



Whittier Friends School

Kindergarten – 8th grade

Application for Enrollment and Contract 2012-13

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

STUDENT'S NAME		SEX	BIRTH DATE	GRADE ('12-'13)
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 <input type="checkbox"/>	
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.

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: Elementary Tuition: \$6,000.00
Intermediate Tuition: \$6,500.00
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.

Elementary K-2: 9:00am – 3:00pm

Elementary 3-5: 8:30am-3:00pm

Intermediate: 8:00am-3:00pm

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

Discounts Available:

1. \$250.00 discount for completed application received with \$100.00 non-refundable fee and \$100.00 supplies fee by March 30, 2012.
2. \$250.00 discount for payment in full by July 1, 2012
3. 20% sibling discount for each additional student enrolled in the school.

Tuition Plans: (Please check one)

_____ Payment in full by July 1, 2012 for full discount.
Monthly payment
_____ 10/mo. plan: Payments begin September 1, 2012
(September and June payments due on this day)
_____ 12/mo. plan: Payments begin July 1, 2012
(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.

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, 2012 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

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 MEDICAL PLAN AND NUMBER	ADDRESS	PHONE
DENTIST MEDICAL PLAN AND NUMBER	ADDRESS	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:

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)