

KSA 2024-2025 Enrollment Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

***Fill in items that are different than above.***

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**EMERGENCY CONTACT - must be someone other than a parent.**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to enroll my child in school from 9 a.m. to 3:30 p.m., from  
\_\_\_\_\_ through \_\_\_\_\_ at the following fees:

**Failure to complete the enrollment term does not waive any tuition. If the student does not attend a portion of the contracted term, tuition is still due and payable for the whole term.**

<b>CALCULATE MONTHLY FEES For 2024-2025 School Year (Standard)</b>		
<b>Line 1</b>	<b>Tuition divided by 12 months (\$13,200 per child ANNUAL total). Parent may pay for the entire year, if desired.</b>	<b>\$1,100.00</b>
<b>Line 2</b>	<b>2nd child tuition discount, deduct 5% from amount in line 1.</b>	
<b>Line 3</b>	<b>3rd child, and each additional child, tuition discount, deduct 10% from amount in line 1.</b>	
<b>Line 4</b>	<b>Total Monthly Tuition after discounts from lines 2 and 3.</b>	
<b>Line 5</b>	<b>Monthly Qual Fee per child (This is our Clearwater Academy fee that we have to pay every month. This covers the cost of the system that we use that gives us access to all of the materials, their Quality services for creating their next programs, graduation plans, tutoring etc. During the summer is when these programs are created and set up for the kids. If they do not pay for the fee we do not have access for them.)</b>	<b>\$50.00</b>
<b>Line 6</b>	<b>Monthly Bus Fee (\$100 1st child, \$50 one-way, \$25 2nd child).</b>	
<b>Line 7</b>	<b>MONTHLY TOTAL DUE (add lines 4, 5 and 6.)</b>	
<b>Line 8</b>	<b>Annual Enrollment Fee, due in August.</b>	<b>\$150.00</b>
<b>Line 9</b>	<b>August 2024, Total Due (includes Annual Enrollment Fee, add Line 7 and Line 8).</b>	

Parent Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

## PAYMENT AGREEMENT

Payment installments of \$\_\_\_\_\_ are due on the 1st of each month starting \_\_\_\_\_ with the last payment due \_\_\_\_\_, I also understand that there will be a **\$30.00 fee** if my installment payment is paid after the 5th of the month.

### **Please read each item completely and initial after.**

I understand that occasionally there maybe additional fees throughout the school year for Tutoring services, special field trips, activities, course books, etc. I understand that there are some classes that my child will be required to study for which specific books must be purchased prior to commencement. (These books can be purchased in our bookstore.)

Initials

I understand there is no reduction in any fees due to holidays, vacations, absences, etc., nor if my child is suspended or expelled. Tuition is not prorated due to any holidays, vacations, absences, suspensions, expulsions, etc. **THE TUITION FEES ARE FOR THE FULL ENROLLMENT PERIOD \_\_\_\_\_ TO \_\_\_\_\_, EVEN THOUGH I MAY BE PAYING ON AN INSTALLMENT PLAN.**

Initials

If payment is not received by the 15<sup>th</sup> of the month, I understand that my child **will not** be allowed to attend until payment is made in full.

Initials

If I withdraw my child from school before the Enrollment Agreement term is fulfilled, I understand no fees will be refunded and that all unpaid payments on the Installment Plan are still due and payable in accordance with policy, "Early Withdrawal of Students."

Initials

If my child takes time off for vacations or prior to their last enrolled day in school, I will send in a letter detailing all facts so the appropriate routing form can be completed before their absence. If my child does not re-enroll for the next year, I will ensure the appropriate routing form is completed.

Initials

I will ensure my child is well-fed, well-rested and arrives in the classroom by 9:00 a.m. ready to be a student. If my child is going to be absent or late for any reason, I will call the school by 8:30 a.m. I will ensure my child is picked up from bus stop before 3:40 p.m., at which time the school is closed. If I am late, I will pay the staff member detained \$1.00 per minute per child. In an emergency situation, I will be in communication by 3:15 p.m. to make suitable arrangements and understand that late fees will be applied as above. I understand that excessive tardiness and/or absenteeism, as determined by the school, are grounds for dismissal.

Initials

If my child is ill and/or has a fever, I will not bring him/her to school until well and fever-free for 24 hours. Should my child become ill during school hours, I will be called to pick him/her up and will do so promptly.

Initials

I understand that I am required to attend all PTA meetings, to help with the school's fundraisers, to be actively involved with my child's schooling and to keep good communication lines between my family and school staff. I agree to resolve any differences that may arise with direct communication to the proper school staff member. This is to ensure we have a real team working together for the betterment of each student enrolled at school.

Initials

I acknowledge and agree that the damage that would be caused to the school by my violation of the terms of this Enrollment Agreement would be substantial. This would be especially true in the case of non-payment of tuition or withdrawal of the student prior to the expiration date. Many facilities are committed on the basis that a student will stay enrolled until the end of the stated term. **I, THEREFORE AGREE THAT IF THERE IS ANY DISPUTE ARISING OUT OF THIS AGREEMENT, IT WILL BE SETTLED THROUGH BINDING MEDIATION BY AN AGREED UPON INDEPENDENT MEDIATOR IN ACCORDANCES WITH THEIR RULES.** I agree to pay the school its legal fees and mediation cost in the event that the mediation findings are in favor of the school.

Initials

(Check if applicable) This enrollment agreement is subject to the school's testing and admission review of the student. If the student is not admitted to the school, all deposits will be returned.

Initials

(Check if applicable) This agreement is not valid until the Applied Scholastics™ routing form has been received from the student's former school.

Initials

(Check if applicable) Staff Parents: This agreement is subject to my continued full time employment at Kansas Academy. Upon termination, with or without cause, this enrollment agreement is null and void.

Initials

(Check if applicable) Humanitarian Tuition: This agreement is subject to my continued full-time employment at a non-profit, humanitarian or charitable organization. Upon dismissal, contract completion or departure, this enrollment agreement is null and void. Full rates will apply and a new enrollment agreement will need to be completed.

Initials

**I understand that the school is a non-profit, tax-exempt corporation and admits students of any race, religion, color and national or ethnic origin. I also understand that the school uses the study and administrative technology of L. Ron Hubbard and is licensed by Applied Scholastics™ International. I understand that my child will be receiving courses and services based on this technology.**

Parent's Signature

Date

Staff Signature

Date