

| | | | | | | | Gende | r: M 🗌 | F 🗌 |
|--|--|-----------------|-------------|---------------------|--------------|----------|------------|--------------|-------|
| Street Address: | | | | | | | Apt: | | |
| | | | | | | | | | |
| City: | | _State:_ | | Zi | D: | | | | |
| Date of Birth(MM/DD/YYYY): | // Soc | cial Secu | ırity # (if | any) : | | | Gra | ide | |
| | | | | | | | | | |
| tudent's School History (<i>leave blank if student</i> hool Name: School Address | | school Phone #: | | | School Year: | | <u>:</u> | <u>Grade</u> | |
| | | _ | | | | | | | |
| Emergency Informat Please indicate "yes" | | ach dise | ase or co | ondition listed bel | ow. Fo | or those | items ma | arked wit | h "ve |
| please attach a separa | | | | | | | | | |
| sease or condition | 3 | Yes | No | Disease or cond | ition | | | Yes | No |
| lergies | and the state of t | / | | Asthma | <u> </u> | | | | |
| epatitis | | | | Convulsive Disc | | | 1000 | | |
| me Disease | The state of the s | 4 | | Drug Sensitivity | | | | | |
| carlet Fever | | | | Allergic Reactio | า | | | A | |
| rep Infection | and the same | | Δ | Tonsillitis | | | | V 5 | |
| ononucleosis | | | | Rheumatic Feve | r (8 | | | 1 | |
| abetes | | - 102 | 1/1 | Chicken Pox | No. | | #/ | | |
| eart Disease | | | A N | Injuries | - | | | | |
| ye Trouble | | 19 1 | | Operations | | - 7/4 | | N. | |
| ehavior Problem | | 1 M | | Other | 7 - | | | | |
| As parent/guardian of m a paramedic, ambulance, ho med appropriate in the judgment | of student, I hereby a ospital, clinic, or any | availab | le on or | off-duty, on or o | ff prem | ises, me | dically li | | erson |
| dical Updates Statement: As parent/guardian o | tten form. I also unde | | | | | | | | |
| dent's immunizations record an | | | | | | 1 | | | |
| dent's immunizations record an ergency contacts: | | | | | | | | o the stu | _ |
| | Name | | | Phone # | | Relat | ionship t | o the stu | dent |
| ergency contacts: | Name | | | Phone # | | Relat | ionship t | o the stu | dent |
| case of emergency contact: | Name | | | Phone # | | Relat | ionship t | o the stu | dent |



| Parent / Guardian I | miormation | | | | |
|---|---|---|--|---|--|
| Father's Name: | Last Name | | First Name | Middle | |
| Phone: () | | | E-mail: | | |
| check here if father's add | | | | | |
| Street Address: | | | | Apt: | |
| | | State: | | Zip: | |
| | | | | | |
| Father's Employment : | | | | | |
| Street Address: | | | Si | uite: | |
| City: | State: | Zip: | Work Phone: | () | |
| | | | | | |
| Mother's Name: | | | | | |
| Phone: () | | | | Middle | |
| check here if mother's ac | | | | | |
| | | | | | |
| Street Address: City: | | State: | | Apt: | |
| City. | | State | | Σιρ. | |
| Mother's Employment: | 1110 | | .00 | | |
| Street Address: | | | S | uite: | |
| City: | | Zip: | Work Phone: | () | |
| | | | | | |
| Probationary Period State | ement | | | | |
| school is conditional, and is violated. I also agree to | I agree that student is su cooperate with the sch s parent/guardian of stud | ubject to suspension lool's administration dent, I agree that I w | n and/or dismissal in th and staff in resolving | ontinued enrollment in the ne event that school policy any behavioral problems fered parent's orientations | |
| Signature: | | _ | | | |
| X(Parent or Guardian) | | Date: _ | | | |
| (please fill out this page | once and add a copy to | each sibling's ap | plication) | | |



Tuition Payment Contract

- 1- A discount is automatically applied for families enrolling more than one child (children must be siblings). See the Tuition table below.
- 2- Please note that there will be a \$100 application fee per family added to your subtotal.
- 3- There is a fee of \$150.00 per child for books and learning materials. In Addition, for each child, a Lab, Library and Art fee will be applied to your contract based on your child/children's grade(s): Pre-K to 4th grades: \$50.00/ 5th to 8th grades: \$75.00/ 9th to 12th grades: \$100.00.
- 4- Enrollment: Payment is calculated starting from the current marking period. No partial credit given for past unattended portion of the current marking period.
- 5- Withdrawal/Expulsion: Refunds due to student withdrawal are calculated only for unattended marking periods. No partial credit given for remaining unattended portion of the current marking period regardless of whether student's withdrawal is voluntary or not.
- 6- Signing this contract and/or paying the deposit does not preclude administration from refusing re-enrollment of any student after a disciplinary and/or academic review.
- 7- Signing this contract and/or paying the deposit does not imply promotion of failing student to next grade if student does not meet make-up standards

| # of Children | Total Tuition | Discount % for additional child | \$ Discount | Net Tuition | 15% Deposit Required plus fees (app, lab, library and art fees) |
|--|--|--|---|--|---|
| 1 | \$5,730 | 0% | \$0 | \$5,730* | \$860 + fees |
| 2 | \$11,460 | 20% | \$1,146 | \$10,314* | \$1,547 + fees |
| 3 | \$17,190 | 40% | \$3,438 | \$13,752* | \$2,063 + fees |
| 4 | \$22,920 | 60% | \$6,876 | \$16,044* | \$2,407 + fees |
| 5 | \$28,650 | 80% | \$11,460 | \$17,190* | \$2,579 + fees |
| 6 | \$34,380 | 100% | \$17,190 | \$17,190* | \$2,579 + fees |
| Pre-Registr Lab, Library niddle school Application Books and | (see table above ration fee paid y and Art Fee ol child) + fee (per family | e) x \$50 (per elements x \$100 (per high schoo y) – Nonrefundable rials (per child), | child) _X \$150.00 | = x \$75 (per = = = = = = = = = = = = = = = = = = = | \$\$ \$\$ +\$ +\$ \$\$ |
| | | a Bus please call: 917-501-3755 | | | |
| Grand 1 | | all bassa that | U in the ment of the | = | \$ |
| 15% depond 15% depond \$ *If you choose *Payments a Credit Ca | osit + applicable Check one:ea te the installment re due the 1st rd # | ☐ Weekly ☐ S ach by ☐ credit card (see ent plan, the full tuition am day of every month | . I agree Semi-monthly below), or | e to make (*): | payments, □Per Trimester |
| Payment Ce child/children payments, and amount is pai | ertification: I will be dismissed to the staff who in full. I also | ed from class in the event the odepend on tuition income understand that it is my re | payments in the a is contract is not ho for their livelihood, n sponsibility to keep | mounts and by the one of the one of the one of the one of the due date of the due date | Zip Code: dates indicated above. I understand that my hat, out of fairness to those who make timely not be allowed back in class until any past due es and that the school is not responsible for nd to the full amount due as indicated in the |
| Doront or C | uardian\ Cie | oturo: V | | | Data |
| raient of G | uardian) Sign a | ature. ∧ | is nade once and a | dd a copy to each sil | Date: |

please fill out this page once and add a copy to each sibling's application

<>>>>PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION>>>>>>>

TUITION SUBJECT TO CHANGE WITHOUT PRIOR NOTICE



Parental Release & Consent Statement I, parent of shall fully defend, indemnify, and hold harmless Andalusia School and/or MAS-UNY from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death, whether brought by an individual or other entity, or imposed by a court of law, or by administrative action or any federal, state or local government body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence or willful misconduct against my child on the part of Andalusia School, MAS-UNY, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers in all cases, times and places whether as a student or a community participant. This agreement to indemnify and hold harmless also includes but is not limited to the following specific scenarios and contexts: Leaving my child at the school facility after school hours and/or after dismissal and/or during non-school days without my physical presence and supervision unless under the direct supervision of a program or activity sponsored or operated by the school or the organization. conducting of experiments, presentations, projects, performances, exhibitions, The demonstrations, expositions, productions, arrangements, and/or activities by my child as a result of any formal, informal, official, unofficial request or demand made by teacher, administrator, volunteer or any representative of Andalusia School and/or MAS-UNY in all cases, times and places. Taking or using the printed or digital image of my child in any manner whatsoever and in any format including video, still picture or other reproduction in all cases, times and places. Signature: X_____ Full Name:

/ /

Date: