



Enrollment Packet

Appamada Junior High & High School

Financial Tuition Plans

Medical + Emergency Information

Enrollment Agreements

Student's Name: _____

Fall 2023 & Spring 2024

Financial Tuition Plans

Semi-Annual Materials/Supply Fee:

\$325 per semester for full-time students.

For part-time students, the fee is \$195 per semester.

Payment Due:

Fall semester: August 1st

Spring semester: January 1st

For new students, the fee is due before the first day of enrollment.

Enrollment Fee (Non-Refundable):

Full-time enrolled students: \$500 per year

Part-time students: \$300 per year

Payment Due:

Returning students: May 1, 2023.

New students: Before the first day of enrollment

V/H/S Screening:

Per the State of Texas, we are required to have a vision, hearing, and spinal screening each year. The cost is \$35 per student, due January 1, 2024.

Late Payment:

Tuition not received by the 10th school day of each month will be subject to a late fee of \$35.00. *A parent is required to notify the school if payment is delayed and to discuss arrangements for payment to be made.*

Returned Check:

Parent agrees to pay a returned check fee of \$35.00 for each occurrence.

Tuition Plans

| Full-Time Students | | |
|--|-------------------------|---|
| Plan A - Annual | 1 Payment: \$18,500 | Due: August 1, 2023 |
| Plan B - Semi-Annual | 2 Payments: \$9,250 | Due: August 1, 2023 and January 1, 2024 |
| Plan C - Monthly <i>Includes \$75 monthly processing fee</i> | 10 Payments: \$1,925 | Due: 1st of each month, August 2023 to May 2024 |
| High School Part-Time Students (Monday, Wednesday, Friday) | | |
| <i>High School learners enrolling part-time must have a junior or senior standing and be concurrently enrolled in Austin Community College's Dual-Enrollment program</i> | | |
| Plan D - Fall, Part-Time | 1 Payment: \$7,000 | Due: August 1, 2023 |
| Plan E - Fall, Part-Time Monthly <i>Includes \$75 monthly processing fee</i> | 5 Payments: \$1,475 | Due: 1st of each month, August 2023 to Dec. 2023 |
| Plan F - Spring, Part-Time | 1 Payment: \$7,000 | Due: January 1, 2024 |
| Plan G - Spring, Part-Time Monthly <i>Includes \$75 monthly processing fee</i> | 5 Payments: \$1,475 | Due: 1st of each month: January 2024 to May 2024 |

Which payment plan you are choosing: _____

Check which payment options you will be using below (*check all that apply*):

- Submitting a check for full payment.
- Submitting semi-annual payments August 1 and January 1.*
- Submitting ten payments from August to May.*

**If for any reason you need to unenroll your child/ren midway through the year, you are still required to pay their full tuition installments for the remainder of that semester.*

Medical and Emergency Information

Student's Legal Name: _____

Preferred Name: _____

Student's DOB: _____

Student's Doctor: _____

Doctor's Address: _____

City/State/Zip: _____

Phone: _____

Emergency Treatment:

In the event that I/we cannot be reached to make arrangements for Emergency Medical Attention, I/we authorize Appamada School personnel to take my student to the above doctor, nearest hospital or minor emergency clinic for treatment. I/we give consent for any and all necessary treatment when my/our child is in the care of a faculty or staff member.

Signature of Parent/Guardian

Print Name

Signature of Parent/Guardian

Print Name

Signature of Parent/Guardian

Print Name

Signature of Parent/Guardian

Print Name

(Should be signed by all parents with conservatorship)

Insurance Information

Please provide **a copy of an insurance card** here. If you do not have access to this card, please provide health insurance information for your child below. This allows us to have the information on file in case of an emergency while your child is in our care.

(In lieu of providing a copy of the health insurance card, provide the following information.)

Insurance Carrier: _____

Policy Holder: _____

Group Number: _____

Policy Number: _____

Phone Number: _____

Please enter below the best person to contact in case of emergency:

| | |
|------------------------------|-------------------|
| _____ | _____ |
| Name/Relationship to Student | Contact Number(s) |

Please notify one of the following persons if the person above is unavailable:

| | |
|---|-------------------|
| _____ | _____ |
| Name/Relationship to Student | Contact Number(s) |
| Authorized to Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------------|
| _____ | _____ |
| Name/Relationship to Student | Contact Number(s) |
| Authorized to Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Health History

Please complete the following health history so that we may accommodate the needs of your child.

Food Sensitivities, Intolerances, or Allergies? *Please specify the allergens and reactions:*

Non-Food Sensitivities, Intolerances or Allergies? *Please specify the allergens and reactions:*

Medication/Drug Sensitivities, Intolerances or Allergies? *Please specify the allergens and reactions:*

Please list all medications, herbs, supplements or other medical treatments that your child receives and the associated health conditions that are being addressed:

Please list any diagnosed mental health conditions (*Anxiety, Depression, OCD, ASD, etc.*):

Please list any diagnosed learning differences (ADD, ADHD, Dyslexia, Dysgraphia, etc.) your child experiences:

Please list any learning-related concerns you would like us to be aware of:

Additional health concerns past/present that will help us best serve your child?

Immunization Requirements

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

All immunizations should be completed by the first date of attendance.

The law requires that students be fully vaccinated against the specified diseases. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician, or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records.

Enrollment Agreements

The parent/guardian agrees to having read the Appamada Culture piece in the Application of Admission, and this agreement in full. The permissions listed below and the PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK form are part of this agreement. By signing this agreement, the parent/guardian agrees to the above payment terms, and that they have read, acknowledged and understand the permissions listed below and the PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK form.

Parent/Guardian understands that Appamada School (or referred to as “the School,”) reserves the right, at the sole and complete discretion of the Appamada School Administration, to dismiss or suspend any student whose presence is negatively affecting the learning or social environment, or if it is determined that the student’s individual needs are unable to be met. A student’s re-enrollment at Appamada School may be refused in cases where Appamada School deems that it is unable to meet the student’s academic or behavioral needs.

Pick Up and Drop Off Procedure

When _____, student at the school, arrives I/we agree to remind my/our student to sign in and sign out.

My/our child will be released only to his or her parent(s) or the following persons, who will be required to show photo identification.

| Name | Relationship with Student |
|------|---------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Guidelines for Students with Food Allergies

(Adapted from The Food Allergy & Anaphylaxis Network's Guidelines for Managing Students with Food Allergies)

Family Responsibility

Notify the school of your child's allergies.

Work with your child's teachers and Appamada School administration to develop a plan that accommodates your child's needs throughout the school including in the classroom, in the lunchroom, in after-school classes, and during school-sponsored activities.

Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide: (www.foodallergy.org/downloads/FAAP.pdf.)

Provide properly labeled medications and replace medications after use or upon expiration.

Educate your child in the self-management of their food allergy including safe/unsafe foods, strategies for avoiding exposure to unsafe foods, symptoms of allergic reactions, how and when to tell an adult they may be having an allergy-related problem, and how to read food labels (age appropriate).

Review policies/procedures with Appamada School staff, your child's physician, and your child after a reaction has occurred.

Provide current emergency contact information.

School Responsibility

Review the health records submitted by parents and physicians.

Work with families to establish a prevention/action plan.

Assure that all staff who interact with the student regularly understands the student's action plan for prevention and in the case of a reaction.

Ensure the proper storage and accessibility of medications.

Ensure that staff members are prepared to handle a reaction and can administer emergency medications during school hours.

Review policies/procedures with families and the student's physician after a reaction has occurred.

Have policies in place to minimize risk to food-allergic students (i.e., ingredient cards, no trading food policy, and parent notification of food in the classroom.)

Student Responsibility

Refrain from trading food with other students.

Refrain from eating anything with unknown ingredients or ingredients known to contain any allergen.

Be proactive in the care and management of their food allergies and reactions based on their developmental level.

Notify an adult immediately if they eat something they believe may contain the food to which they are allergic or if they feel as though they are having allergy-related symptoms.

By signing below, I am indicating that I understand my responsibilities. I further understand that I am expected to work diligently to ensure that anyone at the School (defined as Appamada School, its staff, officers, agents, and representatives) who works directly with my child understands my child's food allergy and has the appropriate plan of action in place to minimize food-allergy related risks to my child.

I hereby release the School from liability and shall indemnify and hold the School harmless for any injuries, accidents, or other harm that may result from my child's food allergy while in the care of the School.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

(Should be signed by all parents with conservatorship)

Policy for Students with Special Needs

Please fill out if your child has a known diagnosis.

Appamada School is committed to creating an environment that suits and supports the learning and development of all students, mentors, and community members. As the needs of an individual change and grow, sometimes new challenges present themselves. Appamada School will make every effort to communicate with parents/guardians about any unique learning style that seems to need additional investigation or support in the context of our environment. The Parent-Teacher Conferences are incredibly important in providing a consistent opportunity for communication around concerns and observations that either mentors have observed during the school day and/or parents have observed during family time.

Included in this acknowledgment form is a list of requirements that must be met in the event that a student is identified as potentially having a learning difference that is impacting the learning environment.

_____ (Initials) (1) The parents must acknowledge and accept that the child has special needs requiring additional support and services. The parents must seek an assessment from appropriate professionals either through a private practitioner (speech pathologist, psychologist, medical doctor, etc.) or through the public school district in order to identify the special needs and to receive recommendations for supporting the student at home and school.

_____ (Initials) (2) Should the student require support and services from outside professionals (such as counseling, occupational therapy, speech therapy, specialized instruction, a classroom aide, etc.), the parents will make the arrangements for the child to receive those supports and services and are responsible for the cost of those services.

_____ (Initials) (3) Third-party providers employed by the parents must agree to work in collaboration with Appamada School mentors to adequately support the student in the educational setting.

_____ (Initials) (4) Because Appamada School incorporates aspects of self-directed learning in our education model, should the student's special needs interfere with his or her ability to participate in self-directed learning, the family will be released from the contract to seek alternative educational settings where the student's needs can be adequately met. Additionally, if the student's special needs manifest in violent or aggressive behavior, the family will be released from the contract to seek alternative educational settings where the student's needs can be adequately addressed.

_____ (Initials) (5) When transitioning between grades, we will review our ability to meet the needs of the child within their new learning community to ensure that we are continuing to provide proper accommodations with or without 3rd party support. If it is determined that we cannot meet their changing needs, parents will be released from the contract during the transition period.

The signature(s) below indicates that these policies have been reviewed and understood as non-negotiable.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

(Should be signed by all parents with conservatorship)

Permissions

Participation: _____, student at the School, has my permission to participate in all regularly scheduled activities, programs, and field trips at Appamada School. I understand that neither Appamada School nor the individual staff members or teachers may be held responsible in the event of any accident or personal injury to any student during such activities, programs, and field trips. I understand that these include all regularly scheduled classes, and off campus field trips and activities.

Transportation: _____, student at the School, has my/our permission to participate in all regularly scheduled field trips and activities at Appamada School, using transportation as provided. I/We understand that neither the School nor the individual faculty or staff members assume responsibility in the event of any accident during the course of such trips.

Photography/video/sound: I _____, hereby give Appamada School permission to use photographs, videos, and sound recordings of the student or parents listed below for publicity, promotion, news releases, Appamada School YouTube channel, Facebook, Instagram and www.appamadaschool.com website use. This might also apply to the written composition or visual art of the minor or myself if published. Appamada School agrees that the student's name, photo, art, written work, voice, video, or verbal statements shall only be used for public relations, public information, publicity, and/or instruction. The photo, video, or student statements may be used in subsequent years. If the student and/or parent/guardian wish to rescind this agreement, they must do so with written notice.

Initials of Parent/Guardian

Date

Initials of Parent/Guardian

Date

Initials of Parent/Guardian

Date

Initials of Parent/Guardian

Date

(Should be signed by all parents with conservatorship)

Participant Agreement, Release, and Assumption of Risk

For the enrollment period, in consideration of the services of Appamada School LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Appamada"), I hereby agree to release, indemnify, defend and discharge Appamada, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I hereby acknowledge that my child's or children's participation in outdoor adventure based and other recreational activities including but not limited to: field trips, hiking, camping, kayaking, zip lining, belaying, ratcheting, stunts, airbag, climbing walls, ropes course, swimming, etc., entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities that my child or children will engage in.

The risks include, among other things: slips and falls; falling objects; the hazards of walking on uneven or rough terrain; encounters with wild animals, snakes and spiders; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; water hazards; whitewater; boat capsize; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my child's or children's own physical condition, and the physical exertion associated with these activities. Furthermore, Appamada employees have difficult jobs to perform. They strive for complete safety, but they are not infallible nor are they able to predict each and every

potential danger or hazard prior to its occurrence. Additionally, they might be unaware of a participant's physical or mental fitness or abilities or the weather or other environmental conditions.

2. I, individually and on behalf of my child or children, hereby expressly agree and promise to accept and assume all of the risks existing in the activities that my child or children will be participating in. My child's or children's participation in this activity is purely voluntary, and I have elected to allow them participate in spite of any risks.

3. I hereby agree to voluntarily release, forever discharge indemnify, defend and hold harmless Appamada from any and all claims, demands, or causes of action, which are in any way connected with my or my child's or children's participation in the activities or the use of Appamada's equipment or facilities, including any such claims which allege negligent acts or omissions of Appamada.

4. Should Appamada or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify, defend and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I, my child or children may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself and not hold Appamada responsible for any such injuries. I further certify that I am willing to assume the risk of any medical or physical condition that I, my child or children may have.

6. In the event that I file a lawsuit against Appamada, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in such action. Additionally, I hereby agree that in any legal proceeding brought against Appamada, the venue shall be proper in Hays County, Texas. Additionally, I hereby agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. I hereby grant Appamada full permission to use my pictures and/or video footage, including my likeness in any and all of its marketing materials, including but not limited to brochures, videos and websites. I also irrevocably authorize Appamada full rights to edit, alter, copy, exhibit, publish, and/or distribute the material for any other lawful purpose. Additionally, I waive the right to royalties, licensing fees, or any other compensation arising or related to the use of the photographic or video material.

I am over 18 years of age and understand the contents of this release and consent to the release of photographs and video to those minors for whom I have indicated I am the parent or legal guardian in entering into this Agreement.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my, my child's or children's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Appamada on the basis of any claim from which I have released them from herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant Name/s: _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone number _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

(Should be signed by all parents with conservatorship)

Parent's or Guardian's Additional Indemnification

(Must be completed for students under the age of 18 and signed by all parents with conservatorship)

In consideration of _____ (print minor's or minors' name(s) ("Minor")) being permitted by Appamada to participate in its activities and to use its equipment and facilities, I hereby agree to indemnify, defend and hold harmless Appamada from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

(Should be signed by all parents with conservatorship)

Parent's or Guardian Agreement of Payment for Full Semester Child is Enrolled

I understand that Appamada School is solely funded by tuition and that the staffing decisions are based on the number of students enrolled. I therefore agree to pay the full semester tuition for my child/ren _____ even if we choose to pull them out in the middle of the semester for any reason.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date