed by the same person if need arises (i.e. payroll coordinator can be account payable clerk and benefit coordinator). Additional positions may be created as needed.

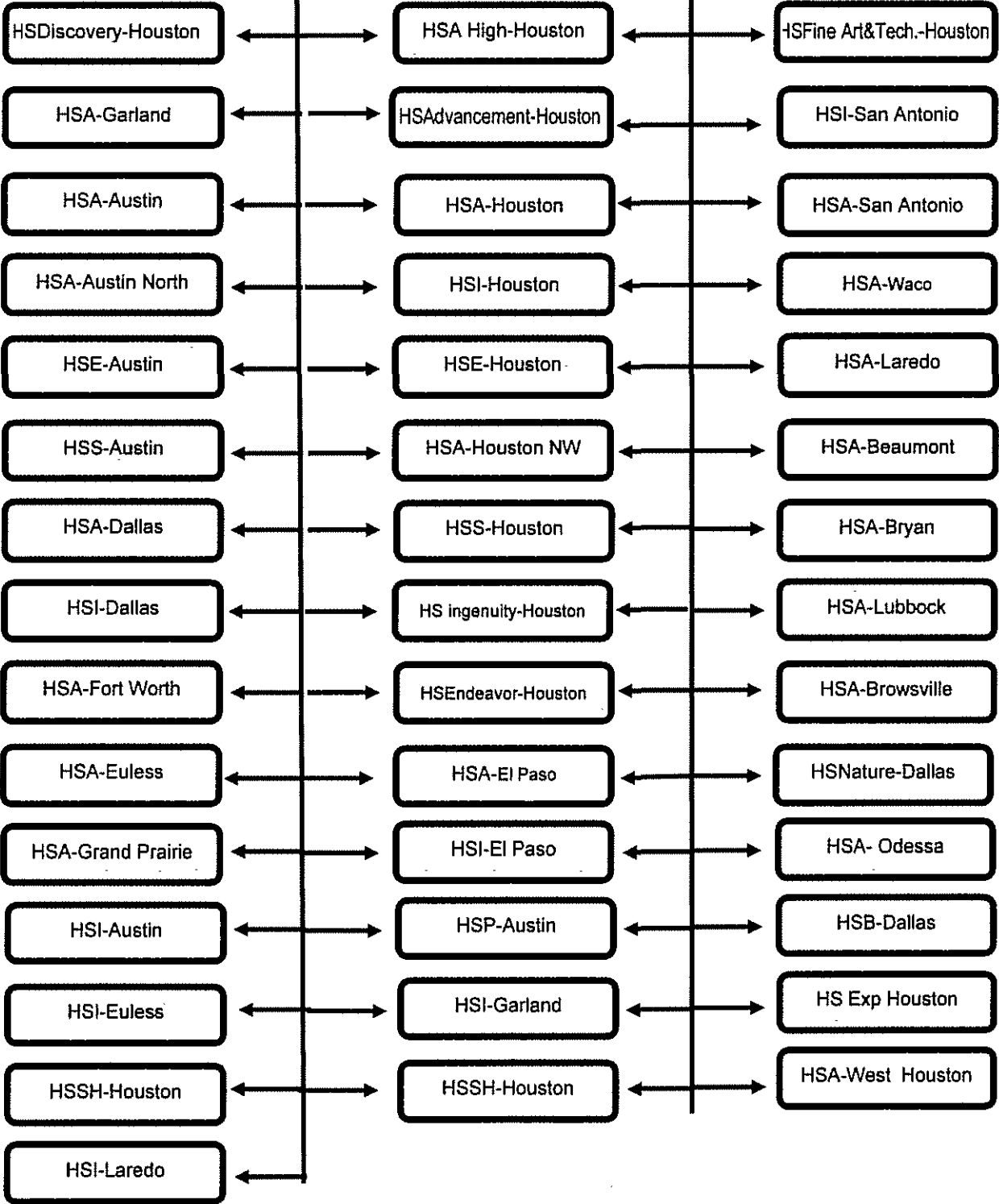
Please Also note that business manager is not included in this chart because business related services (including but not limited to payroll and accounting) is done at the Harmony Public Schools Central Office.

ATTACHMENT-2

Organizational Chart of other entities under the
direction of charter holder

State Board of Education
Commissioner of Education & TEA

Harmony Public Schools
(Central Office)



Abbreviations for Organizational Chart

HSA: Harmony Science Academy

HSE: Harmony School of Excellence

HSS: Harmony School of Science

HSI: Harmony School of Innovation

HS Ingenuity: Harmony School of Ingenuity

HS Endeavor: Harmony School of Endeavor

HSAdvancement: Harmony School of Advancement

HSDiscovery: Harmony School of Discovery

HSNature: Harmony School of Nature

HSFine Art&Tech.: Harmony School Fine Art and Technology

HSP: Harmony School of Political Science and Communication

HSB: Harmony School of Business

HS Exp: Harmony School of Exploration

HSSH: Harmony School of Science High

ATTACHMENT-3

Admission Policy

Admission Policies and Procedures For Harmony Public Charter Schools

Beginning and Ending Dates of Application Periods

Harmony Schools require applicants to submit a complete application form in order to be considered for admission. For the first year of operation of a campus, application period starts on January 10th (beginning date) and ends on June 25th (closing date). For the following years, the beginning and ending dates of the application period shall be January 10th and March 15th of each year, respectively.

Lottery Procedures and Date when a grade or class is oversubscribed

A lottery is to be conducted if the number of applicants exceeds the maximum enrollment. The lottery shall take place within fifteen days after the closing date of the application period. The lottery will be conducted via lottery selection software. The principal or designee of each campus will conduct the computerized lottery, with supervision by at least one member of the sponsoring entity or his/her designee and a representative from the Cosmos Foundation's Central Office. This ensures that the winner list and the waiting list are selected randomly. Results of the lottery shall be certified by a notary public.

Development of a Waiting List

The lottery will be paused momentarily after the computerized lottery fills all available seats allowed by the enrollment cap. The drawing will then continue, and the randomly-selected numbers will be used to create a waiting list. As space become available, applicants will be called from the waiting list beginning with applicants with the lowest number assignment.

Admission Process of Returning Students

Returning students (students who currently attended the school and intend to return the next school year) are given priority in admission, if they notify the school of their intent to return for the next school year by February 1st of the each school year.

Siblings Policy and Children of the School's Founders and Employees

Siblings of returning students currently enrolled at a Harmony Public School campus and who timely notify the school of their intent to return for the next school year are exempt from the lottery and, space permitting, are automatically enrolled. For this policy "sibling" shall mean a biological or legally adopted brother or sister residing in the same household as the applicant. Cousins, nieces, nephews and unrelated children sharing an address with the applicant are not siblings. Sibling enrollment is dependent on available space and does not guarantee enrollment of each listed sibling.

Children of the school's founders, teachers, and staff (so long as the total number of students allowed constitutes only a small percentage of the total enrollment) are exempt from lottery requirements, as permitted by federal guidance on the Charter Schools Program.

Applications that are submitted outside of the designated application period

If a student applies to the school outside of the designated application period, the student will be

placed on a waiting list in the order of the date in which the application is received.

Students with documented histories of a criminal offense and/or misconduct

Students who have a documented history of a criminal offense, juvenile court adjudication, listed in TEC, §12.111(6), or other serious discipline problems listed under TEC, Chapter 37, Subchapter A will be excluded from enrollment as TEC, §12.111(6) authorizes a charter school to do so.

Documents and Information Applicants are Required to Provide

Applicants must submit a completed application form in order to be considered for admission. The application form must be signed and dated by the parent(s). The application form must include the following items:

- Applicant's name (first, last, and middle names)
- Applicant's birth date
- Applicant's current grade level and grade applied for
- Applicant's residential address
- Phone numbers
- Applicant's current school and district names
- Applicant's parents' name and signature
- Whether the applicant has a sibling already admitted to attending the school
- Whether the applicant has a documented history of a criminal offense, a juvenile court adjudication, or discipline problems under Chapter 37 of the Education Code.

Applicants are not required to provide transcript or other academic records until after they are offered admission.

Reporting Transfer Students Pursuant to Civil Action 5281

Civil Action 5281 requires that TEA not approve student transfers where the effect of such transfers changes the majority or minority percentage of the school population by more than one percent in either the sending or receiving district.

Harmony Schools comply with reporting transfer students pursuant to Civil Action 5281 by using the student transfer system provided on the Texas Education Agency website under PEIMS section.

Non-discrimination Statement as Part of the School's Admission Policy

It is the policy of HPS not to discriminate on the basis of race, color, national origin, sex, or disability in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

For inquiries regarding non-discrimination policies, please contact Section 504/ADA Coordinator at 713 343 3333 located at 9321 W. Sam Houston Pkwy S. Houston, TX 77099.

ATTACHMENT-4

Admission Application

APPLICATION FORM

DEAR PARENT(S) AND APPLICANT: Thank you for your interest in our school. Please, fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply may not be given to any other companies. Applications received unsigned or incomplete will not be considered for acceptance.

REVISED DURING CONTINGENCY PROCESS
SEE INSERT

Please, type or print clearly using black or blue ink.

FOR OFFICE USE ONLY	
Date Application Received	
Application #	

STUDENT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	CURRENT GRADE ENROLLED	GRADE APPLIED FOR	
PERMANENT ADDRESS		CITY	ZIP
PHONE NUMBER (PRIMARY)		PHONE NUMBER (SECONDARY)	
CURRENT SCHOOL NAME		CURRENT SCHOOL DISTRICT	

Does the applicant have a sibling who's attending this school or other Harmony campuses? Yes No
 Does the student have any documented history of a criminal offense or juvenile court adjudication? Yes No
 If yes, please explain: _____

Harmony Public School's decision to admit an applicant may be withdrawn if the school determines:

1. that the applicant provided false information on the admissions application;
2. that the school's later review of disciplinary records indicates that the student is disqualified from admissions eligibility

Do you consent to the release of directory information about the student named above outside the Harmony Public School System to sources such as an institution of higher education or newspapers and other media, except as authorized by law? Yes No

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

PARENT INFORMATION	
PARENT OR GUARDIAN NAME/EMAIL ADDRESS	
PARENT OR GUARDIAN SIGNATURE	DATE

Please mail the completed application to the campus of your selection

NON-DISCRIMINATION STATEMENT: It is the policy of HPS not to discriminate on the basis of race, color, national origin, sex, or disability in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. For inquiries regarding non-discrimination policies, please contact Section 504/ADA Coordinator at 713 343 3333 located at 9321 W. Sam Houston Pkwy S. Houston, TX 77099.



HARMONY PUBLIC SCHOOLS

Where Excellence Is Our Standard

APPLICATION FORM

DEAR PARENT(S) AND APPLICANT: Thank you for your interest in our school. Please, fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply may not be given to any other companies. Applications received unsigned or incomplete may not be considered for acceptance.

FOR OFFICE USE ONLY	
Date Application Received	
Application #	

Please, type or print clearly using black or blue ink.

STUDENT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	CURRENT GRADE ENROLLED	GRADE APPLIED FOR	
PERMANENT ADDRESS		CITY	ZIP
PHONE NUMBER (PRIMARY)		PHONE NUMBER (SECONDARY)	
CURRENT SCHOOL NAME		CURRENT SCHOOL DISTRICT	

Does the applicant have a sibling who's attending this school or other Harmony campuses? Yes No
 Does the student have any documented history of a criminal offense or juvenile court adjudication? Yes No
 If yes, please explain: _____

Harmony Public School's decision to admit an applicant may be withdrawn if the school determines:

1. that the applicant provided false information on the admissions application;
2. that the school's later review of disciplinary records indicates that the student is disqualified from admissions eligibility

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

PARENT INFORMATION	
PARENT OR GUARDIAN NAME/EMAIL ADDRESS	
PARENT OR GUARDIAN SIGNATURE	DATE

Please mail the completed application to the campus of your selection

NON-DISCRIMINATION STATEMENT: It is the policy of HPS not to discriminate on the basis of race, color, national origin, sex, or disability in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. For inquiries regarding non-discrimination policies, please contact Section 504/ADA Coordinator at 713 343 3333 located at 9321 W. Sam Houston Pkwy S. Houston, TX 77099.

ATTACHMENT-5

Enrollment Forms

HARMONY PUBLIC SCHOOLS ENROLLMENT FORM

CAMPUS INFORMATION			
SCHOOL YEAR APPLIED FOR	CAMPUS	CURRENT GRADE LEVEL	GRADE APPLIED FOR
2015-2016			

STUDENT INFORMATION						
LAST NAME	FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY #	DATE OF BIRTH <small>MM/DD/YYYY</small>	COUNTRY OF BIRTH
ETHNICITY	RACE (Choose one or more regardless of ethnicity)			STUDENT LIVES WITH (Check one)	DATE STUDENT ENTERED U.S. SCHOOLS <small>MM/DD/YYYY</small>	
<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	<input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE			<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER	GRADES ATTENDED IN U.S. SCHOOLS (Circle all that applies) PK K 1 2 3 4 5 6 7 8 9 10 11 12	

PREVIOUS SCHOOLS ATTENDED DURING THE PAST THREE YEARS (START WITH THE MOST RECENT)				
	SCHOOL NAME	DISTRICT NAME	YEARS ATTENDED	DATE OF LAST ATTENDANCE <small>(MONTH/YEAR)</small>
SCHOOL LAST ATTENDED				
PREVIOUS SCHOOL ATTENDED				
PREVIOUS SCHOOL ATTENDED				
HAS APPLICANT EVER SKIPPED A GRADE? (CIRCLE ONE)	YES NO	IF YES, WHICH GRADE(S) AND WHY?		
HAS APPLICANT EVER BEEN RETAINED? (CIRCLE ONE)	YES NO	IF YES, WHICH GRADE(S) AND WHY?		
HAS APPLICANT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? (CIRCLE ONE)	YES NO	IF YES, PLEASE EXPLAIN:		
HAS APPLICANT APPLIED TO HARMONY BEFORE? (CIRCLE ONE)	YES NO	IF YES, WHICH CAMPUS AND WHEN?		
HAS APPLICANT EVER ATTENDED HARMONY? (CIRCLE ONE)	YES NO	IF YES, WHICH CAMPUS AND WHEN?		

PARENT(S)/GUARDIAN INFORMATION						
MALE PARENT INFORMATION	LAST NAME	FIRST NAME	RELATIONSHIP	OCCUPATION	EMPLOYER	
	STREET ADDRESS			APT #	CITY	ZIP
	HOME PHONE () -	WORK PHONE () - ext.	CELL PHONE () -	E-MAIL		
FEMALE PARENT INFORMATION	LAST NAME	FIRST NAME	RELATIONSHIP	OCCUPATION	EMPLOYER	
	STREET ADDRESS			APT #	CITY	ZIP
	HOME PHONE () -	WORK PHONE () - ext.	CELL PHONE () -	E-MAIL		
OTHER PERSON INFORMATION	LAST NAME	FIRST NAME	RELATIONSHIP	OCCUPATION	EMPLOYER	
	STREET ADDRESS			APT #	CITY	ZIP
	HOME PHONE () -	WORK PHONE () - ext.	CELL PHONE () -	E-MAIL		

SIBLING INFORMATION (UNDER 18 YEARS OF AGE)

LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	CURRENT SCHOOL ATTENDING	CURRENT GRADE LEVEL

SPECIAL PROGRAM INFORMATION		
SPECIAL PROGRAM	PLEASE CHECK ALL THAT APPLY	
GIFTED AND TALENTED		IF CHECKED, PLEASE ATTACH DOCUMENTATION SHOWING PREVIOUS GT ENROLLMENT (PARENT PERMISSION TO ENROLL IN GT PROGRAM LETTER, GT TEST SCORES AND GT MATRIX or STUDENT PROFILE)
SECTION 504/DYSLEXIA		IF CHECKED, DISABILITY CONDITION: _____ PLEASE ATTACH STUDENT'S MOST RECENT SECTION 504 / DYSLEXIA DOCUMENTS
SPECIAL EDUCATION		IF CHECKED, DISABILITY CONDITION: _____ PLEASE ATTACH STUDENT'S MOST RECENT ARD/IEP AND ASSESSMENT (FIE) DOCUMENTS

HOW DID YOU LEARN ABOUT HARMONY SCHOOLS?				
BROCHURE, FLYER, HANDOUT	OUTDOOR SIGN	FRIEND	ADVERTISEMENT: _____	OTHER: _____
INTERNET	RELATIVE	WALK-IN	NEWSPAPER: _____	

PLEASE CHECK		
Agree	Disagree	
		I ALLOW MY CHILD'S PHOTOGRAPHS/VIDEO RECORDING TAKEN AND/OR NAMES PUBLISHED TO BE USED FOR HARMONY SCHOOLS. I UNDERSTAND THAT THE PHOTOS AND THE NAMES MAY BE USED FOR DISPLAY, PUBLICATION, VIDEO, WEBSITES, OR BY OTHER MEDIA, SUCH AS LOCAL NEWSPAPERS AND/OR TELEVISION STATIONS. I ALSO AGREE THAT THIS PERMISSION WILL HAVE NO TIME LIMITATIONS.
		I ALLOW MY CHILD TO PARTICIPATE IN ALL ATHLETIC EVENTS AT HARMONY SCHOOLS, WITH THE UNDERSTANDING THAT THE PARENT/GUARDIAN IS RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED IN THE EVENT OF AN INJURY.

I/WE, THE UNDERSIGNED, HEREBY CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE COMPLETE AND ACCURATE. I/WE UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS MAY RESULT IN REJECTION OF THIS APPLICATION OR FUTURE DISMISSAL OF THE APPLICANT. I AND MY CHILD AGREE TO FOLLOW THE RULES OF HARMONY SCHOOLS AS STATED IN THE STUDENT HANDBOOK.

NOTICE: FALSIFYING INFORMATION ON THIS FORM IS A VIOLATION OF THE LAW. VIOLATION MAY RESULT IN PROSECUTION (SECTION 37.10 OF THE TEXAS PENAL CODE).

_____ Signature of Male Parent	_____ Date Signed (mm/dd/yyyy)	_____ TX Driver's License No.	_____ Date of Birth (As Required by TEC §25.002(F))
_____ Signature of Female Parent	_____ Date Signed (mm/dd/yyyy)	_____ TX Driver's License No.	_____ Date of Birth (As Required by TEC §25.002(F))
_____ Signature of Legal Guardian	_____ Date Signed (mm/dd/yyyy)	_____ TX Driver's License No.	_____ Date of Birth (As Required by TEC §25.002(F))

Harmony Public Schools do not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability or the district the child would otherwise attend.

Campus Name: _____

HEALTH INVENTORY FORM

Please complete this form and return it to the school on the first day. The information given on this form will enable the school staff to better understand your child's health status.

Student Name: _____ Date of Birth: _____
mm/dd/yyyy

Grade: _____ Gender: Male Female

Disease History:

Disease	Age	Disease	Age	Disease	Age
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/> Sickle Cell Disease	_____
<input type="checkbox"/> Allergy	_____	<input type="checkbox"/> Kidney Disorder	_____	<input type="checkbox"/> Surgery/fractures	_____
<input type="checkbox"/> Blood Disorder	_____	<input type="checkbox"/> Orthopedic	_____	<input type="checkbox"/> TB contact	_____
<input type="checkbox"/> Convulsions	_____	<input type="checkbox"/> Poliomyelitis	_____	<input type="checkbox"/> Hearing loss	_____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Rheumatic Fever	_____	<input type="checkbox"/> Vision loss	_____
<input type="checkbox"/> Epilepsy	_____	<input type="checkbox"/> Serious accident	_____		

1. If this child has had any of the above conditions, did he/she receive medical care? Yes No

2. Is he/she under treatment now? Yes No

3. Please check any of the following signs and symptoms you have recently observed:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Overweight | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Earaches | <input type="checkbox"/> Frequent stomach aches |
| <input type="checkbox"/> Nail biting | <input type="checkbox"/> Shyness | <input type="checkbox"/> Does not get along with others |
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Frequent headaches | |
| <input type="checkbox"/> Frequent nose bleeds | <input type="checkbox"/> Fainting | |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Does not like school | |

4. Has the child consulted a physician about the above symptoms? Yes No

5. Has the child had a complete physical in the past year? Yes No

6. Is this child on any kind of medication? Yes No (If yes, you **must** answer #7 and 8.)

7. If so, what is the medication?

8. What is the medication for?

9. Is this pupil under medical care at this time? Yes No (If yes, please provide the name of the doctor or clinic)

Name of doctor or clinic: _____

Further Comment: _____

Name of Person Completing the Form

Relation to the Child

Signature

Date

Campus Name: _____

PERMISSION TO RELEASE SCHOOL RECORDS

By my/our signature below, I/we as parent(s) or legal guardian of _____ (student's name) whose date of birth is ____/____/____ (student's birth date), give permission to the principal of _____ (name of student's current or most recent school) to release a copy of my child's school records including the following information to Harmony _____ (enter campus name).

Records to be released:

1. Grades and Academic Records
2. Psychological Assessment and Records
3. Disciplinary Records
4. Attendance Records and Medical/Immunization Reports
5. Test Results and/or Evaluations
6. Psychological Evaluations
7. ARD, IEP Report
8. Full and Individual Evaluation
9. Adaptive and Assistive Technology
10. Functional Behavior Assessment
11. Occupational and/or Physical Therapy
12. Counseling
13. Medical Report
14. Section 504 Records
15. Dyslexia Records
16. Home Language Survey

Parent/Guardian Name

Signature

Date

Campus Name: _____

PHOTO AND NAME RELEASE FORM

I agree to allow my child's photographs to be taken and/or names to be published to be used for Harmony _____ (Please print school name) publicity purposes. I understand that the photos and the names may be used for display, publication, video, websites, or by other media, such as local newspapers and/or television stations. I also agree that this permission will have no time limitations.

I hereby certify that I am the parent/legal guardian of _____ in _____ grade.
Name of the Student

And **I DO** give my consent on his/her behalf.

Parent/Guardian Name

Signature

Date

I hereby certify that I am the parent/legal guardian of _____ in _____ grade.
Name of the Student

I DO NOT agree to allow my child's photographs taken and/or names published to be used for Harmony _____ (Please print school name) publicity purposes.

Parent/Guardian Name

Signature

Date

Campus Name: _____

STUDENT PICK UP INFORMATION FORM

Dear Parents and Guardians,

Please fill out the following short questionnaire so that school administrators can efficiently and safely coordinate after school dismissal time.

Please note that your child will be released from the school according to information you have provided below.

Name of the Student	
Grade/Section	
Parent Signature	
Emergency/Cell Phone	
Home Phone	
Date	

Please note that Harmony Schools do not regulate the form of transportation/pick up of students. It is **the parents' responsibility to pick up their children at the designated dismissal times from the designated locations.** Please see the schools' traffic/drop off/pick up plan for more information.

Students must be signed out by a parent or guardian if picked up before the designated dismissal times. If you want to permit anyone other than a parent/guardian listed on the registration form to sign your child out of the school, please fill out the following:

Name of person permitted to pick up your child:	Relationship to your child:	Phone #

*This information is also valid for Emergency/Rainy Day Plan.

Parent/Guardian Name Signature Date

Harmony Public Schools
Administration of Medications at School



***** **Prescription and Non-Prescription Medication Requires Physician Signature** *****

Parents,

Your child may have an illness which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas laws a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian.

1. All prescription drugs dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist or physician. The label must include:
 - a. The student's name.
 - b. The physician's name.
 - c. The name and strength of the drug.
 - d. Amount of drug to be given.
 - e. Frequency of administration.
 - f. Date prescription was filled.
2. All nonprescription drugs must be in their original container. The written request for administration of these over-the counter drugs, made by physician, must contain the following information:
 - a. Full name of student.
 - b. Name of drug.
 - c. Amount of drug to be given.
 - d. Scheduled hours when the drug is to be given.
 - e. Reason drug is to be given.
 - f. Date.
 - g. Physician and Guardian's signature.
3. **All non-prescription drugs to be administered at school must be accompanied by a written request, signed and dated by a physician and legal guardian.** (See form below.)
4. **All prescription drugs to be administered from or kept in the school clinic must be accompanied by a written request signed and dated by the prescribing physician.**
5. Medications prescribed or requested to be given three (3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician or the school nurse determines that a special need exists for an individual student.
6. There will be no more than one medication per properly labeled container.
7. All medications will be stored and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
8. Students may not be in possession of prescription or non-prescription medications during school hours or at school-sponsored or school-related activities, on or off campus. Exceptions must be approved by appropriate school authorities in advance.
9. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel.
10. In accordance with the Texas Nurse Practice Act, Rule 217.11, the school nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.

Parental Permit to Administer Prescription or Non-Prescription Medication at School

Student Name (Last)	(First)	(MI)	DOB
Grade	Teacher		

Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		Name of Medication	
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given
Reason medication being given			
Form of Medication <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other _____			Number or Amount Provided

Parents/Guardians – Please send only amount student needs to take at school in properly labeled, original container. No Controlled substances may be sent home with a student.		
My signature authorizes school personnel to give my child (named above) the medication (specified above) as directed.		
Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

***** **Prescription and Non-Prescription Medication Requires Physician Signature** *****

Physician's Name	Physician's Signature
Physician's Office Phone	Date

Campus Name: _____

EMERGENCY INFORMATION

Student Information

Last Name		First Name		Middle Initial
Grade	Birth Date	Home Phone #		
Home Address				

Parent/Guardian Information

Name	Relationship	Home Phone	Work Phone	Cell Phone
Name	Relationship	Home Phone	Work Phone	Cell Phone
Physician's Name		Phone	Insurance	

List anyone authorized to pick up your child in case of illness or injury and you cannot be reached at the above numbers.
Only those persons listed will be allowed to pick up your child without additional approval from you.

Name	Relationship	Home Phone	Work Phone	Cell Phone
Name	Relationship	Home Phone	Work Phone	Cell Phone

Authorization to Seek Treatment

I hereby authorize the physician, surgeon or dentist to administer any emergency treatment, procedure or medicine necessary and advisable. I also authorize the use of an ambulance, if necessary, to transport my child. I further agree to pay for all services provided for my child. If this is not satisfactory, please **list specific emergency instructions** in the event that you cannot be reached:

Parent or Guardian Signature

Date

Campus Name: _____

THE CODE OF STUDENT CONDUCT

Student and Parent Acknowledgment

Harmony Public Schools shall foster a climate of mutual respect for the rights of others. Each student is expected to respect the rights and privileges of other students, teachers, and school personnel. The student’s responsibilities for achieving a positive learning environment at school and/or school-related activities shall include the following:

- Arrive school on time and stay until the designated time
- Leave the school at the designated time
- Attend all classes each day and be on time
- Prepare for each class with appropriate materials and completed assignments
- Attend any tutorial that is made mandatory by school officials
- Make up assignments missed because of an excused absence
- Dress according to the dress code adopted by each individual school
- Know that the possession, use, and/or sale of illegal or unauthorized drugs, alcohol, and weapons are unlawful and prohibited
- Show respect toward others
- Conduct yourself in a responsible manner
- Pay required fees and fines
- Know and obey all school rules in the Student Handbook
- Cooperate with staff members in investigations of disciplinary matters
- Seek changes in school policies and regulations in an orderly and responsible manner, through appropriate channels
- Report threats to the safety of students and staff members as well as misconduct on the part of any other students or staff members to the building principal, a teacher, or another adult
- Be familiar with and comply with the Acceptable Use Policy for Computers and Technology and understand that if access is not desired, the parent and student may opt out. Use school technology systems for school purposes only and use school computers and related equipment appropriately
- Report all observed or suspected technology security problems immediately to a teacher

It is important that every student understand the Code and be expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in the Code. Please read and discuss the Code with your child. When you have done so, you and your child must sign this form and return it to the school. Signatures of parents and the student acknowledge receipt of a copy of the Code of Student Conduct and certify that they have read and discussed the Code. It is expected that parents and students will accept their responsibilities as described in the Code of Student Conduct.

I have read, understand, and agree to abide by Harmony Public Schools’ Student Code of Conduct. I understand that **I (print student name)** _____ will be held accountable for the behavior expectations and disciplinary consequences outlined in the Student Code of Conduct and Student Handbook. I understand that the Student Handbook governs all behavior at school, at school-sponsored and school-related activities, and during school-sponsored travel. I also understand the Student Code of Conduct and Student Handbook govern some designated behaviors occurring within 300 feet of school property, some designated behaviors occurring off-campus, and for any school-related misconduct regardless of time or location. I understand that a referral for criminal prosecution is possible for certain violations of law.

Student Signature

Date

Parent or Guardian Signature

Date

Campus Name: _____

Acceptable Use Agreement Acknowledgement Form

Student Acknowledgement

I have read and agree to abide by the Harmony Public Schools Student Acceptable Use Policy. I further understand that any violation of this policy may constitute a criminal offense. Should I commit any violation, my Internet and computer access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken.

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

Parent/Guardian Acknowledgement

As the parent or guardian of this student, I have read the Harmony Public Schools Student Acceptable Use Agreement. I understand that this access is designed for educational purposes. Harmony Public Schools has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school to restrict access to all controversial materials and I will not hold the school responsible for materials transmitted on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Student Name (please print): _____
Last First MI

Grade: _____

Student Signature

Date

Parent or Guardian Signature

Date

Campus Name: _____

**Electronic Communication Device Commitment Form
(Regulation of Electronic Communication Devices)**

Electronic communications at school and at school-related functions are subject to regulation by the school.

This Electronic Communication Device Commitment Form grants authority and permission to the school to regulate electronic communication devices when these devices are brought to and/or used while on school property or when attending school-related functions and events. Such communication devices include but are not limited to cellular phones, pagers, PDAs, and pocket computers. These regulations are made necessary in light of the unique opportunities these devices create for violations of law and school policies and to perpetrate conduct disruptive of an educational environment essential to the school's educational program. These concerns are exacerbated by electronic security protections and the personal size of these devices which are often carried concealed in pockets and purses.

Therefore, all students who would possess or use such devices on school property or at school-related activities are required to sign this form together with their parent, guardian or other adult person having the authority of a parent for school purposes.

Each of you, by your signature below, agrees to the following:

1. The possession and use of cellular phones, pagers, PDAs, and other electronic communication devices by a student on school property or at school-related events is a privilege and not a right.
2. Students are required to keep all electronic communication out of sight and turned off during school hours.
3. In consideration for the privilege to possess and use such devices on school property and at school-related events, the school is authorized and has my full consent to confiscate, power on or off, manipulate and do all things necessary to search my device and recover or intercept communications (including but not limited to text messaging) when reasonable suspicion exists that such device has been used to transmit or receive communications in violation of law, the Student Code of Conduct, school policy, or regulation.
4. I further understand, agree, and consent that an electronic communication device used or possessed in violation of law, the Student Code of Conduct, school policy, or regulation is subject to confiscation and may cause the loss of the privilege to possess and use such devices on school property and at school-related events for an indefinite period of time.

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

Student Name (please print): _____
Last
First
MI

Grade: _____

 Student Signature

 Date

 Parent or Guardian Signature

 Date

Campus Name: _____

Permission for Videotaping and Audiotaping Instruction for Educational Purposes

Harmony staff may choose to record video or audio of instruction for educational purposes. For example, teachers may wish to record demonstration lessons for the benefit of other teachers to view to help the education of all students. These recordings may be published or distributed.

Parents/guardians have the right to decline to allow their student to participate in such recordings. However, we request all accept this policy for the educational benefit of all.

Each of you, by your signature below, agrees to the following:

1. The student below may appear in video or audio recordings of instruction or student work authorized by teachers or administrators which may be published or distributed.

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

Student Name (please print): _____
Last First MI

Grade: _____

Student Signature

Date

Parent or Guardian Signature

Date

Campus Name: _____

Use of Student Photos and Directory Information Opt Out Form

You have the right to choose whether or not your student’s information is released. Please check a box in the appropriate column below and return this form to your student’s school no later than the end of the first week of instruction after the student is enrolled.

Parents, guardians, or eligible students who do not check a box, or who do not return this form, give their implied consent for release of directory information, consent to student photographs, and consent to release directory information to the military (grades 9–12 only). If you do not wish to allow disclosure of this information, please return this form directly to the school either in person or by U.S. mail. If you have more than one student enrolled, you must complete a separate form for each student.

Information About the Military

The military requests, and is entitled to, the names, telephone numbers, and addresses of high school juniors and seniors, unless the parent, guardian or eligible student checks Box C in the high school portion of this form. The military typically requests this information in the fall semester of each academic year. If you do not want information to be released to the military, **you must return this form by October 1st** to ensure that your preferences are entered in time. Parents, guardians, and eligible students are encouraged to remember that checking Box C means that the school will not release student information to the military, but it does not mean that the military might not gather student information from other sources not affiliated with the school.

All Students	ALL STUDENTS IN GRADES 9–12
<p>Please Mark Each Applicable Space:</p> <p>A. _____ I do NOT consent to the release of directory information about the student named below outside the Harmony Public Schools system to sources such as an institution of higher education or newspapers and other media, except as authorized by law.</p> <p>B. _____ I do NOT consent to the release of photographs or directory information within the Harmony Public Schools system such as yearbooks, rosters for sports information, programs or articles.</p>	<p>Release to Military:</p> <p>C. _____ I do NOT consent to the release of the above directory information to the military about the student named below.</p>

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

Student Name (please print): _____
Last
First
MI

Grade: _____

 Student Signature

 Date

 Parent or Guardian Signature

 Date

Campus Name: _____

THE "HOME" or "ZONED" SCHOOL INFORMATION

The state requires us to submit the following information for each student.

What elementary school is your child zoned to? What is the "home" or "zoned" elementary campus for your child?

In other words, if you had not sent your child to Harmony (print campus) _____, what public school would your child have attended?

As you do know, Harmony Public schools accept students from all zones and we thank you for choosing our school. The information is required by the state and it will not affect your choice and right to be here. We are proud to serve your child.

Student Name (please print): _____
Last First MI

Grade: _____

Address: _____

THE "HOME" or "ZONED" SCHOOL: _____

SCHOOL DISTRICT: _____

Campus Name: _____

**Student Safety
Possession or Use of Weapons**

Instruments and devices that may be considered a weapon under policy but are specifically authorized by school personnel for use in an approved curricular or extra-curricular activity and are used in the appropriate manner are exempt under this policy.

Any student who knowingly aids, accompanies and/or assists in the violation of policy shall also be deemed in violation of this policy and shall be subject to discipline in the same manner as any student who directly violates this policy.

Possession of a firearm shall result in a recommendation for expulsion. For possession of other weapons under this policy, a recommendation shall be made for a suspension for not less than the balance of the term in which the infraction occurred. If the remainder of the term is less than forty-five school days, the recommendation shall be for suspension for the balance of the term and the next term. The School's Disciplinary Committee will determine the discipline to be imposed.

When a student is suspected of violating policy, the following procedure shall be followed:

1. The school principal or his designee shall contact the _____ (enter city name) Police Department to have an officer present if possible when confronting the suspected student.
2. The police officer shall take custody of all weapons confiscated from a student's possession.
3. The officer shall mark any weapon to insure the chain of custody of the evidence to be exhibited at an administrative hearing and/or criminal action.

At the conclusion of any and all administrative hearings, appeals, and appropriate criminal actions, the seized property shall be legally and properly disposed of by the local law enforcement officials.

Written evidence that students have been notified of this policy should be on file at the school site for each student enrolled.

The principal or assistant principal shall inform the Board when administering discipline under this policy.

I have read and understand this policy;

Student's Name Printed

Parent/Guardian Name Printed

Student Signature

Parent/Guardian Signature

Date

Date

Campus Name: _____

**Texas Education Agency
Texas Public School Student Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student Name (please print)

(Parent/Guardian) Signature

Student Identification Number

Date

This document is to be maintained in the Student's Records



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report.

Food Nature of allergic reaction to food Life-Threatening?

Food	Nature of allergic reaction to food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



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1701 North Congress Avenue • Austin, Texas 78701-1494 • 512.463-9734 • 512.463-9838 FAX • tea.texas.gov

Charter Renewal Contract

Michael Williams
Commissioner

February 2, 2015

Dr. Oner Celepcikay, Board Chair
HARMONY PUBLIC SCHOOLS
9321 W Sam Houston Pkwy S.
Houston, TX 77099

Re: Charter Renewal Contract for HARMONY SCIENCE ACADEMY (AUSTIN) (CDN 227816)

Dear Dr. Celepcikay:

I am pleased to inform you that the charter renewal is approved for HARMONY SCIENCE ACADEMY (AUSTIN) with a contract ending date of July 31, 2025. After renewal, the charter contract shall consist of the following:

- the representations and assurances made by the charter holder in the original request for application under the standard application system, including all revisions made during the contingency process;
- the original contract for charter, as signed by the charter holder and the State Board of Education;
- any condition, amendment, modification, revision, or other change to the charter approved by the State Board of Education or the commissioner of education, including any prior renewal documents with revisions based on contingency responses;
- the final renewal application received in spring 2015, on file with the Division of Charter School Administration, including any revisions required by the agency and any amendments to the charter made through the renewal application; and
- all statements, assurances, commitments, and representations made by the charter holder in its application for charter renewal and its attachments or related documents, to the extent that these documents are consistent with those listed above.

By accepting these renewal terms, the charter holder represents that it understands that the charter holder, including any and all governance, at whatever level whether appointed or elected, employees, agents, and volunteers, shall fully cooperate with every Texas Education Agency investigation and/or sanction deemed necessary by the commissioner based on authority and responsibility given to the commissioner in state or federal law. This means that Texas Education Agency staff may conduct confidential interviews of charter school personnel and contractors outside the presence of representatives of the charter school's administration and board and that failure to timely reply with reasonable requests for access to site, personnel, documents, or other materials and/or items is a material violation of the contract for charter.

By accepting these renewal terms, the charter holder represents that it is understood by all parties that, if the charter holder loses its 501(c)(3) tax exempt status for any period of time, through action of the Internal Revenue Service or any other action which renders the charter holder no

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longer an "eligible entity" within the meaning of TEC §12.101(a), the charter contract shall be rendered void, and it shall automatically return to the Texas Education Agency without any other action having to be taken by the commissioner.

Note that this contract is contingent upon legislative authorization and that the contract and the funding under state and federal law may be modified or even terminated by future legislative acts. Furthermore, state and federal laws and rules may periodically be adopted, amended, or repealed, and all such changes applicable to the charter holder or its charter school(s) may modify this contract, as of the effective date provided in the law or rule. Nothing in the charter contract shall be construed to entitle the charter holder to any privilege or benefit, including any funding, but in accordance with state and federal laws in effect and as they may in the future be amended. A contract term that conflicts with any state or federal law or rule is superseded by the law or rule to the extent that the law or rule conflicts with the contract term.

Notwithstanding the granting of this renewal, it is understood by the parties, that the charter continues to be subject to future actions by the commissioner including but not limited to possible revocation under TEC 12.115(c).

To acknowledge acceptance of this renewed contract, the chair of the charter holder board must sign below and return the entire original document to:

**Texas Education Agency
Division of Charter School Administration
William B. Travis Building, Room 5-107
1701 North Congress Avenue
Austin, Texas 78701-1494**

The charter holder should keep a copy of the document for its files. Please contact the Division of Charter School Administration at (512) 463-9575 with any questions.

Sincerely,



Michael Williams
Commissioner of Education

MW/bs

cc: Dr. Soner Tarim, Superintendent

I the undersigned hereby certify that the governing body of the charter holder has accepted and agreed to the charter renewal agreement for HARMONY SCIENCE ACADEMY (AUSTIN) as outlined in the foregoing letter and has authorized me to sign below.

Agreed and Accepted:



Dr. Oner Celepcikay
Board Chair, HARMONY PUBLIC SCHOOLS

02/06/2015
Date