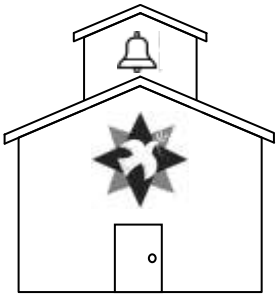

Whittier Friends School

Transitional Kindergarten – 6th grade

Application for Enrollment and Contract 2015-16

School K-8 begins 9/2/15 / Parent work day 8/29/15

How did you hear about our school? (Phone book, internet, friend? who?) _____

_____

STUDENT'S NAME	GENDER	BIRTH DATE GRADE ('15-'16)
ADDRESS CITY ZIP		HOME PHONE ( )
PARENT'S NAME / GUARDIAN (PRIMARY CONTACT)		HOME PHONE ( )
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE ( )
EMPLOYER	OCCUPATION	BUSINESS PHONE ( )
BUSINESS ADDRESS		☐ DO NOT INCLUDE MY INFORMATION ON SCHOOL ROSTER
PARENT'S NAME / GUARDIAN		HOME PHONE ( )
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE ( )
EMPLOYER	OCCUPATION	BUSINESS PHONE ( )
BUSINESS ADDRESS		
HOME EMAIL ADDRESS		STUDENT LIVES WITH

If this is your first year with us, we need the name and address of your child's previous school in order to have the school forward your child's official cumulative pupil records to us. The Federal Family Rights and Privacy Act of 1974 does not require the school forwarding pupil records to obtain parent permission to release the records. In compliance with California Education Code Section 10939, we are hereby informing you of your right to inspect, review and challenge the content of the records in your child's cumulative file.

PREVIOUS SCHOOL	
SCHOOL ADDRESS CITY	ZIP

NOTE: All new students, any grade level, must submit proof of an eye examination and hearing test from an optometrist and audiologist. Tests must have been administered after age 4.

TRANSITIONAL KINDERGARTEN/KINDERGARTEN: All students must submit a photocopy of their birth certificate, immunization card, and have completed a "Report of Health Examination for School Entry" prior to the first day of school. See school for form.

Initial here _____

UNDERSTANDINGS

- We understand that our participation in our child's education is invaluable to the success of the individual child and of the school.
- We understand the school's policy on non-violence, and that a student who hits or attempts to injure another person will be suspended from one to three days depending on the severity of the incident.
- We understand it is our responsibility to read the Parent Handbook and other information provided by the school and abide by their contents.
- We understand that parent meetings will be held monthly and that one of us is expected to attend each month.
- We understand that all parents are expected to participate in the fundraisers and to serve on one or more committees, as needed.
- We understand that the school regularly goes on walking field trips, such as to the Whittier Public Library. We hereby give permission for our child to go on **all** walking field trips. We understand that we will be notified and required to give written permission for all other field trips.
- We understand that pictures of our child may be used from time to time for the purposes of advertising. If this is a particular problem, we as parents, will let the school know, **in writing**.
- We understand that Whittier Friends School reserves the right to suspend or dismiss or decline future enrollment for any student for academic or behavioral reasons if it concludes that the school is not appropriate for the student, or for parent(s)/legal guardian(s) who willfully disregard school policy. All students attend Whittier Friends School at the will of the School Committee. The parent(s)/legal guardian(s) agree that they will hold Whittier Friends School, its employees, agents, School Committee members or representatives, harmless from any and all action relating to such dismissal.

Acceptance: I/We have read, understand and agree to all terms and conditions of this Application and Contract. I/We are the parent(s) or legal guardian(s) of the named student. I/We further understand that these aforementioned terms and conditions are binding as long as my/our child is a student at Whittier Friends School and/or monies are owed to the school.

Parent/Guardian Signature Date Parent/Guardian Signature Date

I choose to be a student at Whittier Friends School, and to help make this a safe and friendly school for everyone.

Student's Signature Date

Students, please give us your T-shirt size: (circle one)

Child size S M L Adult size S M L XL

TUITION CONTRACT

The enrollment of my/our student and the payment of tuition is a commitment for a year's worth of education. I/We, the undersigned, wish to enroll _____ at Whittier Friends School. Student's name

SCHEDULE OF CHARGES

Annual Tuition:
Transitional Kindergarten (half day): $4,750
Transitional Kindergarten and Kindergarten (full day): $6,000
Elementary 1st-2nd grade Tuition: $6,250
Elementary 3rd-6th grade Tuition: $6,500
Non-refundable registration fee: $100.00
Supplies fee: $200.00 (refundable if withdrawn by August 1)
Field Trip Fees: Subject to activity, due prior to field trip
Day Care Fees 1st-6th grade: $4/hour, $4 minimum, billed monthly based on usage.

Elementary TK-1: 9:00am – 3:00pm *
Elementary 2nd-3rd: 8:30am-3:00pm * (2015-16 subject to change)
Elementary 4th-6th: 8:15am-3:00pm* (2015-16 subject to change)

Tuition & Supplies fees cover costs for textbooks, curriculum, field trip costs over $10, photocopies, classroom materials, testing and testing materials, school T-shirt, art supplies, etc.

Discounts Available:

1. $250.00 discount for completed application received with $100.00 non-refundable fee and $200.00 supplies fee by April 29, 2015.
2. $250.00 discount for payment in full by July 1, 2015
3. 20% sibling discount for each additional student enrolled in the school.

Tuition Plans: (Please check one)

_____ Payment in full by July 1, 2015 for $250 discount.

Monthly payment plans:

_____ 10/mo. plan: Payments begin September 1, 2015
(September and June payments due on this day)

_____ 12/mo. plan: Payments begin July 1, 2015
(July and June payments are due on this day)

There is no "discount" given for winter or spring breaks, holidays or student-free days. Payments are made directly to the school by the 10th of each month. Bills are not issued for tuition payments.

Initial here _____

Other Tuition Information

Whittier Friends School dedicates time, money, resources, and energy into preparing the school year for your child(ren). In order to create a stable environment for the children of the school we expect that you will enroll your child for the entire school year. We understand that extenuating circumstances do arise and therefore we require the payment of your June tuition with your first month's tuition (if you are paying monthly). If you have paid in full and need to withdraw your child during the school year we will refund your remaining tuition except for the amount due for the month of June. We require a 30-day notice if you are withdrawing your child and tuition is due for this last month. We need a signed letter stating that you will be withdrawing your child before we can consider him/her withdrawn.

Initial here _____

Your child's position in school will be held only after receipt of a completed application and tuition contract, the $100.00 non-refundable registration fee and $200.00 supplies fee.

If you decide by August 1, 2015 that you will be unable to enroll your child(ren) at Whittier Friends School your supplies fee will be refunded.

Please see the Program Director or Administrator for information about scholarships for returning students.

Returned Checks/Late Payment Policy

--A $10 fee will be charged for any returned check.
--A $10 late fee and interest at 1% per month (on the amount in question) may be charged for any tuition payment/fee 30 days past due. In addition, the student will be suspended from school and/or the corresponding activity until all tuition/fees are brought current and any late fees and interest paid.

If the person(s) responsible for payment of tuition and/or fees has not made an amended written payment agreement, acceptable to the school, within 90 days of the due date of the tuition/fees in question, legal action may be taken for all past due fees and tuition, and the balance of the year's tuition, per this contract. The school will also collect any attorney's fees and reasonable collection costs.

Signature(s): Person(s) responsible for payment of tuition and fees Date

If the person(s) responsible for payment of tuition is/are not the parent(s)/legal guardian(s) of the student, then the parent(s)/legal guardian(s) of the student must guarantee payment.

Signature(s): Parent(s)/Legal Guardian(s) Date

VOLUNTEER EXPECTATIONS

Family participation is an important part of creating a school community and at the same time helps keep school costs down. Family members are expected to volunteer their time, energy, and ideas. Opportunities for volunteering include, but are not limited to: driving for field trips, helping out in the classrooms and at publicity/community events, donating items for the Silent Auction, organizing and participating in fundraisers, donating recyclable goods, helping with recycling, and helping out with copies and classroom prep work. At least one family member is expected at each monthly parent meeting and at school clean-up days.

California Education Code section 35021 requires that volunteers who are consistently on campus or who drive for field trips be TB tested and fingerprinted. Volunteers for whom this applies need to be fingerprinted by California Community Care Licensing. Paperwork to be fingerprinted is available in the school office and can be picked up upon the receipt of copy of negative TB results from within the last year. There is a cost associated with the fingerprinting process and Whittier Friends School will offset this cost for **one** member of each family. Upon receiving the fingerprint clearance, your account will be credited the processing fee. Fingerprinting does not need to be repeated each year, but TB tests do need to be submitted annually.

We understand that not every family is able to drive on field trips or volunteer in the classroom and that some family members may not be comfortable with being fingerprinted; therefore it is not a requirement to be fingerprinted to have your child enrolled in Whittier Friends School. However, if you chose not to be fingerprinted, you will need to find other ways volunteer.

Initial here _____

STUDENT EMERGENCY DATA

STUDENT'S NAME	GENDER	BIRTH DATE
ADDRESS CITY ZIP		HOME PHONE
PARENT'S NAME / GUARDIAN (PRIMARY CONTACT)		HOME PHONE
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE
EMPLOYER	OCCUPATION	BUSINESS PHONE
BUSINESS ADDRESS		OTHER PHONE NUMBER
PARENT'S NAME / GUARDIAN		HOME PHONE
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE
EMPLOYER	OCCUPATION	BUSINESS PHONE
BUSINESS ADDRESS		OTHER PHONE NUMBER

PERSONS WHO MAY BE CALLED IN AN EMERGENCY TO PICK UP YOU CHILD

NAME	ADDRESS	PHONE	RELATIONSHIP

ADDITIONAL PERSONS AUTHORIZED TO SIGN CHILD OUT OF SCHOOL

NAME	NAME
NAME	NAME

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN ADDRESS	PHONE
DENTIST ADDRESS MEDICAL PLAN AND NUMBER	PHONE

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN

IS CHILD REGULARLY TAKING ANY MEDICATIONS? PLEASE LIST:

DOES CHILD HAVE ANY ALLERGIES? PLEASE LIST:

ARE THERE ANY HEALTH CONDITIONS OF WHICH THE SCHOOL SHOULD BE AWARE? PLEASE EXPLAIN:

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR

The undersigned, who is: (check applicable statement)

_____ One of the parents having legal custody
_____ The parent having legal custody
_____ The legal guardian
_____ The person having legal custody

of _____(Student's name), a minor, hereby authorizes Whittier Friends School in Whittier, into whose care said minor has been entrusted, as agents for undersigned to consent to any emergency X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any public or private hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also consent to any emergency X-ray treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power of the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician and/or dentist in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Family Code of California.

This authorization shall remain effective until August 31, 2016 unless sooner revoked by person having legal custody of said minor.

Dated _____

_____

Signature of parent having legal custody Witness

_____

Signature of legal guardian or other having legal custody Witness

(County of Los Angeles, Department of Social Services)