



Annual Enrollment Contract

Date of Enrollment: _____

Student Name: _____ Date of Birth _____

Address: _____

City & Zip _____ Phone _____

E-mail _____

Name of Father (or male guardian): _____

Home Address (if different from student): _____

City & Zip _____ Phone (Home) _____

E-mail _____ Phone (Cell) _____

Name of Mother (or female guardian): _____

Home Address (if different from student): _____

City & Zip _____ Phone (Home) _____

E-mail _____ Phone (Cell) _____

I wish to attend the Spring Valley School for the year commencing _____

Signed: _____

Date: _____

(Student)

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In Case of emergency please contact:

(1) Name: _____ Daytime Phone: _____ Cell Phone: _____

(2) Name: _____ Daytime Phone: _____ Cell Phone: _____

(3) Name: _____ Daytime Phone: _____ Cell Phone: _____

(4) Name: _____ Daytime Phone: _____ Cell Phone: _____

Name of student's general physician: _____

Address: _____ Phone: _____

Please indicate all persons who are allowed to pick up student from school:

(1) Name: _____ Phone _____

(2) Name: _____ Phone _____

(3) Name: _____ Phone _____

We wish the above named student to attend the Spring Valley School for the year commencing 20____. If the school admits the student, we agree to pay the full annual tuition of _____ or a monthly payment of _____. **We understand that if we leave before the end of the school year, we are still committed to pay the full year's tuition.** We agree that the student and we abide by the by-laws of the School Corporation.

Signed: _____

(Father or legal guardian)

Signed: _____

(Mother or legal guardian)

Film/Photo/Information Release

I Do/ Do Not give permission for _____ (name of student) to be filmed or photographed while participating in any event at the Spring Valley School or associated with Spring Valley School (such as field trips, promotional events, etc.). I understand that these films or photographs will be used for noncommercial purposes only (billboards, programs, posters, brochures, school web-site) and that I am not entitled to any compensation. **Spring Valley School does NOT sell, trade or publicly distribute any student's or family's mailing address, phone number or email address.**

Parent/guardian signature: _____

Date: _____



Field Trip Permission Form

I we, hereby grant permission for _____ to participate in an off-campus field trip to various local destinations during the 2021/2022 school year and to make incidental stops in route and return, when determined to be necessary or desirable. In consideration of the benefits and opportunities afforded my child by his participation in the field trip, I state as follows:

I authorize the school representative to obtain medical treatment for my child in the event of an injury or illness and agree to pay any expenses incurred for treatment.

I understand that under present Florida Law, if my child is riding in a private passenger automobile which is involved in an accident, he/she may be primarily covered for bodily injury under my automobile insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

If my child is being transported in a commercial carrier or other leased or rented vehicles and an injury occurs, I understand that I shall look to the commercial carrier or owner of the other leased or rented vehicles to pay any medical bills incurred as a result of such injury and shall release Spring Valley School from liability.

(Date)

(Signature of parent or guardian)

Spring Valley School's Off Campus Policy

This form must be filled out for every student, regardless of age

Students with off-campus permission must have this form signed with permission on file. Students are responsible for signing-out when they leave campus, including information of their destination and an approximate time of return. Students must phone the school in advance and speak to a staff member if they will be late returning to campus. Students are responsible for signing-in when they return. The Attendance clerk at the school keeps off campus records on file.

The school is not responsible for students while they are off-campus. All students are expected to follow all School Meeting and State Laws while off-campus.

****Any permission changes must be done in writing and not over the phone. ****

The off campus policy does not change the student's responsibility to attend school.

Please check one of the following

I give my child (age 8 or over) front yard privileges only _____

I allow my 9/10 yr. old off campus with a full off-campus student _____

I give my child (age 11 or over) full off-campus privileges _____

I do not give my child off-campus privileges _____

Please Sign Below for every student

I have read the above document on the school's off campus policy and I am very aware of the school's policies on off-campus travel. (Signature of both parents required).

Date: _____

Signature of parent _____

Date: _____

Signature of parent _____



Medical Consent Form

We the undersigned understand that Spring Valley School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, the school will: (1) If, in the School's reasonable judgment, the student's condition warrants it, initiate 911 to provide transportation for the student to an appropriate medical facility for treatment and (2) attempt to contact the parents or legal guardians of the student. To that end, we authorize a representative of the School to consent on our behalf to medical treatment for _____ by a licensed physician, nurse, paramedic, or hospital staff member.

Signed: _____ Emergency Phone _____
(parent/guardian)

Work Phone _____ Date _____

Signed: _____ Emergency Phone _____
(parent/guardian)

Work Phone _____ Date _____

Please list any known allergies that the student may have:

Sworn and subscribed before me this

_____ day of _____ 20_____

Seal

Notary Public, State of Florida

Notary's Name Printed Signed

Spring Valley School Supervision Policy Agreement

It is The Spring Valley School's educational philosophy that all students, regardless of age, are independent and responsible individuals and therefore responsible for their own actions, activities and belongings. By signing this document, we understand that The Spring Valley School **does not undertake a duty to directly supervise its students or those children here for a Visiting Week.**

Student Name: _____

Signature: _____

Date: _____

Parent/Guardian Information and Signature(s)

This form must be signed by **ALL** parents/guardians who have legal custody over the student.

Parent/Guardian: _____

Signature: _____

Date: _____

Parent/Guardian: _____

Signature: _____

Date: _____

Tuition Policy

Tuition for the 2021/2022 school year is \$4,850.00 for the first student in a family, \$3,637.50 for the second student (25% discount) and \$2,425.00 for the third and 4th student (50% discount).

Tuition for any additional siblings is \$3,637.00 per student (25% discount). Tuition is prorated for the first day of attendance (at \$27.09/day) following the completion of a visiting week.

Tuition can be paid in one of the following ways:

1. Tuition can be paid in full to the school with a check or on-line through Tuio, a payment and billing app.
2. Tuition can be paid monthly through Tuio, with a 10% premium over the August-May schedule. Tuition is collected on the 1st day of enrollment either payment in full or 1st month payment. Then monthly payments are processed on the 15th each month.
3. Students who are visiting and not enrolling into the school, which may include international students and domestic students from other Sudbury Schools, will pay a fee of \$155.00 per week once an initial visiting week is complete. Visitors are not extended off-campus privileges and voting power in the school. Visitors need to be approved by SM and complete a visiting week before a longer visiting period can be approved.