



Whittier Friends School

Kindergarten – 6th grade

Application for Enrollment and Contract 2011-12

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

STUDENT'S NAME		SEX	BIRTH DATE	GRADE ('11-'12)
ADDRESS CITY		ZIP	HOME PHONE ()	
FATHER/LEGAL GUARDIAN'S NAME		HOME PHONE ()		
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE ()		
EMPLOYER	OCCUPATION		BUSINESS PHONE ()	
BUSINESS ADDRESS		<input type="checkbox"/> DO NOT INCLUDE MY INFORMATION ON SCHOOL ROSTER		
MOTHER/LEGAL GUARDIAN'S NAME		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.

KINDERGARTEN: All students must submit a photocopy of their birth certificate, immunization card, and have completed "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, please let us 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 harmless from any and all action relating to such dismissal, Whittier Friends School, its employees, agents, School Committee members or representatives.

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

New students please give us you T-shirt size: (circle one) Returning students: if you need a new shirt, please also circle your size.

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

- Tuition: School Tuition (8:30am – 3:00pm) \$6,000.00
Non-refundable application fee: \$100.00
Supplies fee: \$100.00
Field Trip Fees: Subject to activity, billed monthly
Day Care Fees: \$5 per day, billed monthly based on usage.

Tuition covers costs for textbooks, classroom materials, testing and testing materials, school T-shirt, and art supplies.

Discounts Available:

- 1. \$250.00 discount per family for completed application(s) received with \$100.00 per student non-refundable fee and \$100.00 supplies fee by April 11, 2011.
2. \$250.00 discount per family for payment in full by July 1, 2011
3. 20% sibling discount for each additional student enrolled in the school.

Tuition Plans: (Please check one)

- _____ Payment in full by July 1, 2011 for full discount.
Monthly payment
_____ 10/mo. plan: Payments begin September 1, 2011
(September and June payments due on this day)
_____ 12/mo. plan: Payments begin July 1, 2011
(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. Bills are not given 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's 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 tuition 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 typed 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 application fee and \$100.00 supplies fee.

If you decide by August 1, 2011 that you will be unable to enroll your child(ren) at Whittier Friends School your supplies fee will be refunded.

Please see the Head of School 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

STUDENT EMERGENCY DATA

STUDENT'S NAME		SEX	BIRTH DATE
ADDRESS		HOME PHONE	
CITY	ZIP		
FATHER/LEGAL GUARDIAN'S NAME		HOME PHONE	
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE	
EMPLOYER	OCCUPATION	BUSINESS PHONE	
BUSINESS ADDRESS		OTHER PHONE NUMBER	
MOTHER/LEGAL GUARDIAN'S NAME		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 YOUR 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	PHONE
MEDICAL PLAN AND NUMBER	
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, 2012 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)