

# (Your School Name Here)

## ***Student Enrollment*** **Application for Admission** **School Year \_\_\_\_\_**

*Enrollment is capped based on space availability per grade.*

*Applications are processed on a first come-first served basis.*

*We admit students from K-12th grade without regard to race, color, national or ethnic origin.*

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Student Name (please print)

*One Student Per Application Package*

(Your School Name Here) is accredited with(Your Accreditor).

**If appropriate** (Your School Name Here) is a member of NATIONAL HONOR SOCIETY  
and NATIONAL JUNIOR HONOR SOCIETY

### **NEW ENROLLMENT TUITION AND FEES**

Five (5%) Per Cent Discount if paid in full by August 1, 2004

\*Sibling discounts available

High School (9-12):	\$5,950 Annually OR	\$661 a month for 9 months \$595 a month for 10 months
Junior High (7-8):	\$4,950 Annually OR	\$550 a month for 9 months \$495 a month for 10 months
Elementary (K-6):	\$3,750 Annually OR	\$417 a month for 9 months \$375 a month for 10 months

### **ONE TIME MANDATORY FEES DUE AND PAYABLE BY JULY 15, 2004:**

K-12	\$100.00	(Family Development Workshop Fee)
K-6	\$400.00	(Supplies, book rental and field trip admission/ transportation fees.)
7-12	\$500.00	(Supplies, book rental and field trip admission/transportation fees.)
	\$ 60.00	(Drug Test fee)

Note: Some high school classes may require an additional lab fee, i.e. art (\$50), computers (\$50) and photography (\$60) etc.

## **Enrollment Contract** *(Signature Mandatory)*

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the Admission Office accompanied by a non-refundable registration fee of \$75. A student is accepted for enrollment or re-enrollment when the Contract has been delivered or mailed to (Your School Name Here), countersigned and dated. A copy of the accepted Contract will be returned prior to the start of the school year. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the school principal.

In consideration of the acceptance of this Contract by (Your School Name Here), the undersigned agrees to pay the required TOTAL TUITION less any scholarship award for the full academic year and any additional fees incurred and agrees to be bound by the provisions of this Contract. So long as tuition and fee payments are not delinquent, tuition payments are due no later than the dates listed on the next page of this Contract. Enrollment and Re-enrollment is conditioned upon the following terms:

1. Successful completion of the current academic year and recommendation of (Your School Name Here) is required for re-enrollment of currently enrolled students.
2. A non-refundable registration fee of \$75 must accompany the Contract. Tuition payments must be received by (Your School Name Here) on or before each due date. Tuition for students entering the School after the start of the school year will be prorated based on the number of attendance days remaining in the school year after entry compared with the total attendance days in the school year.
3. Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both TOTAL TUITION and all related fees and expenses of the student unless otherwise noted. (Your School Name Here) is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
4. In support of this contract, a promissory note for the balance of the year's tuition (with 0 % interest) will be issued by the school and signed by the parents in those cases in which parents choose an installment payment plan in lieu of full payment prior to the beginning of the school year.
5. The student and the student's family agree to comply with and be subject to the School's rules and policies as set forth in (Your School Name Here) Handbook, as amended from time to time.
6. An account is considered delinquent if not paid within 10 business days of the due date. A late payment fee of \$25 will be charged on a delinquent account. Delinquent accounts that extend beyond the 15th day of the month could result in immediate suspension of the student. If the delinquency is not cured within an additional 30 day period, the student will be expelled. In all events, the first tuition installment payment must be paid on or before the first day of school or the student's place will not be reserved and the student will not be enrolled in classes.
8. Transcripts and records will be held for students until all unpaid tuition and fees are received.
9. The terms and provisions in the remainder of this application package must be completed and are included as part of this Contract by reference. All custodial parents must sign this contract.

\_\_\_\_\_  
Mother/Guardian or Person Responsible for Payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian or Person Responsible for Payment

\_\_\_\_\_  
Date

**(YOUR SCHOOL NAME HERE) TUITION AND PROMISSORY AGREEMENT**

(Name of Student)	(Enrollment Date)	(Grade to Enter)
a. Registration Fee:	\$ <u>75.00</u>	
b. Annual One-time Fees:	\$ _____	
c. Drug Fee (7-12):	\$ _____	
d. Special Fees (9-12) -(Payable with subject enrollment) Art \$50, Computers \$50, Photo \$60:	\$ _____	
e. Family Development Workshop Fee	\$ <u>100.00</u>	
f. School T-Shirts-\$15.00	\$ _____	
<b>Total due upon registration (a+b+c+d+e+f):</b>	\$ _____	
g. Total Tuition:	\$ _____	
h. Transportation:	\$ _____	
i. Extended Enrichment Program:	\$ _____	
<b>Total (g+h+i):</b>	\$ _____	
j. Sibling Discount:	\$ _____	
k. Full Payment Discount (5%):	\$ _____	
l. Scholarship Award (if applicable):	\$ _____	
<b>Total Due: (Total minus j, k, or l):</b>	\$ _____	

Payment Plan (Please choose one):  Annual  9 months  10 months

Monthly Payment (*total due divided by plan*): \$ \_\_\_\_\_

I understand that monthly tuition charges are payable on or before the 15th day of each month, the first of said payments being due \_\_\_\_\_. I also understand that failure to make monthly payments by the tenth (10th) day after each due day will result in a \$25.00 late fee and if not paid by the fifteenth (15th) day after the due day will result in immediate suspension of my child/children.

I acknowledge that if student enrollment is canceled, any monies due and owing to (Your School Name Here) are to be paid in full immediately. Fees and tuition paid to date will not be refunded on the basis of student absence, withdrawal or expulsion. Refund Policy can be found on page 29 of the Handbook.

\_\_\_\_\_  
*Signature of Mother/Guardian or Person Responsible for Payment*

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

\_\_\_\_\_  
*Signature of Father/Guardian or Person Responsible for Payment*

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

(If using monthly payments) Mother SSN# \_\_\_\_\_

Father SSN# \_\_\_\_\_

**ADMISSION APPLICATION** *(completion mandatory)*

This application is for the grade circled below beginning Aug. 2004.

K 1 2 3 4 5 6 7 8 9 10 11 12

Do you want bus transportation?  yes  no

*Please complete the separate Transportation form on pg 9 if you want transportation for your child.*

Do you want Extended Enrichment for your child? (7:30 - 8:30 am and 3:00 - 5:30pm)  yes  no

*Please complete the separate Enrichment form on pg 9 if you want extended care for your child.*

Student's Name \_\_\_\_\_

*Last*

*First*

*Middle*

*SSN*

Address \_\_\_\_\_

*Street*

*City, State*

*Zip*

Phone Number \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_ Any Grade Repeated? \_\_\_\_\_

Ever dismissed/suspended from any school?  yes  no

If yes, please explain on separate sheet and attach to application.

Has student ever attended TFA before?  yes  no If so, what years? \_\_\_\_\_

School attended previous year \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Any unusual factors in child's life: adoption, accident or serious illness, health problems of which the teacher or staff should be aware? \_\_\_\_\_

\_\_\_\_\_  
Father or Guardian

\_\_\_\_\_  
Mother or Guardian

\_\_\_\_\_  
Address (if different from student)

\_\_\_\_\_  
Address (if different from student)

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

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Pager

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Pager

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Company Address

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

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

Legal Custody of Child:  Both Parents

Mother

Father

Other

Student Lives With:  Both Parents

Mother

Father

Other

If other, please specify: \_\_\_\_\_

Send official correspondence to:  Both Parents

Mother

Father

Other

Send billing statements to:  Both Parents

Mother

Father

Other

If other, please specify name and address: \_\_\_\_\_

(Your School Name)



**RELEASE AND INDEMNIFICATION AGREEMENT** *(Mandatory)*

The parties to this Agreement are First Party (hereinafter Parent), who is the parent or guardian of \_\_\_\_\_ (hereinafter the Child/Children), and Second Party, (Your School Name Here), Inc. (hereinafter the School). Parent agrees that he/she has authority to enter into this Agreement on behalf of the Child/Children with the School; Parent agrees that the Child/Children attends the School and is subject to all the rules and regulations of the School while upon the premises and while off the premises on field trips, excursions and outings.

The parties acknowledge that while the Child/Children is off the School's premises on field trips, excursions and outings; that the Child/Children remains subject to the rules, regulations and supervision and control of the School.

The parties agree that the School shall supervise and control the Child/Children while off the School's premises on field trips, excursions and outings, and that the School shall be responsible only for the exercise of ordinary care toward the Child/Children in connection with said field trips, excursions and outings, and in return, Parent agrees he/she shall not institute an action or suit at law, or both, whether developed or undeveloped, resulting or to result, known or unknown, past, present, or future, arising out of the attendance of the Child/Children at the School, while the Child/Children is off the premises on field trips, excursions and outings.

Parent further agrees that he/she shall indemnify and hold harmless the School, its personal representatives, successors, assigns, officers, agents and employees, from any expense, loss or damages incurred as a result of claims or demands hereafter made concerning the Child's/Children's activity off the School's premises on field trips, excursions and outings.

Parent agrees that this Agreement shall inure to the benefit of the School, its agents, servants, employees, and independent contractors and shall bind Parent, and Parent Spouse, heirs and legal representatives, if any.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Your School Name Here), Inc.

Date: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION** *(Mandatory)*

This notice gives (Your School Name Here), Inc. my permission to authorize treatment for my child, \_\_\_\_\_, in case of any emergency, illness or injury until I can be contacted. This notice is effective from the enrollment date until the child's withdrawal date.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PARENT=S NAME \_\_\_\_\_

CHILD=S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**EMERGENCY PHONE #** \_\_\_\_\_

**EMERGENCY PHONE #** \_\_\_\_\_

**MEDICAL HISTORY:**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/ID# \_\_\_\_\_

Does this child have any allergies, diseases or disabilities ? Yes \_\_ No \_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the child on any medication ? Yes \_\_\_\_ No \_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Drug Free Agreement (Mandatory)

### STUDENT

Random drug testing will be performed on students and staff at the discretion of the principal. If, for any reason, it is suspected that you are using either alcohol and/or drugs regardless of test results, you will be immediately expelled from the school and all tuition and fees will be forfeited unless it is determined that a prescribed course of action given by (Your School Name Here) will bring about the cessation of alcohol and/or drug usage.

I, \_\_\_\_\_, a Foundation School  
(Please print student's name) student, promise that:

- I will not use, deal/sell, have in my possession or in my vehicle any type of illegal DRUGS or ALCOHOL at any time.
- I will never attend school in a DRUG or ALCOHOL induced state.
- I will never abuse any DRUG or ALCOHOL products during school hours and I will not allow DRUG or ALCOHOL abuse to interfere with my education at any time.

\_\_\_\_\_  
Date

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

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### PARENT

Random drug testing will be performed on students and staff at the discretion of the principal. If, for any reason, it is determined that your son/daughter are using either alcohol and/or drugs, they will be immediately expelled from the school and all tuition and fees will be forfeited unless it is determined that a prescribed course of action given by (Your School Name Here) will bring about the cessation of alcohol and/or drug usage.

I, \_\_\_\_\_, parent/guardian of the above  
(Please print parent or guardian name) referenced student,

- Will support and cooperate with all efforts made toward helping my child to be DRUG and ALCOHOL free.
- Understand that I will be responsible for the drug test fees as well as treatment charges if test is positive and will be billed accordingly by the School.
- Understand that failure to comply with this contract means expulsion from (Your School Name Here).

\_\_\_\_\_  
Date

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

## TRANSPORTATION REQUEST *(Optional)*

The bus service includes the areas of: (add your transportation routes here). Monthly transportation charges should be included with the monthly tuition payment.

*Please Check One*

- Monthly Cost:  \$100.00 for daily pickup and return  
Occasional Usage:  \$50.00 for one way daily pickup or return  
 \$ 10.00 a day for occasional pickup and return  
 \$ 5.00 one way occasional pickup or return

\*The occasional charges will be billed in the month following service.

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

Pickup Address: \_\_\_\_\_


Directions: \_\_\_\_\_


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

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## EXTENDED ENRICHMENT TUTORING PROGRAM

*(Optional Unless Determined Necessary By Faculty or Administrators)*

 Morning: 7:00 - 8:00 a.m.  
\$35.00 per week

 Afternoon: 3:00 - 5:30 p.m.  
\$40.00 per week

 Both Morning & Afternoon: \$70.00 a week

Individualized tutoring, homework assistance, and skills development for student success will be provided.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Weekly # of Hours Recommended: \_\_\_\_\_  
(To Be Completed by School)

Days/Times Preferred: \_\_\_\_\_  
(To Be Completed By Parent)

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

**PARENTS PERMISSION FOR PARTICIPATION  
OF STUDENTS ON ATHLETIC TEAM (Optional)**

I, \_\_\_\_\_, give my permission for my child or ward,  
\_\_\_\_\_, to participate as a member of ( Your school name here)  
\_\_\_\_\_ team during the school year beginning  
in August, 2004 and ending June, 2005.

I understand that team members, including my child or ward, will engage in their sport off-campus (during which time team members will be accompanied by a designated teacher or school official), and I give my permission for same.

I understand that team members will occasionally take team related trips. As to same, I give my permission for my child or ward to do one or more of the following (please check):

1. \_\_\_\_ To travel in school provided transportation only.
2. \_\_\_\_ To drive his or her own car and not take any other team members.
3. \_\_\_\_ To drive his or her own car and take other team members.
4. \_\_\_\_ To ride with another student in that students car.

I understand that should my child be injured as a result of his or her participation on the team, medical emergency care might be required. In such case, if I or the person named below can not be notified, I authorize school officials to consent to any necessary x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care.

My child's doctor is: \_\_\_\_\_  
(Name of Doctor and Phone Number)

My child is currently taking the following medication: \_\_\_\_\_  
\_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

My child \_\_\_\_\_  
(Add any other necessary medical information)

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

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**Students who participate in team sports must also have a medical release completed and signed by their doctor. This release is included in your package.**

## PARENT PARTNERS CHECK LIST

Now more than ever before, parent volunteers have a tremendous impact on a student's success in school, and any time invested is sure to yield high returns. Most of the tasks are easy and any necessary training will be provided. Please take a moment now and complete the form below. Check the area(s) in which you would like to help, and indicate the day(s) and time(s) most convenient for you. Thanks for your help!

- |  |  |                               |   |
|--|--|-------------------------------|---|
| <input type="checkbox"/> Individual Tutoring:                                  | <input type="checkbox"/> Reading                           | <input type="checkbox"/> Math | <input type="checkbox"/> Field Trip Chaperone |
| <input type="checkbox"/> Help with art projects                                | <input type="checkbox"/> Help Coordinate Field Trips       |                               |   |
| <input type="checkbox"/> Small group tutoring                                  | <input type="checkbox"/> Lunchtime Monitor                 |                               |   |
| <input type="checkbox"/> Music helper  | <input type="checkbox"/> Volunteer Coordinator             |                               |   |
| <input type="checkbox"/> Fundraising Committees for Extracurricular activities | <input type="checkbox"/> Duplicating                       |                               |   |
| <input type="checkbox"/> Assist with school pictures                           | <input type="checkbox"/> Typing/Other Clerical             |                               |   |
| <input type="checkbox"/> Storytelling/Reading                                  | <input type="checkbox"/> Sports Assistance                 |                               |   |
| <input type="checkbox"/> High School Computer Club Assistance                  | <input type="checkbox"/> Share a hobby with a class        |                               |   |
| <input type="checkbox"/> Elementary Computer Assistance                        | <input type="checkbox"/> Share a career with a class       |                               |   |
| <input type="checkbox"/> Middle School Computer Assistance                     | <input type="checkbox"/> Assist with Science Fair/Projects |                               |   |
| <input type="checkbox"/> Work at home on projects                              | <input type="checkbox"/> Assist with Public Relations      |                               |   |
| <input type="checkbox"/> Other (please specify)                                |  |                               |   |

### **DRAMA AND CHORUS VOLUNTEER OPPORTUNITIES**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Assistant Director(s)       | <input type="checkbox"/> Props (help build or find) | <input type="checkbox"/> Costumes (help make or find)  |
| <input type="checkbox"/> Set Construction            | <input type="checkbox"/> Stage Manager              | <input type="checkbox"/> Play instrument (piano, etc.) |
| <input type="checkbox"/> Fundraising for Productions | <input type="checkbox"/> Rehearsal Assistants       | <input type="checkbox"/> Publicity Assistance          |

***We appreciate any time you can give us and will remain flexible to your schedule as it changes.***

DAY(S)	TIME(S)
Monday	<input type="text"/> to <input type="text"/>
Tuesday	<input type="text"/> to <input type="text"/>
Wednesday	<input type="text"/> to <input type="text"/>
Thursday	<input type="text"/> to <input type="text"/>
Friday	<input type="text"/> to <input type="text"/>

PARENT'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

***Parents please note we have a minimum requirement of 25 hours of volunteer service in some capacity during the school year. If, by April of the school year, neither parent or guardian has fulfilled that obligation, a charge of \$7 per hour for the number of hours remaining in your obligation will apply on your account. Please see the section on Parent Involvement and Support of your student/parent handbook for more details.***

# (Your School Name Here)

Applications Package

© 2004, (Your School Name Here), Inc.

**(SCHOOL MISSION, SLOGAN ETC)**

## FOR OFFICE USE ONLY

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Application Package Complete        | <input type="checkbox"/> 2. Interview with Principal                         |
| MANDATORY FORMS   | Date of Admission _____  |
| <input type="checkbox"/> a. Enrollment Contract signed          | Registration Fee Paid _____  |
| <input type="checkbox"/> b. Promissory Agreement signed         | One-time Fees Paid _____   |
| <input type="checkbox"/> c. Application completed & signed      | Records Requested _____ by _____   |
| <input type="checkbox"/> d. Off-Campus Consent signed           | Records Received _____ by _____  |
| <input type="checkbox"/> e. Release & Indemnification signed    | Health Records Received _____  |
| <input type="checkbox"/> f. Medical Release signed              | Birth Certificate _____  |
| <input type="checkbox"/> g. Drug-Free Agreement signed          | Scholarship Student <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF APPLICABLE check the following:                              | Amount of Scholarship _____  |
| <input type="checkbox"/> h. Transportation Request signed       | Billing process set up _____ by _____  |
| <input type="checkbox"/> i. Extended Enrichment signed          | Entered in Database _____ by _____   |
| <input type="checkbox"/> j. Athletic Program Consent complete   | Student File Created _____ by _____  |
| <input type="checkbox"/> k. Parent Partners Form complete       | Medical Release Copy for Office <input type="checkbox"/> Yes                 |
| <input type="checkbox"/> l. Athletic Medical Exam form complete | Medical Release Copy for Teacher <input type="checkbox"/> Yes                |