

# Student Enrollment Application 2019-2020



## Student Information

Name (*Last, First, Middle*): \_\_\_\_\_ Gender: M  F

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth(*MM/DD/YYYY*): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # (*if any*) : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_

Student's School History (*leave blank if student attended Andalusia school last year*)

<u>School Name:</u>	<u>School Address</u>	<u>School Phone #:</u>	<u>School Year:</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Emergency Information

Please indicate "yes" or "no" next to each disease or condition listed below. For those items marked with "yes", please attach a separate sheet with detailed explanation of medical or behavioral limitations and special requirements.

Disease or condition	Yes	No	Disease or condition	Yes	No
Allergies			Asthma		
Hepatitis			Convulsive Disorder		
Lyme Disease			Drug Sensitivity		
Scarlet Fever			Allergic Reaction		
Strep Infection			Tonsillitis		
Mononucleosis			Rheumatic Fever		
Diabetes			Chicken Pox		
Heart Disease			Injuries		
Eye Trouble			Operations		
Behavior Problem			Other		

### Emergency Release Statement:

As parent/guardian of student, I hereby authorize the staff of Andalusia School to obtain medical aid for the student from a paramedic, ambulance, hospital, clinic, or any available on or off-duty, on or off premises, medically licensed person as deemed appropriate in the judgment of any Andalusia School staff member in the event of an emergency.

### Medical Updates Statement:

As parent/guardian of student, I understand that it is my responsibility to update the school of any changes in the student's medical condition in written form. I also understand that it is my responsibility to furnish the school with a copy of the student's immunizations record and physical exam.

### Emergency contacts:

In case of emergency contact:	Name	Phone #	Relationship to the student
Contact Info #1:	_____	_____	_____
Contact Info #2:	_____	_____	_____

Signature: X \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_

For questions, please call (914) 964-5600 or email [registration@andalusiaschool.org](mailto:registration@andalusiaschool.org)

# Student Enrollment Application 2019-2020



## Parent / Guardian Information

Father's Name: \_\_\_\_\_  
Last Name First Name Middle

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

check here if father's address is the same as the student's and skip to Father's employment section

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Father's Employment :

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last Name First Name Middle

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

check here if mother's address is the same as the student's and skip to Mother's employment section

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Mother's Employment :

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### School Policy Adherence Agreement

As parent/guardian of student, I understand and agree that student's admittance and continued enrollment in the school is conditional upon good behavior and adherence to school discipline, ethical and anti-bullying policies as outlined in the parent/student manual and all communications made to parents and/or students in any form during the school year. I also understand that it is my responsibility to obtain a copy of parent/student manual and to understand policies stated therein, and to share and explain them to the student. In addition, I agree to consistently read, understand and act on all communications and share them with and explain them to student. I agree that student is subject to suspension and/or expulsion if any school policy is violated as determined at the sole discretion and judgment of the school administration. I also understand that all agreements resulting from warnings given to student are binding, including suspensions and expulsions. Furthermore, I understand that suspension and expulsion may occur as a result of several incidents or from just one incident depending on severity. I also concur that the school administration shall determine the degree of severity of any incident at its sole discretion and judgment. I also agree to cooperate with the school's administration and staff in resolving any behavioral problems brought to my attention, and that my lack of cooperation, inability to attend counseling, failure to comply with commitments on my part or the part of the student are also grounds for suspension/expulsion at the sole discretion and judgment of the school administration.

Signature X (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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

For questions, please call (914) 964-5600 or email [registration@andalusiaschool.org](mailto:registration@andalusiaschool.org)



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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.

The conducting of experiments, presentations, projects, performances, exhibitions, 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:              \_\_\_\_/\_\_\_\_/\_\_\_\_