

ENROLLMENT

AGREEMENT

\_\_\_\_\_ School Year

**STUDENT INFORMATION**

**Please print and complete all fields.**

Student Name \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity (check one)  Asian  Black  Hispanic  White  American Indian

Mailing Address \_\_\_\_\_  
Street Apt. No. City State Zip

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Lives with \_\_\_\_\_  
Last First Relationship to Student

Lives with \_\_\_\_\_  
Last First Relationship to Student

Lives with \_\_\_\_\_  
Last First Relationship to Student

Lives with \_\_\_\_\_  
Last First Relationship to Student

**EMERGENCY HOSPITAL CONSENT**

I authorize Academy of Scholars, Inc. or its representatives to call 911 and summon emergency medical help when in the judgment of said personnel if it is in the best interest of my child. I further authorize responding paramedics to transport my child to the nearest medical facility which will be in the opinion of the paramedics on scene. If medical care is necessary, I authorize treatment of my child. I also agree to pay any medical cost associated with the transportation and/or treatment of my child.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DISCIPLINE CONTRACT

**To Whom It May Concern:**

**I, \_\_\_\_\_, agree that attending Academy of Scholars, Inc. is a privilege and I further agree that my child's well-being and education is top priority to me.**

**Being that I am a dedicated parent, I want only the best for my child and I am in agreement with the school's policy concerning discipline.**

**I agree to the no referral/no suspension policy of the school and I also agree with having the school's administrators, faculty and/or staff contact me by phone and/or by email if my child, \_\_\_\_\_, is behaving in a manner that is unsatisfactory.**

**Please feel free to contact me by phone at \_\_\_\_\_ or via email @ \_\_\_\_\_ between the hours of 8:30 AM – 7:00 PM.**

**I, \_\_\_\_\_, am a student at Academy of Scholars, Inc., and it is a privilege to attend this school.**

**I will conduct myself according to the rules and regulations set forth at Academy of Scholars, Inc. and I am aware of the consequences if I decide to act in a manner that is unacceptable.**

**Although I will not be suspended or given a referral, I do not want to interrupt my parent/guardian(s) day with my lack of respect for authority or my classmates.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Student**

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

**Founder & C.E.O** \_\_\_\_\_ **Date** \_\_\_\_\_

**PRIVATE SCHOOL TUITION & FEE SCHEEDULE**

**2015 – 2016**

A \$50 non-refundable application fee and a \$100 non-refundable registration fee will be due when contract is signed.

**COMBINED TUITION & FEES BY GRADE LEVEL**

<b>GRADES</b>	<b>ANNUAL PAY</b>	<b>10-PAYMENTS</b>	<b>ONE-FOURTH PAY</b>
<b>Kindergarten</b>	<b>\$5,500</b>	<b>\$550</b>	<b>\$1,375.00</b>
<b>ELEMENTARY (1<sup>st</sup> - 5<sup>th</sup>)</b>	<b>\$7,250</b>	<b>\$725</b>	<b>\$1,812.50</b>
<b>MIDDLE (6<sup>th</sup> – 8<sup>th</sup>)</b>	<b>\$8,900</b>	<b>\$890</b>	<b>\$2, 225.00</b>
<b>HIGH (9<sup>th</sup>)</b>	<b>\$9,710</b>	<b>\$971</b>	<b>\$2,427.50</b>

**TUITION PAYMENT OPTIONS:**

- 1. Payment in full (due with contract)**
- 2. 10 Month Pay (ten equal payments paid from August 2015 – May 2016)**
- 3. One-Fourth Pay (three equal payments paid August 2015, November 2015, February 2016 & May 2016)**
- 4. Step-Up, McKay and PLSA Scholarships are accepted. Annual fees will be paid by scholarship disbursements. Fees not covered by scholarship payments can be paid in four or ten equal payments.**

*(Payments made after the 5<sup>th</sup> of the month will be assessed a fee of \$25)*

**UNIFORM FEE:**

<b>ANNUAL PAY</b>	<b>2-PAYMENTS</b>
<b>\$240</b>	<b>\$120</b>

**A.M. & P.M. CARE:**

**BEFORE SCHOOL CARE HOURS 7:15 AM – 8:20 AM**

**AFTER SCHOOL CARE HOURS 2:45 PM – 5:45 PM**

	<b>ANNUAL PAY</b>	<b>10-PAYMENTS</b>	<b>ONE- FOURTH PAY</b>
<b>A.M. CARE</b>	<b>\$1000</b>	<b>\$100</b>	<b>\$250.00</b>
<b>P.M. CARE</b>	<b>\$2500</b>	<b>\$250</b>	<b>\$625.00</b>
<b>BOTH</b>	<b>\$3000</b>	<b>\$300</b>	<b>\$750.00</b>

**DROP-IN SESSION A.M. - \$20/SESSION**

**DROP-IN SESSION P.M. - \$50/SESSION**

**ADDITIONAL FEES:**

**Fields trip, tutoring and yearbooks**

**MULTIPLE CHILD DISCOUNT:**

**Two Kids - \$100 OFF**

**Three Kids - \$150 OFF**

**Four or More - \$200 OFF**