



ANNUAL ENROLLMENT CONTRACT 2019-2020

Student Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Student's E-mail address: _____ Student's Cell Phone: _____

Name of Parent (or guardian): _____

Home address: _____

City, State, Zip: _____ Phone: _____

E-mail address: _____ Cell Phone: _____

Work Phone: _____

Name of Parent (or guardian): _____

Home address: _____

City, State, Zip: _____ Phone: _____

E-mail address: _____ Cell Phone: _____

Work Phone: _____

If requesting part-time Attendance (ages 4-6), what days of the week will this student usually be attending?

(Continued on back)

Name and address of someone other than the parents or guardians to be contacted in case of emergency:

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

The following people are authorized to pick up this student from school:

Name of student's general physician: _____

Address: _____

Phone: _____

Please provide a copy of the student's immunization records, or a letter stating that the child has not been immunized due to medical, religious, or philosophical reasons.

We wish the above student to attend Sego Lily School for the year commencing _____.

If the student is admitted to the school, we agree to pay the monthly tuition of _____, due on the fifth of each month, by automatic withdrawal managed by FACTS tuition service. There is a \$46 fee per family that will be billed on our first monthly invoice. There is a 10% discount for 2019-2020 school year if annual tuition is paid in full in advance, and registration with FACTS is not required if this option is chosen (not available for students with scholarships). We understand that the plans and operations of the school depend upon this tuition and that ***any tuition already paid to Sego Lily School will not be refunded whether or not the student attends for any part or all of the full month or year.*** We have received a copy of the rules adopted by the School Meeting & the Family Handbook. We have read and understand these rules and agree that we will abide by them. We also understand that severe rule infractions may result in suspension and/or expulsion, and that no refunds of tuition are available regardless of the reason a student stops attending Sego Lily School. We acknowledge that participation in the Culture Committee process is mandatory for all students.

We highly suggest families read "Trusting Children" (a copy was given to you during a visit to the school) before the one month family check-in.

Signed: _____ Date: _____
(student)

Signed: _____ Date: _____
(parent or guardian)

Signed: _____ Date: _____
(parent or guardian)

Sego Lily School admits students of any race, color, national and ethnic origin, and sexual orientation to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, and sexual orientation in administration of its tuition discount policy and other school administered programs.



Medical Consent Form

2019-2020

We, the undersigned, understand that Sego Lily 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, Sego Lily School will (1) attempt to contact the parents or legal guardians of the student and (2) if, in the School's reasonable judgement, the student's condition warrants it, arrange to transport the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical transportation and treatment for _____ (name of student) by a licensed physician, nurse, paramedic, or hospital staff member.

Signed: _____ Date: _____
(student)

Signed: _____ Print Name: _____
(parent)

Home Phone: _____ Work Phone: _____

Signed: _____ Print Name: _____
(parent)

Home Phone: _____ Work Phone: _____

If the student has any known allergies, diseases, handicaps, disabilities, special needs, or restrictions that should be known to the school, please describe them here:

Permission Form
2019-2020

Student: _____

Transportation Permission (please select one)

This student has permission to be transported with Segoe Lily School employees and Authorized School Meeting Volunteers. Some excursions will require separate permission slips; this form entitles your child to be transported to and from these trips, as well as spontaneous excursions and regular field trips.

By signing this permission slip, you agree that Segoe Lily School is not liable in any way in case of any accident, injury, or death. You are also releasing the driver of the vehicle from liability. You are stating that you are aware of the inherent possible dangers of transportation in a vehicle. You further agree that Segoe Lily School and its employees and volunteers have no institutional and/or personal responsibility for the student during the time of transportation. We will make every attempt to ensure your child's safety, including the requirement of seat belts and booster seats for younger children.

All drivers will be required to have the appropriate license, insurance, registration, and all other required documents.

This student does not have permission to be transported with Segoe Lily School employees and Authorized School Meeting Volunteers. I will transport my student on any field trips s/he attends and/or my student will not attend school on days when there are all-school field trips.

Open Campus Policy (please select one)

Please see the family handbook for a full explanation of our Open Campus Policy.

Option 1: The student may come and go freely from school all day, and agrees to be responsible for his/her behavior while off campus. This includes being a responsible representative of the school community.

Option 2: The student may come and go freely from school all day, as long as s/he does so with at least one other person at least ____ years of age.

Option 3: The student may come and go freely from school all day so long as s/he does so with at least one other person, and as long as someone in the group is a Staff member or a Substitute Staff Member.

Open Campus Policy on Field Trips (please select one)

Option 1: Yes, the student may have open campus on field trips.

Option 2: No, the student may not have open campus on field trips.

Option 3: The student may have open campus on field trips on a case by case basis.

Student Signature: _____

Parent Signature: _____ Parent Signature: _____

Date Signed: _____