Student Emergency Form 2024-2025

Student Name : APID : Date :

Signature

Student Name: ...
APID. :...
Date: :...

Student Emergency Form 2024-2025

Emergency Form, Introduction

Dear SJEDS Families,

Please take a moment to fill out the 2024-2025 Emergency Form. Please note, this form is a reference for the Front Office in case of any emergency.

Thank you,
Christine Gosh
Administrative Assistant

Emergency Form, Section 1

Section 1

This information is for statistical use only. The School is required by its accrediting agencies, grant programs, scholarship verification authorities, and the Department of Education to furnish information reflected in the questions below. Your cooperation in helping us to achieve accuracy in reporting this information is essential. Please be assured that all information will be held confidential and is used for statistical purposes only.

1.	ETHNIC ORIGIN	
2	COUNTRY OF CITIZENSHIP	
3.	RELIGIOUS BELIEFS	

Confidentail Student Statistics

This information is for statistical use only. The School is required by its accrediting agencies, grant programs, scholarship verification authorities, and the Department of Education to furnish information reflected in the questions below. Your cooperation in helping us to achieve accuracy in reporting this information is essential. Please be assured that all information will be held confidential and is used for statistical purposes only.

1.	ETHNIC ORIGIN	
2	COUNTRY OF CITIZENSHIP	
3.	RELIGIOUS BELIEFS	

Staff-Continuous Enrollment 2017-2018

Student Name : APID : Date :

Signature

Student Name: ...
APID: :...
Date: :...

Staff-Continuous Enrollment 2017-2018

General Staff Information 2021-2022

General Staff Information (copy 2)

General Staff Information

Please verify and update your information.

Student Name:
APID:::
Date::::

Staff-Continuous Enrollment 2017-2018

Medical Information

Medical Information

Medical Information

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, asthma, eye or ear problems, or any other chronic conditions. IF THERE ARE NO KNOWN ALLERGIES OR MEDICAL CONDITIONS, PLEASE LEAVE BOXES BLANK.

	MEDICAL CONDITION	
	ALLERGIES.	
3.	PROCEDURE	
	PRESCRIPTIONS.	
	INSTRUCTIONS	
	FOOD ALLERGIES	
	FOOD ALLERGY PROCEDURE	
8.	FOOD ALLERGY PRESCRIPTIONS	

Over-The-Counter Medications

Over-The-Counter Medications

Please select which Over-The-Counter medications are allowed for the above named student. The school office will call before administering any oral medications.

1.	Motrin.	
	Tylenol.	
	Benadryl.	
4.	Cough Drops	
	Tums.	
	Cortizone Cream	
	Benadryl Cream	
	Saline Eye Wash	
	Neosporin	
1.0.	Peroxide	

Medical Information, Section 2

Parent Authorization

I grant permission for the Principal or the Principal's designee to assist in the administration of the prescribed over-the-counter medication and/or the selected over the counter medications for the above named child. I certify that the prescribed medication is in its ORIGINAL container and that it is necessary, according to the doctor's instructions, for this medication to be provided during the school day, extended day care, or times when my child is away from school property on official school business. I understand that this medication will be given only according to the directions on the label as prescribed by the doctor, or the directions on the over-the-counter medication. Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child/legal ward according to these directions.

By typing my name, I authorize the selected medications to be administered to the above named student.

Student Name: APID : Date : ...

Staff-Continuous Enrollment 2017-2018

Medical Information

1 Parent Authorization

Student Name: APID : Date : ...

Staff-Continuous Enrollment 2017-2018

Statistical Information

Confidential Student Statistics

Confidential Student Statistics

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1.	ETHNIC ORIGIN	
2	COUNTRY OF CITIZENSHIP	
3.	RELIGIOUS BELIEFS	

Verification of Information

Verification of Information

Answer Pool: Ve - I agree

Please select one answer

I	#.	Question.	V.e.
Ī	1.	I agree by checking this box that the information in this form is correct to the best of my knowledge.	

Family Handbook

Family Handbook

Answer Pool: Ve - I agree

Please select one answer

ſ	#.	Question.	V.e.
ſ	1.	I have read and agree to the terms of the Family Handbook located on our website under the Parents & Students tab.	

Continuous Enrollment 2020-2021

Student Name : APID :

Date :

Signature

Student Name:
APID::
Date:::

Continuous Enrollment 2020-2021

Continuous Enrollment Contract

Continuous Enrollment Contract 2020-2021

Continuous Enrollment Contract

****THIS IS A LEGALLY BINDING CONTRACT. PLEASE READ IT CAREFULLY***

This is a legally binding contract. Please read it cafefully. At the end of this document you will be asked to provide an electronic signture. By doing so, you will be agreeing to the Terms and Conditions of this Continuous Enrollment Contract. Your electronic signature is legally binding.

1.	Upon successful completion of the current grade, I request	
	the above named Student to be enrolled for the 2020-2021.	
	school year. By signing and submitting this contract to the	
	School Admission Office, accompanied by a non-refundable,	
	non-transferable enrollment deposit equal to the field on the	
	right, made payable to San Jose Episcopal Day School, we	
	the parents and /or guardians of the named enrollee ("Parent"	
	or "I") acknowledge and agree to the Terms of Enrollment	
	listed below, as well as Tuition and Fees Schedule attached:	l

Enrollment Contract, Section 1*

Instructions

- 1 1. Offer / Acceptance: This is an offer for my child to attend San Jose Episcopal Day School ("SJEDS" or the "School") for the school year stated. To be accepted, I understand that I must submit this executed contract and the non-refundable, non-transferable enrollment deposit to the School Admission Office by the acceptance letter expiration date. After this date, the offer expires and open spaces will be offered to other applicants. The School reserves the right to reissue at its discretion an offer of enrollment at any time.
- 2 2. Transcripts / Records: All accounts must be paid in full before records, grades or transcripts can be released or transferred to other schools. Student will not be allowed to continue to attend classes unless tuition and fees are paid by the stated deadlines (or until Parent makes other written arrangements acceptable to the School). The School shall have the right to take such legal action as it may deem appropriate to collect all amounts which are not paid when due. In the event that the School takes legal action to enforce the terms of this Contract, Parent shall be responsible for all costs, including reasonable attorney's fees and costs (whether incurred before, during, or after the filing of a lawsuit).
- 3 3. Continuous Enrollment: The undersigned understands that he/she will not be asked to sign another Enrollment Contract for the remainder of the years that Student attends the School. Rather, the terms of the Contract, as may be amended by the School from time to time, will continue in effect as long as Student remains enrolled in School. The School agrees to notify Parent in writing (or electronically) of any significant changes made to the Contract prior to or concurrent with registration each academic year. The School will maintain an electronic copy of the Continuous Enrollment Agreement in force (containing all amendments) in the Admission Office for Parent's access and review.
 - Parent understands that, in January of each academic year, the School will notify Parent of the amount of the Tuition and Enrollment Deposit for the next academic year and the date by which the Enrollment Deposit must be paid to reserve a place for Student for the next academic year. The School will assume that Parent intends to re-enroll Student for the next academic year on the same payment plan and method, and the same Tuition Insurance Plan option as elected during the online process for the 2020-2021 academic year unless the School has received a contrary notification in writing (either about enrollment, the election of the payment plan, or the election of Tuition Insurance) from the Parent prior to the enrollment deposit due date of each year. The School will bill the Parent for the applicable Enrollment Deposit in January of each year.

Student Name : APID : Date :

Continuous Enrollment 2020-2021

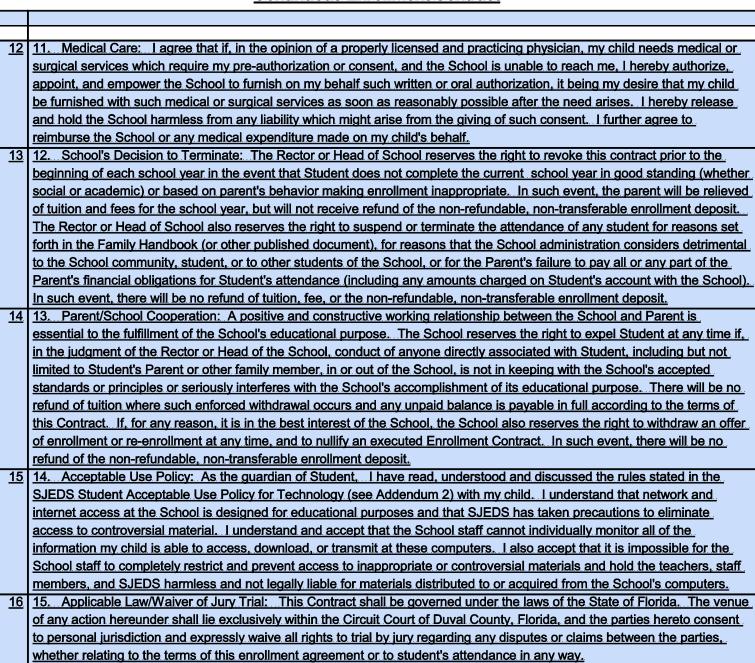
Continuous Enrollment Contract

- 5 4. Tuition Obligation: I understand and agree that my child is being enrolled for the entire 2020-2021 school year and that by signing and returning this Contract with the non-refundable, non-transferable enrollment deposit. I become liable for the entire year's tuition and fees, as found on the attached Tuition and Fees Schedule (see Addendum 1) unless I provide the School Admission Office with a written Termination Notice advising that I am withdrawing my child for the 2020-2021 school year in strict accordance with the following procedures: (a) before the first day of school, I notify the Admission Office in writing and provide documentation establishing to the School's satisfaction that I have been transferred to a location that will not reasonably allow my child to attend the School for the 2020-2021 school year; or (b) before the first day of school, I provide the Admission Office in writing and provide documentation to the School's satisfaction establishing a medically verified illness of my child that would prevent him/her from attending School for the 2020-2021 school year. If I provide the required notice under (a) or (b) above, I understand that I will be relieved of all tuition obligations, but I will not receive refund of any application fee or the non-refundable, non-transferable enrollment deposit. I further understand that, other than the two specific circumstances outlined above, my child's voluntary or involuntary absence from School for any reason, including change of residence, health, withdrawal, or expulsion, will not affect my financial obligation. I also understand that under no circumstances (withdrawal, termination, etc.) at any time, will the School refund my application fee or the non-refundable, nontransferable enrollment deposit. Written notice under section (a), or (b), of the provision must be actually tendered to the School Admission Office by the stated dates. Mailing the notice on the date indicated will not suffice.
- 5. Tuition Refund Plan: I understand that in view of the unconditional financial obligations stated in the contract, the School provides a Tuition Refund Plan that will reduce my financial obligation in the event my child does not remain at the School due to voluntary or involuntary withdrawal or absence. I have received and read the attached brochure detailing the terms and conditions of the Tuition Refund Plan, which are set forth in a separate document made available to me. I understand that in the event of my child's separation from the School, the Tuition Refund Plan will provide a percentage of the unused tuition (to be determined by the reason for and timing of the student's separation). The amount paid by the Plan will be credited to my child's account. Any overpayment on my child's account will be reimbursed to me and any underpayment will be billed to me. Any such payment is payable on demand. I understand that my child must have attended school for a minimum of fourteen (14) days of the contracted school year for the Tuition Refund Plan to be applicable. I understand that I am under obligation to purchase the Tuition Refund Plan if tuition is not paid in full by August 1 of each school year.
- 6. Late Payments: My account will be considered in arrears if the current bill is not paid within 30 days of the due date. If in arrears, my account will be charged a late fee equivalent to 1.5% of the past due balance. Also, past due accounts are subject to the following: report cards, midterm reports, teacher recommendations, testing results, transcripts and teacher assignments will not be released; and my child may be prevented from attending class.
- 8 7. Enrollment Documents: A photocopy of the registered birth certificate, a completed "Student Physical Examination".
 (HRS-H Form 3040), and Certificate of Immunization (Florida HRS Form 680) are required at registration with a deadline of one week prior to the first day of school (for all students). SJEDS does not accept religious exemptions for vaccinations.
- 9 8. Field Trip Release: Field trips, off-campus activities, athletic activities, sporting events, etc., are an important part of the overall school program. I understand that my signature on this document gives permission for my student to participate in School sponsored activities and releases the School from any and all liability and responsibility in case of accident, bodily injury, or death to the Student or damage to the Student's property. The undersigned hereby indemnifies and holds the School harmless from and against all claims, demands, and causes of action of every kind and character by any Student and /or Parent arising in their favor, for any acts or omissions, including but not limited to negligence. As used in this Paragraph, the term 'School" includes San Jose Episcopal Day School and its officers, directors, faculty, administrators, staff, and volunteers.
- 9. Publication of Photos/Images: I give permission for the School to use my child's pictures (names will not be used), voice and work in School public relations, publications, advertisings, the School's website and social media site and video without prior consent or compensation.

Student Name:
APID::
Date::

Continuous Enrollment 2020-2021

Continuous Enrollment Contract



17. In the School is closed because of the force majeure events including, but not limited to, any fire, act of God, hurricane, war, government action, act of terrorism, epidemic, pandemic, or any other event beyond the School's control. If such an event occurs, the School's duties and obligations in this Contract will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event the School cannot reopen due to an event under this clause, the School is under no obligation to refund any portion of the tuition paid.

Student Name:
APID::
Date:::

Continuous Enrollment 2020-2021

Continuous Enrollment Contract

Tuition Plan Payment Options 2020-2021

Tuition Plan Payment Options

TUITION REFUND PLAN PARTICIPATION

NOTE: TUITION REFUND PLAN IS REQUIRED UNLESS TUITION IS PAID IN FULL BY AUGUST 1, 2020. The premium will be billed to the school account on the August statement.

1.	Please select one of the following tuition payment plans.	
2.	I wish to participate in the Tuition Refund Plan even though I	
	will pay tuition in full by August 1, 2020. I understand that the	
	Premium cost will be billed to me on the August statement	
	(see Addendum 1 listing premiums). I authorize the School	
	to collect any claim payment I am entitled under the Tuition	
	Refund Plan and credit it to my account within 30 days after	
	receipt of a final, itemized bill.	

Signature*

Signature

I HEREBY CERTIFY I UNDERSTAND AND AGREE TO THE TERMS HEREIN

1 Primary Parent Signture	
2 Signature Date	

Enrollment Contract, Section 2 *

Instructions

1 Please submit your deposit via Smart Tuition or check within five business days.

Staff Emergency/Information Form 2019-2020

Staff Name : APID : Date :

Signature

Staff Emergency/Information Form 2019-2020

Staff Name : APID : Date :

General Staff Information

General Staff Information 2020

General Staff Information

Please verify and update your information. This information must be updated at the beginning of each school year.

1.	Position	
	Street	
3.	City.	
4.	State.	
5.	Zip.	
6.	Phone.	
7.	Cell Phone	
8.	Birthdate.	
9.		
1.0.	Spouse Name	
1.1.		
12	Church.	

Staff Name : APID : Date :

Staff Emergency/Information Form 2019-2020

Medical Information

Emergency Contacts 2020

Emergency Contacts

To serve you in case of accident or sudden illness, it is necessary that you furnish the following information.

1.	Contact 1st	
2.	Contact 1 Relationship to Staff	
3.	Contact 1 Phone	
4.	Contact 2nd	
5.	Contact 2. Relationship to Staff	
6.	Contact 2. Phone	

Staff Name : APID : Date : .

Staff Emergency/Information Form 2019-2020

Health Information

Health Information 2019

Health Information

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, asthma, eye or ear problems or other chronic conditions. IF THERE ARE NO KNOWN ALLERGIES OR MEDICAL CONDITIONS, PLEASE LEAVE BOXES BLANK.

1.	Medical Conditions	
	Allergies.	
	Procedure	
	Prescriptions	
	Instructions	
	Food Allergies	
	Food Allergy Procedure	
8.	Food Allergy Prescription	

Staff Name : APID : Date :

Staff Emergency/Information Form 2019-2020

Statistical Information

Confidential Staff Statistics

Confidential Staff Statistics

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1.	Ethnic Origin	
2	Country of Citizenship	
3.	Religious Beliefs	

Verification of Information 2020

Verification of Information

Answer Pool: Ve - I agree

Please select one answer

#	Question	V.e.
	I agree by checking this box that the information in this form is correct to the best of my knowledge.	

Student Emergency/Information Form 2019-2020

Student Name : APID : Date :

Signature

Student Emergency/Information Form 2019-2020

Student Information

General Student Information

General Student Information

Please verify and update your child's information. This information must be updated at the beginning of each school year. THIS FORM CANNOT BE COMPLETED ON A MOBILE PHONE.

1.	HOME ADDRESS	
2	CITY.	
3.	STATE	
	ZIP.	
5 .	HOME PHONE (IF NONE, LEAVE BLANK)	
6.	DATE OF BIRTH	
	PLACE OF BIRTH	
8.	STUDENT LIVES WITH	
9.	DENOMINATION.	
	CHURCH NAME	
	STUDENT'S FULL NAME	
12	NAME TO BE CALLED IN SCHOOL	

Student Name: ...
APID: :...
Date: :...

Student Emergency/Information Form 2019-2020

Parent Information

General Parent Information

General Parent Information

1.	SALUTATION	
2		
3.	LAST NAME.	
4.	SUFFIX	
5.	STREET.	
6.	CITY.	
7.	STATE	
	ZIP.	
	HOME PHONE (IF NONE, LEAVE BLANK)	
1.0.	MOBILE PHONE	
1.1.	OFFICE PHONE	
	OFFICE PHONE EXT	
13.	HOME E-MAIL ADDRESS	
1.4.	OFFICE E-MAIL ADDRESS	
	BUSINESS.	
1.6.	OCCUPATION	
1.7.	BUSINESS ADDRESS	
1.8	BUSINESS CITY	
1.9.		
20.	BUSINESS ZIP.	

Grandparent Information

Grandparent Information

Keep them in the know! Addresses will be used for invitations to Grandparents Day and communications from the school such as Share the Spirit

1.	Paternal Grandparents Name(s)	
2	Paternal Grandparents Street Address	
3.	· · · · · · · · · · · · · · · · · · ·	
4.	Paternal Grandparents State	
5.		
6.	Paternal Grandparents Email Address	
7.	Maternal Grandparents Name(s)	
8.	Maternal Grandparents Street Address	
	Maternal Grandparents City	
	Maternal Grandparents State	
	Maternal Grandparents Zip	
12	Maternal Grandparents Email Address	

Student Emergency/Information Form 2019-2020

Emergency Infomation

Emergency Contacts

Emergency Contacts

To serve your child in case of accident or sudden illness it is necessary that you furnish the following information. Parent/Guardian will be contacted first. In the event we are unable to reach the parent/guardian, please list two contacts who will come to the school to transport your child home and/or assume temporary care.

1.	CONTACT 1ST AFTER PARENT/GUARDIAN	
2.	CONTACT 1 RELATIONSHIP TO STUDENT	
3.	CONTACT. 1. PHONE	
4.	CONTACT 2ND AFTER PARENT/GUARDIAN	
5.	CONTACT 2 RELATIONSHIP TO STUDENT	
6.	CONTACT 2 PHONE	

Student Name: APID : Date : .

Student Emergency/Information Form 2019-2020

Safety Communication

Safety Communication

Safety Communication

I authorize SJEDS to use the following number(s) for emergency communications. Text messaging rates and fees may apply as determined by your cellular provider. SJEDS is in no way responsible for any fees charged to you by your cellular provider.

1.	Parent Name	
	Email	
	Mobile phone number	
	Opt in/Opt out for mobile phone number	
5.	Alternate Parent Name	
	Alternate Email	
	Alternate mobile phone number	
8.	Opt in/Opt out for alternate mobile number	

Student Name: ...
APID : ...
Date : ...

Student Emergency/Information Form 2019-2020

Medical Information

Medical Information

Medical Information

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, asthma, eye or ear problems, or any other chronic conditions. IF THERE ARE NO KNOWN ALLERGIES OR MEDICAL CONDITIONS, PLEASE LEAVE BOXES BLANK.

	MEDICAL CONDITION	
	ALLERGIES.	
3.	PROCEDURE	
	PRESCRIPTIONS.	
	INSTRUCTIONS	
	FOOD ALLERGIES	
	FOOD ALLERGY PROCEDURE	
8.	FOOD ALLERGY PRESCRIPTIONS	

Over-The-Counter Medications

Over-The-Counter Medications

Please select which Over-The-Counter medications are allowed for the above named student. The school office will call before administering any oral medications.

1.	Motrin	
	Tylenol.	
	Benadryl.	
4.	Cough Drops	
	Tums.	
	Cortizone Cream	
	Benadryl Cream	
8.	Saline Eye Wash	
9.		
1.0.	Peroxide	

Medical Information, Section 2

Parent Authorization

I grant permission for the Principal or the Principal's designee to assist in the administration of the prescribed over-the-counter medication and/or the selected over the counter medications for the above named child. I certify that the prescribed medication is in its ORIGINAL container and that it is necessary, according to the doctor's instructions, for this medication to be provided during the school day, extended day care, or times when my child is away from school property on official school business. I understand that this medication will be given only according to the directions on the label as prescribed by the doctor, or the directions on the over-the-counter medication. Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child/legal ward according to these directions.

By typing my name, I authorize the selected medications to be administered to the above named student.

Student Name: APID : Date : ...

Student Emergency/Information Form 2019-2020

Medical Information

1 Parent Authorization

Pick-up Authorization

Pick-up Contacts

Pick-up Contacts

For the safety of your child, it is necessary that you furnish the following information. List individuals (other than Parent/Guardian) that have permission to pick-up your child from office/clinic,carpool, Extended Day and extracurricular activities. ID will be requested.

1.	Authorized Individual A	
2.	Individual A Relationship to Student	
3.	Individual A Phone (Area code + number)	
4.	Authorized Individual B	
	Individual B Relationship to Student	
	Individual B Phone (Area code + number)	
7.	Authorized Individual C	
8.	Individual C Relationship to Student	
9.	Individual C Phone (Area code + number)	
1.0.	Authorized Individual D	
	Individual D Relationship to Student	
12	Individual D. Phone (Area code + number)	
1.3.	Carpool Sign needed?	
14.	Number of carpool signs needed. (0-3)	
15.	If multiple families are carpooling, please list all last names.	

Student Custody

Student Custody

IMPORTANT! Everyone must answer the following questions:

1.	Is there a Court Order barring either parent from removing	
	the student from school? If yes, provide the school with a	
	copy of the most current Court Order.	
2	If divorced or separated:	
	Do parents have shared (or joint) parental rights and	
	responsibilities? If yes, please provide the school with a copy	
	of the Court Order that defines either parents parental rights	
	or responsibilities regarding the student.	
3.	If divorced or separated:	
	Does either parent have final decsion-making authority	
	regarding educational decisions for the student? If yes,	
	please provide the school with a copy of the Court Order	
	stating that one parent has final parental decision-making	
	authority regarding education.	
4.	If divorced or separated:	
	Is there a Temporary Restraining Order, Permanent	
	Restraining Order, Order of No Contact, or Other Court Order	
	that restricts or impacts access to the student by anyone,	
	including a parent? If yes, provide the school with a copy of	
	the most current Court Order.	
5.	Please add any other pertinent information you would like us	
	to know here.	

Student Name: ...
APID: :...
Date: :...

Student Emergency/Information Form 2019-2020

Pick-up Authorization

Student Custody Verification

Student Custody Verification

Answer Pool: Ve - I agree

Please select one answer

#.	Question.	
1.	1 I agree by checking this box that I have read the above section and have updated and/or completed (if applicable).	

Student Name: ...
APID. :...
Date. :...

Student Emergency/Information Form 2019-2020

Statistical Information

Confidential Student Statistics

Confidential Student Statistics

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ſ	1.	ETHNIC ORIGIN	
Ī	2.	COUNTRY OF CITIZENSHIP	
Ī	3.	RELIGIOUS BELIEFS	

Verification of Information

Verification of Information

Answer Pool: Ve - I agree

Please select one answer

#.	Question	
1.	I agree by checking this box that the information in this form is correct to the best of my knowledge.	

Family Handbook

Family Handbook

Answer Pool: Ve - I agree

Please select one answer

#.		Question.	V.e.
	1.	I have read and agree to the terms of the Family Handbook located on our website under the Parents & Students tab.	

Continuous Enrollment 2019-2020

Student Name : APID :

Date :

Signature

Student Name : APID : Date

Continuous Enrollment 2019-2020

Continuous Enrollment Contract

Continuous Enrollment Contract 2020-2021

Continuous Enrollment Contract

****THIS IS A LEGALLY BINDING CONTRACT. PLEASE READ IT CAREFULLY***

This is a legally binding contract. Please read it cafefully. At the end of this document you will be asked to provide an electronic signture. By doing so, you will be agreeing to the Terms and Conditions of this Continuous Enrollment Contract. Your electronic signature is legally binding.

1.	Upon successful completion of the current grade, I request
	the above named Student to be enrolled for the 2020-2021.
	school year. By signing and submitting this contract to the
	School Admission Office, accompanied by a non-refundable,
	non-transferable enrollment deposit equal to the field on the
	right, made payable to San Jose Episcopal Day School, we
	the parents and /or guardians of the named enrollee ("Parent".
	or "I") acknowledge and agree to the Terms of Enrollment
	listed below, as well as Tuition and Fees Schedule attached:

Enrollment Contract, Section 1*

Instructions

- 1 1... Offer / Acceptance: This is an offer for my child to attend San Jose Episcopal Day School ("SJEDS" or the "School") for the school year stated. To be accepted, I understand that I must submit this executed contract and the non-refundable, non-transferable enrollment deposit to the School Admission Office by the acceptance letter expiration date. After this date, the offer expires and open spaces will be offered to other applicants. The School reserves the right to reissue at its discretion an offer of enrollment at any time.
- 2 2. Transcripts / Records: All accounts must be paid in full before records, grades or transcripts can be released or transferred to other schools. Student will not be allowed to continue to attend classes unless tuition and fees are paid by the stated deadlines (or until Parent makes other written arrangements acceptable to the School). The School shall have the right to take such legal action as it may deem appropriate to collect all amounts which are not paid when due. In the event that the School takes legal action to enforce the terms of this Contract, Parent shall be responsible for all costs, including reasonable attorney's fees and costs (whether incurred before, during, or after the filing of a lawsuit).
- 3 3. Continuous Enrollment: The undersigned understands that he/she will not be asked to sign another Enrollment Contract for the remainder of the years that Student attends the School. Rather, the terms of the Contract, as may be amended by the School from time to time, will continue in effect as long as Student remains enrolled in School. The School agrees to notify Parent in writing (or electronically) of any significant changes made to the Contract prior to or concurrent with registration each academic year. The School will maintain an electronic copy of the Continuous Enrollment Agreement in force (containing all amendments) in the Admission Office for Parent's access and review.
 - Parent understands that, in January of each academic year, the School will notify Parent of the amount of the Tuition and Enrollment Deposit for the next academic year and the date by which the Enrollment Deposit must be paid to reserve a place for Student for the next academic year. The School will assume that Parent intends to re-enroll Student for the next academic year on the same payment plan and method, and the same Tuition Insurance Plan option as elected during the online process for the 2020-2021 academic year unless the School has received a contrary notification in writing (either about enrollment, the election of the payment plan, or the election of Tuition Insurance) from the Parent prior to the enrollment deposit due date of each year. The School will bill the Parent for the applicable Enrollment Deposit in January of each year.

Student Name:
APID::
Date::

Continuous Enrollment 2019-2020

Continuous Enrollment Contract

- 5 4. Tuition Obligation: I understand and agree that my child is being enrolled for the entire 2020-2021 school year and that by signing and returning this Contract with the non-refundable, non-transferable enrollment deposit. I become liable for the entire year's tuition and fees, as found on the attached Tuition and Fees Schedule (see Addendum 1) unless I provide the School Admission Office with a written Termination Notice advising that I am withdrawing my child for the 2020-2021 school year in strict accordance with the following procedures: (a) before the first day of school, I notify the Admission Office in writing and provide documentation establishing to the School's satisfaction that I have been transferred to a location that will not reasonably allow my child to attend the School for the 2020-2021 school year; or (b) before the first day of school, I provide the Admission Office in writing and provide documentation to the School's satisfaction establishing a medically verified illness of my child that would prevent him/her from attending School for the 2020-2021 school year. If I provide the required notice under (a) or (b) above, I understand that I will be relieved of all tuition obligations, but I will not receive refund of any application fee or the non-refundable, non-transferable enrollment deposit. I further understand that, other than the two specific circumstances outlined above, my child's voluntary or involuntary absence from School for any reason, including change of residence, health, withdrawal, or expulsion, will not affect my financial obligation. I also understand that under no circumstances (withdrawal, termination, etc.) at any time, will the School refund my application fee or the non-refundable, nontransferable enrollment deposit. Written notice under section (a), or (b), of the provision must be actually tendered to the School Admission Office by the stated dates. Mailing the notice on the date indicated will not suffice.
- 5. Tuition Refund Plan: I understand that in view of the unconditional financial obligations stated in the contract, the School provides a Tuition Refund Plan that will reduce my financial obligation in the event my child does not remain at the School due to voluntary or involuntary withdrawal or absence. I have received and read the attached brochure detailing the terms and conditions of the Tuition Refund Plan, which are set forth in a separate document made available to me. I understand that in the event of my child's separation from the School, the Tuition Refund Plan will provide a percentage of the unused tuition (to be determined by the reason for and timing of the student's separation). The amount paid by the Plan will be credited to my child's account. Any overpayment on my child's account will be reimbursed to me and any underpayment will be billed to me. Any such payment is payable on demand. I understand that my child must have attended school for a minimum of fourteen (14) days of the contracted school year for the Tuition Refund Plan to be applicable. I understand that I am under obligation to purchase the Tuition Refund Plan if tuition is not paid in full by August 1 of each school year.
- 7 6. Late Payments: My account will be considered in arrears if the current bill is not paid within 30 days of the due date. If in arrears, my account will be charged a late fee equivalent to 1.5% of the past due balance. Also, past due accounts are subject to the following: report cards, midterm reports, teacher recommendations, testing results, transcripts and teacher assignments will not be released; and my child may be prevented from attending class.
- 8 7. Enrollment Documents: A photocopy of the registered birth certificate, a completed "Student Physical Examination".

 (HRS-H Form 3040), and Certificate of Immunization (Florida HRS Form 680) are required at registration with a deadline of one week prior to the first day of school. (for all students). SJEDS does not accept religious exemptions for vaccinations.
- 9 8. Field Trip Release: Field trips, off-campus activities, athletic activities, sporting events, etc., are an important part of the overall school program. I understand that my signature on this document gives permission for my student to participate in School sponsored activities and releases the School from any and all liability and responsibility in case of accident, bodily injury, or death to the Student or damage to the Student's property. The undersigned hereby indemnifies and holds the School harmless from and against all claims, demands, and causes of action of every kind and character by any Student and /or Parent arising in their favor, for any acts or omissions, including but not limited to negligence. As used in this Paragraph, the term 'School" includes San Jose Episcopal Day School and its officers, directors, faculty, administrators, staff, and volunteers.
- 9. Publication of Photos/Images: I give permission for the School to use my child's pictures (names will not be used), voice and work in School public relations, publications, advertisings, the School's website and social media site and video without prior consent or compensation.

Student Name : APID : Date :

Continuous Enrollment 2019-2020

Continuous Enrollment Contract

- 12 11. Medical Care: I agree that if, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my pre-authorization or consent, and the School is unable to reach me, I hereby authorize, appoint, and empower the School to furnish on my behalf such written or oral authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises. I hereby release and hold the School harmless from any liability which might arise from the giving of such consent. I further agree to reimburse the School or any medical expenditure made on my child's behalf.
 13 12. School's Decision to Terminate: The Rector or Head of School reserves the right to revoke this contract prior to the beginning of each school year in the event that Student does not complete the current school year in good standing (whether social or academic) or based on parent's behavior making enrollment inappropriate. In such event, the parent will be relieved.
- beginning of each school year in the event that Student does not complete the current school year in good standing (whether social or academic) or based on parent's behavior making enrollment inappropriate. In such event, the parent will be relieved of tuition and fees for the school year, but will not receive refund of the non-refundable, non-transferable enrollment deposit. The Rector or Head of School also reserves the right to suspend or terminate the attendance of any student for reasons set forth in the Family Handbook (or other published document), for reasons that the School administration considers detrimental to the School community, student, or to other students of the School, or for the Parent's failure to pay all or any part of the Parent's financial obligations for Student's attendance (including any amounts charged on Student's account with the School). In such event, there will be no refund of tuition, fee, or the non-refundable, non-transferable enrollment deposit.
- 13. Parent/School Cooperation: A positive and constructive working relationship between the School and Parent is essential to the fulfillment of the School's educational purpose. The School reserves the right to expel Student at any time if, in the judgment of the Rector or Head of the School, conduct of anyone directly associated with Student, including but not limited to Student's Parent or other family member, in or out of the School, is not in keeping with the School's accepted standards or principles or seriously interferes with the School's accomplishment of its educational purpose. There will be no refund of tuition where such enforced withdrawal occurs and any unpaid balance is payable in full according to the terms of this Contract. If, for any reason, it is in the best interest of the School, the School also reserves the right to withdraw an offer of enrollment or re-enrollment at any time, and to nullify an executed Enrollment Contract. In such event, there will be no refund of the non-refundable, non-transferable enrollment deposit.
- 14. Acceptable Use Policy: As the guardian of Student, I have read, understood and discussed the rules stated in the SJEDS Student Acceptable Use Policy for Technology (see Addendum 2) with my child. I understand that network and internet access at the School is designed for educational purposes and that SJEDS has taken precautions to eliminate access to controversial material. I understand and accept that the School staff cannot individually monitor all of the information my child is able to access, download, or transmit at these computers. I also accept that it is impossible for the School staff to completely restrict and prevent access to inappropriate or controversial materials and hold the teachers, staff members, and SJEDS harmless and not legally liable for materials distributed to or acquired from the School's computers.
- 15. Applicable Law/Waiver of Jury Trial: This Contract shall be governed under the laws of the State of Florida. The venue of any action hereunder shall lie exclusively within the Circuit Court of Duval County, Florida, and the parties hereto consent to personal jurisdiction and expressly waive all rights to trial by jury regarding any disputes or claims between the parties, whether relating to the terms of this enrollment agreement or to student's attendance in any way.
- 16. Force Majeure Events: The School's duties and obligations under this Contract shall be suspended immediately without notice during all periods the School is closed because of the force majeure events including, but not limited to, any fire, act of God, hurricane, war, government action, act of terrorism, epidemic, pandemic, or any other event beyond the School's control. If such an event occurs, the School's duties and obligations in this Contract will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event the School cannot reopen due to an event under this clause, the School is under no obligation to refund any portion of the tuition paid.

Student Name: APID : Date : .

Continuous Enrollment 2019-2020

Continuous Enrollment Contract

Tuition Plan Payment Options 2020-2021

Tuition Plan Payment Options

TUITION REFUND PLAN PARTICIPATION

NOTE: TUITION REFUND PLAN IS REQUIRED UNLESS TUITION IS PAID IN FULL BY AUGUST 1, 2020. The premium will be billed to the school account on the August statement.

1.	Please select one of the following tuition payment plans.	
2.	I wish to participate in the Tuition Refund Plan even though I	
	will pay tuition in full by August 1, 2020. I understand that the	
	Premium cost will be billed to me on the August statement	
	(see Addendum 1 listing premiums). I authorize the School	
	to collect any claim payment I am entitled under the Tuition	
	Refund Plan and credit it to my account within 30 days after	
	receipt of a final, itemized bill.	

Signature*

Signature

I HEREBY CERTIFY I UNDERSTAND AND AGREE TO THE TERMS HEREIN

,	Primary Parent Signture	
1	Signature Date	

Enrollment Contract, Section 2 *

Instructions

1 Please submit your deposit via Smart Tuition or check within five business days.

CONTINUOUS ENROLLMENT CONTRACT 2018-2019

Student Name : APID :

Date :

Signature

Student Name:
APID:::
Date::::

CONTINUOUS ENROLLMENT CONTRACT 2018-2019

Continuous Enrollment Contract

Continuous Enrollment Contract

Continuous Enrollment Contract

****THIS IS A LEGALLY BINDING CONTRACT. PLEASE READ IT CAREFULLY***

This is a legally binding contract. Please read it cafefully. At the end of this document you will be asked to provide an electronic signture. By doing so, you will be agreeing to the Terms and Conditions of this Continuous Enrollment Contract. Your electronic signature is legally binding.

1.	Upon successful completion of the current grade, I request	Г
	the above named Student to be enrolled for the 2020-2021.	
	school year. By signing and submitting this contract to the	
	School Admission Office, accompanied by a non-refundable,	
	non-transferable enrollment deposit equal to the field on the	
	right, made payable to San Jose Episcopal Day School, we	
	the parents and /or guardians of the named enrollee ("Parent"	
	or "I") acknowledge and agree to the Terms of Enrollment	
	listed below, as well as Tuition and Fees Schedule attached:	

Enrollment Contract, Section 1

Instructions

- 1 1. Offer / Acceptance: This is an offer for my child to attend San Jose Episcopal Day School ("SJEDS" or the "School") for the school year stated. To be accepted, I understand that I must submit this executed contract and the non-refundable, non-transferable enrollment deposit to the School Admission Office by the acceptance letter expiration date. After this date, the offer expires and open spaces will be offered to other applicants. The School reserves the right to reissue at its discretion an offer of enrollment at any time.
- 2 2. Transcripts / Records: All accounts must be paid in full before records, grades or transcripts can be released or transferred to other schools. Student will not be allowed to continue to attend classes unless tuition and fees are paid by the stated deadlines (or until Parent makes other written arrangements acceptable to the School). The School shall have the right to take such legal action as it may deem appropriate to collect all amounts which are not paid when due. In the event that the School takes legal action to enforce the terms of this Contract, Parent shall be responsible for all costs, including reasonable attorney's fees and costs (whether incurred before, during, or after the filing of a lawsuit).
- 3. Continuous Enrollment: The undersigned understands that he/she will not be asked to sign another Enrollment Contract for the remainder of the years that Student attends the School. Rather, the terms of the Contract, as may be amended by the School from time to time, will continue in effect as long as Student remains enrolled in School. The School agrees to notify Parent in writing (or electronically) of any significant changes made to the Contract prior to or concurrent with registration each academic year. The School will maintain an electronic copy of the Continuous Enrollment Agreement in force (containing all amendments) in the Admission Office for Parent's access and review.
 - Parent understands that, in January of each academic year, the School will notify Parent of the amount of the Tuition and Enrollment Deposit for the next academic year and the date by which the Enrollment Deposit must be paid to reserve a place for Student for the next academic year. The School will assume that Parent intends to re-enroll Student for the next academic year on the same payment plan and method, and the same Tuition Insurance Plan option as elected during the online process for the 2018-2019 academic year unless the School has received a contrary notification in writing (either about enrollment, the election of the payment plan, or the election of Tuition Insurance) from the Parent prior to the enrollment deposit due date of each year. The School will bill the Parent for the applicable Enrollment Deposit in January of each year.

Student Name : APID : Date : .

CONTINUOUS ENROLLMENT CONTRACT 2018-2019

Continuous Enrollment Contract

- 5 4. Tuition Obligation: I understand and agree that my child is being enrolled for the entire 2018-2019 school year and that by signing and returning this Contract with the non-refundable, non-transferable enrollment deposit. I become liable for the entire year's tuition and fees, as found on the attached Tuition and Fees Schedule (see Addendum 1) unless I provide the School Admission Office with a written Termination Notice advising that I am withdrawing my child for the 2018-2019 school year in strict accordance with the following procedures: (a) before the first day of school, I notify the Admission Office in writing and provide documentation establishing to the School's satisfaction that I have been transferred to a location that will not reasonably allow my child to attend the School for the 2018-2019 school year; or (b) before the first day of school, I provide the Admission Office in writing and provide documentation to the School's satisfaction establishing a medically verified illness of my child that would prevent him/her from attending School for the 2018-2019 school year. If I provide the required notice under (a) or (b) above, I understand that I will be relieved of all tuition obligations, but I will not receive refund of any application fee or the non-refundable, non-transferable enrollment deposit. I further understand that, other than the two specific circumstances outlined above, my child's voluntary or involuntary absence from School for any reason, including change of residence, health, withdrawal, or expulsion, will not affect my financial obligation. I also understand that under no circumstances (withdrawal, termination, etc.) at any time, will the School refund my application fee or the non-refundable, nontransferable enrollment deposit. Written notice under section (a), or (b), of the provision must be actually tendered to the School Admission Office by the stated dates. Mailing the notice on the date indicated will not suffice.
- 5. Tuition Refund Plan: I understand that in view of the unconditional financial obligations stated in the contract, the School provides a Tuition Refund Plan that will reduce my financial obligation in the event my child does not remain at the School due to voluntary or involuntary withdrawal or absence. I have received and read the attached brochure detailing the terms and conditions of the Tuition Refund Plan, which are set forth in a separate document made available to me. I understand that in the event of my child's separation from the School, the Tuition Refund Plan will provide a percentage of the unused tuition (to be determined by the reason for and timing of the student's separation). The amount paid by the Plan will be credited to my child's account. Any overpayment on my child's account will be reimbursed to me and any underpayment will be billed to me. Any such payment is payable on demand. I understand that my child must have attended school for a minimum of fourteen (14) days of the contracted school year for the Tuition Refund Plan to be applicable. I understand that I am under obligation to purchase the Tuition Refund Plan if tuition is not paid in full by August 1 of each school year.
- 6. Late Payments: My account will be considered in arrears if the current bill is not paid within 30 days of the due date. If in arrears, my account will be charged a late fee equivalent to 1.5% of the past due balance. Also, past due accounts are subject to the following: re-enrollment contracts will not be issued; report cards, testing results, and transcripts will not be released; and my child may be prevented from attending class.
- 8 7. Enrollment Documents: A photocopy of the registered birth certificate, a completed "Student Physical Examination".

 (HRS-H Form 3040), and Certificate of Immunization (Florida HRS Form 680) are required at registration with a deadline of one week prior to the first day of school. (for all students). SJEDS does not accept religious exemptions for vaccinations.
- 9 8. Field Trip Release: Field trips, off-campus activities, athletic activities, sporting events, etc., are an important part of the overall school program. I understand that my signature on this document gives permission for my student to participate in School sponsored activities and releases the School from any and all liability and responsibility in case of accident, bodily injury, or death to the Student or damage to the Student's property. The undersigned hereby indemnifies and holds the School harmless from and against all claims, demands, and causes of action of every kind and character by any Student and /or Parent arising in their favor, for any acts or omissions, including but not limited to negligence. As used in this Paragraph, the term 'School" includes San Jose Episcopal Day School and its officers, directors, faculty, administrators, staff, and volunteers.
- 9. Publication of Photos/Images: I give permission for the School to use my child's pictures (names will not be used), voice and work in School public relations, publications, advertisings, the School's website and social media site and video without prior consent or compensation.

Student Name:
APID::
Date::

CONTINUOUS ENROLLMENT CONTRACT 2018-2019

Continuous Enrollment Contract

- 12 11. Medical Care: I agree that if, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my pre-authorization or consent, and the School is unable to reach me, I hereby authorize, appoint, and empower the School to furnish on my behalf such written or oral authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises. I hereby release and hold the School harmless from any liability which might arise from the giving of such consent. I further agree to reimburse the School or any medical expenditure made on my child's behalf.
 13 12. School's Decision to Terminate: The Rector or Head of School reserves the right to revoke this contract prior to the beginning of each school year in the event that Student does not complete the current school year in good standing (whether social or academic) or based on parent's behavior making enrollment inappropriate. In such event, the parent will be relieved.
- 12. School's Decision to Terminate: The Rector or Head of School reserves the right to revoke this contract prior to the beginning of each school year in the event that Student does not complete the current school year in good standing (whether social or academic) or based on parent's behavior making enrollment inappropriate. In such event, the parent will be relieved of tuition and fees for the school year, but will not receive refund of the non-refundable, non-transferable enrollment deposit. The Rector or Head of School also reserves the right to suspend or terminate the attendance of any student for reasons set forth in the Family Handbook (or other published document), for reasons that the School administration considers detrimental to the School community, student, or to other students of the School, or for the Parent's failure to pay all or any part of the Parent's financial obligations for Student's attendance (including any amounts charged on Student's account with the School). In such event, there will be no refund of tuition, fee, or the non-refundable, non-transferable enrollment deposit.
- 13. Parent/School Cooperation: A positive and constructive working relationship between the School and Parent is essential to the fulfillment of the School's educational purpose. The School reserves the right to expel Student at any time if, in the judgment of the Rector or Head of the School, conduct of anyone directly associated with Student, including but not limited to Student's Parent or other family member, in or out of the School, is not in keeping with the School's accepted standards or principles or seriously interferes with the School's accomplishment of its educational purpose. There will be no refund of tuition where such enforced withdrawal occurs and any unpaid balance is payable in full according to the terms of this Contract. If, for any reason, it is in the best interest of the School, the School also reserves the right to withdraw an offer of enrollment or re-enrollment at any time, and to nullify an executed Enrollment Contract. In such event, there will be no refund of the non-refundable, non-transferable enrollment deposit.
- 14. Acceptable Use Policy: As the guardian of Student, I have read, understood and discussed the rules stated in the SJEDS Student Acceptable Use Policy for Technology (see Addendum 2) with my child. I understand that network and internet access at the School is designed for educational purposes and that SJEDS has taken precautions to eliminate access to controversial material. I understand and accept that the School staff cannot individually monitor all of the information my child is able to access, download, or transmit at these computers. I also accept that it is impossible for the School staff to completely restrict and prevent access to inappropriate or controversial materials and hold the teachers, staff members, and SJEDS harmless and not legally liable for materials distributed to or acquired from the School's computers.
- 15. Applicable Law/Waiver of Jury Trial: This Contract shall be governed under the laws of the State of Florida. The venue of any action hereunder shall lie exclusively within the Circuit Court of Duval County, Florida, and the parties hereto consent to personal jurisdiction and expressly waive all rights to trial by jury regarding any disputes or claims between the parties, whether relating to the terms of this enrollment agreement or to student's attendance in any way.
- 16. Force Majeure Events: The School's duties and obligations under this Contract shall be suspended immediately without notice during all periods the School is closed because of the force majeure events including, but not limited to, any fire, act of God, hurricane, war, government action, act of terrorism, epidemic, pandemic, or any other event beyond the School's control. If such an event occurs, the School's duties and obligations in this Contract will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event the School cannot reopen due to an event under this clause, the School is under no obligation to refund any portion of the tuition paid.

Student Name: APID : Date : ...

CONTINUOUS ENROLLMENT CONTRACT 2018-2019

Continuous Enrollment Contract

Tuition Plan Payment Options

Tuition Plan Payment Options

TUITION REFUND PLAN PARTICIPATION

NOTE: TUITION REFUND PLAN IS REQUIRED UNLESS TUITION IS PAID IN FULL BY AUGUST 1, 2018. The premium will be billed to the school account on the August statement.

1.	Please select one of the following tuition payment plans.	
2.	I wish to participate in the Tuition Refund Plan even though I	
	will pay tuition in full by August 1, 2020. I understand that the	
	Premium cost will be billed to me on the August statement	
	(see Addendum 1 listing premiums). I authorize the School	
	to collect any claim payment I am entitled under the Tuition	
	Refund Plan and credit it to my account within 30 days after	
	receipt of a final, itemized bill.	

Signature

Signature

I HEREBY CERTIFY I UNDERSTAND AND AGREE TO THE TERMS HEREIN

1.	Primary Parent Signture	
2	Signature Date	

Enrollment Contract, Section 2

Enrollment Contract, Section 2

Instructions

Student Name : APID : Date :

Student Name	:
APID:	:
Date	:

Continuous Enrollment Contract

Continuous Enrollment Contract

Continuous Enrollment Contract

****THIS IS A LEGALLY BINDING CONTRACT. PLEASE READ IT CAREFULLY***

This is a legally binding contract. Please read it cafefully. At the end of this document you will be asked to provide an electronic signture. By doing so, you will be agreeing to the Terms and Conditions of this Continuous Enrollment Contract. Your electronic signature is legally binding.

1.	Upon successful completion of the current grade, I request
	the above named Student to be enrolled for the 2020-2021.
	school year. By signing and submitting this contract to the
	School Admission Office, accompanied by a non-refundable,
	non-transferable enrollment deposit equal to the field on the
	right, made payable to San Jose Episcopal Day School, we
	the parents and /or guardians of the named enrollee ("Parent"
	or "I") acknowledge and agree to the Terms of Enrollment
	listed below, as well as Tuition and Fees Schedule attached:

Enrollment Contract, Section 1

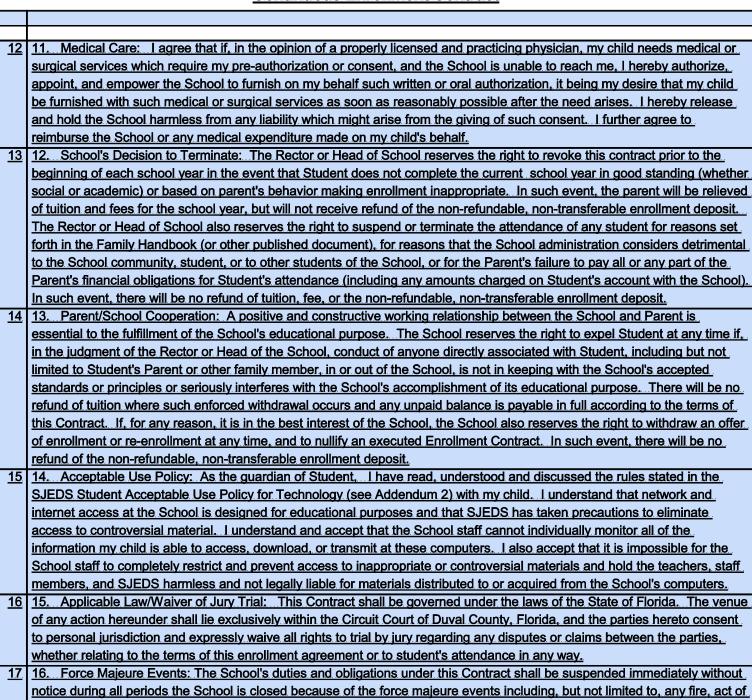
Instructions

- 1 1. Offer / Acceptance: This is an offer for my child to attend San Jose Episcopal Day School ("SJEDS" or the "School") for the school year stated. To be accepted, I understand that I must submit this executed contract and the non-refundable, non-transferable enrollment deposit to the School Admission Office by the acceptance letter expiration date. After this date, the offer expires and open spaces will be offered to other applicants. The School reserves the right to reissue at its discretion an offer of enrollment at any time.
- 2 2. Transcripts / Records: All accounts must be paid in full before records, grades or transcripts can be released or transferred to other schools. Student will not be allowed to continue to attend classes unless tuition and fees are paid by the stated deadlines (or until Parent makes other written arrangements acceptable to the School). The School shall have the right to take such legal action as it may deem appropriate to collect all amounts which are not paid when due. In the event that the School takes legal action to enforce the terms of this Contract, Parent shall be responsible for all costs, including reasonable attorney's fees and costs (whether incurred before, during, or after the filing of a lawsuit).
- 3. Continuous Enrollment: The undersigned understands that he/she will not be asked to sign another Enrollment Contract for the remainder of the years that Student attends the School. Rather, the terms of the Contract, as may be amended by the School from time to time, will continue in effect as long as Student remains enrolled in School. The School agrees to notify. Parent in writing (or electronically) of any significant changes made to the Contract prior to or concurrent with registration each academic year. The School will maintain an electronic copy of the Continuous Enrollment Agreement in force (containing all amendments) in the Admission Office for Parent's access and review.
 - Parent understands that, in January of each academic year, the School will notify Parent of the amount of the Tuition and Enrollment Deposit for the next academic year and the date by which the Enrollment Deposit must be paid to reserve a place for Student for the next academic year. The School will assume that Parent intends to re-enroll Student for the next academic year on the same payment plan and method, and the same Tuition Insurance Plan option as elected during the online process for the 2018-2019 academic year unless the School has received a contrary notification in writing (either about enrollment, the election of the payment plan, or the election of Tuition Insurance) from the Parent prior to the enrollment deposit due date of each year. The School will bill the Parent for the applicable Enrollment Deposit in January of each year.

Continuous Enrollment Contract

- 5 4. Tuition Obligation: I understand and agree that my child is being enrolled for the entire 2018-2019 school year and that by signing and returning this Contract with the non-refundable, non-transferable enrollment deposit. I become liable for the entire year's tuition and fees, as found on the attached Tuition and Fees Schedule (see Addendum 1) unless I provide the School Admission Office with a written Termination Notice advising that I am withdrawing my child for the 2018-2019 school year in strict accordance with the following procedures: (a) before the first day of school, I notify the Admission Office in writing and provide documentation establishing to the School's satisfaction that I have been transferred to a location that will not reasonably allow my child to attend the School for the 2018-2019 school year; or (b) before the first day of school, I provide the Admission Office in writing and provide documentation to the School's satisfaction establishing a medically. verified illness of my child that would prevent him/her from attending School for the 2018-2019 school year. If I provide the required notice under (a) or (b) above, I understand that I will be relieved of all tuition obligations, but I will not receive refund of any application fee or the non-refundable, non-transferable enrollment deposit. I further understand that, other than the two specific circumstances outlined above, my child's voluntary or involuntary absence from School for any reason, including change of residence, health, withdrawal, or expulsion, will not affect my financial obligation. I also understand that under no circumstances (withdrawal, termination, etc.) at any time, will the School refund my application fee or the non-refundable, nontransferable enrollment deposit. Written notice under section (a), or (b), of the provision must be actually tendered to the School Admission Office by the stated dates. Mailing the notice on the date indicated will not suffice.
- 5. Tuition Refund Plan: I understand that in view of the unconditional financial obligations stated in the contract, the School provides a Tuition Refund Plan that will reduce my financial obligation in the event my child does not remain at the School due to voluntary or involuntary withdrawal or absence. I have received and read the attached brochure detailing the terms and conditions of the Tuition Refund Plan, which are set forth in a separate document made available to me. I understand that in the event of my child's separation from the School, the Tuition Refund Plan will provide a percentage of the unused tuition (to be determined by the reason for and timing of the student's separation). The amount paid by the Plan will be credited to my child's account. Any overpayment on my child's account will be reimbursed to me and any underpayment will be billed to me. Any such payment is payable on demand. I understand that my child must have attended school for a minimum of fourteen (14) days of the contracted school year for the Tuition Refund Plan to be applicable. I understand that I am under obligation to purchase the Tuition Refund Plan if tuition is not paid in full by August 1 of each school year.
- 7 6. Late Payments: My account will be considered in arrears if the current bill is not paid within 30 days of the due date. If in arrears, my account will be charged a late fee equivalent to 1.5% of the past due balance. Also, past due accounts are subject to the following: re-enrollment contracts will not be issued; report cards, testing results, and transcripts will not be released; and my child may be prevented from attending class.
- 8 7. Enrollment Documents: A photocopy of the registered birth certificate, a completed "Student Physical Examination".
 (HRS-H Form 3040), and Certificate of Immunization (Florida HRS Form 680) are required at registration with a deadline of one week prior to the first day of school (for all students). SJEDS does not accept religious exemptions for vaccinations.
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- 9. Publication of Photos/Images: I give permission for the School to use my child's pictures (names will not be used), voice and work in School public relations, publications, advertisings, the School's website and social media site and video without prior consent or compensation.

Continuous Enrollment Contract



God, hurricane, war, government action, act of terrorism, epidemic, pandemic, or any other event beyond the School's control. If such an event occurs, the School's duties and obligations in this Contract will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event the School cannot reopen due to an event under this clause,

the School is under no obligation to refund any portion of the tuition paid.

Student Name	:.	
APID	:	
Date	:	

Continuous Enrollment Contract

Tuition Plan Payment Options

Tuition Plan Payment Options

TUITION REFUND PLAN PARTICIPATION

NOTE: TUITION REFUND PLAN IS REQUIRED UNLESS TUITION IS PAID IN FULL BY AUGUST 1, 2018. The premium will be billed to the school account on the August statement.

1.	Please select one of the following tuition payment plans.	
2.	I wish to participate in the Tuition Refund Plan even though I	
	will pay tuition in full by August 1, 2020. I understand that the	
	Premium cost will be billed to me on the August statement	
	(see Addendum 1 listing premiums). I authorize the School	
	to collect any claim payment I am entitled under the Tuition	
	Refund Plan and credit it to my account within 30 days after	
	receipt of a final, itemized bill.	

Signature

Signature

I HEREBY CERTIFY I UNDERSTAND AND AGREE TO THE TERMS HEREIN

1.	Primary Parent Signture	
2.	Signature Date	

Enrollment Contract, Section 2

Enrollment Contract, Section 2

Instructions

Reenrollment Form 2016-2017

Student Name : APID : Date :

Student Name	.
APID:	:
Date:	:

Reenrollment Form 2016-2017

Continuous Enrollment Contract

Continuous Enrollment Contract

Continuous Enrollment Contract

****THIS IS A LEGALLY BINDING CONTRACT. PLEASE READ IT CAREFULLY***

This is a legally binding contract. Please read it cafefully. At the end of this document you will be asked to provide an electronic signture. By doing so, you will be agreeing to the Terms and Conditions of this Continuous Enrollment Contract. Your electronic signature is legally binding.

1.	Upon successful completion of the current grade, I request
	the above named Student to be enrolled for the 2020-2021.
	school year. By signing and submitting this contract to the
	School Admission Office, accompanied by a non-refundable,
	non-transferable enrollment deposit equal to the field on the
	right, made payable to San Jose Episcopal Day School, we
	the parents and /or guardians of the named enrollee ("Parent".
	or "I") acknowledge and agree to the Terms of Enrollment
	listed below, as well as Tuition and Fees Schedule attached:

Enrollment Contract, Section 1

Instructions

- 1 1. Offer / Acceptance: This is an offer for my child to attend San Jose Episcopal Day School ("SJEDS" or the "School") for the school year stated. To be accepted, I understand that I must submit this executed contract and the non-refundable, non-transferable enrollment deposit to the School Admission Office by the acceptance letter expiration date. After this date, the offer expires and open spaces will be offered to other applicants. The School reserves the right to reissue at its discretion an offer of enrollment at any time.
- 2 2. Transcripts / Records: All accounts must be paid in full before records, grades or transcripts can be released or transferred to other schools. Student will not be allowed to continue to attend classes unless tuition and fees are paid by the stated deadlines (or until Parent makes other written arrangements acceptable to the School). The School shall have the right to take such legal action as it may deem appropriate to collect all amounts which are not paid when due. In the event that the School takes legal action to enforce the terms of this Contract, Parent shall be responsible for all costs, including reasonable attorney's fees and costs (whether incurred before, during, or after the filing of a lawsuit).
- 3. Continuous Enrollment: The undersigned understands that he/she will not be asked to sign another Enrollment Contract for the remainder of the years that Student attends the School. Rather, the terms of the Contract, as may be amended by the School from time to time, will continue in effect as long as Student remains enrolled in School. The School agrees to notify. Parent in writing (or electronically) of any significant changes made to the Contract prior to or concurrent with registration each academic year. The School will maintain an electronic copy of the Continuous Enrollment Agreement in force (containing all amendments) in the Admission Office for Parent's access and review.
 - Parent understands that, in January of each academic year, the School will notify Parent of the amount of the Tuition and Enrollment Deposit for the next academic year and the date by which the Enrollment Deposit must be paid to reserve a place for Student for the next academic year. The School will assume that Parent intends to re-enroll Student for the next academic year on the same payment plan and method, and the same Tuition Insurance Plan option as elected during the online process for the 2018-2019 academic year unless the School has received a contrary notification in writing (either about enrollment, the election of the payment plan, or the election of Tuition Insurance) from the Parent prior to the enrollment deposit due date of each year. The School will bill the Parent for the applicable Enrollment Deposit in January of each year.

Student Name:
APID::
Date::

Reenrollment Form 2016-2017

Continuous Enrollment Contract

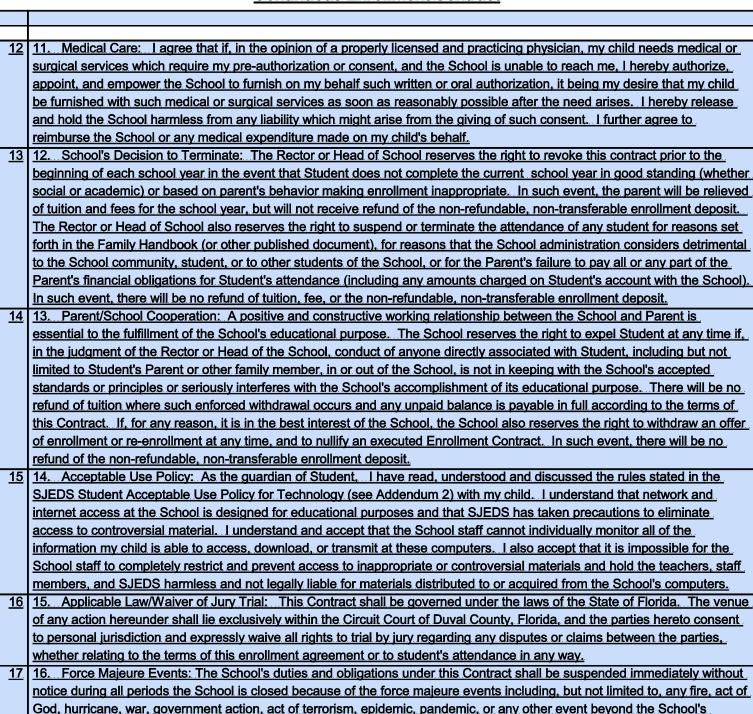
- 5 4. Tuition Obligation: I understand and agree that my child is being enrolled for the entire 2018-2019 school year and that by signing and returning this Contract with the non-refundable, non-transferable enrollment deposit. I become liable for the entire year's tuition and fees, as found on the attached Tuition and Fees Schedule (see Addendum 1) unless I provide the School Admission Office with a written Termination Notice advising that I am withdrawing my child for the 2018-2019 school year in strict accordance with the following procedures: (a) before the first day of school, I notify the Admission Office in writing and provide documentation establishing to the School's satisfaction that I have been transferred to a location that will not reasonably allow my child to attend the School for the 2018-2019 school year; or (b) before the first day of school, I provide the Admission Office in writing and provide documentation to the School's satisfaction establishing a medically. verified illness of my child that would prevent him/her from attending School for the 2018-2019 school year. If I provide the required notice under (a) or (b) above, I understand that I will be relieved of all tuition obligations, but I will not receive refund of any application fee or the non-refundable, non-transferable enrollment deposit. I further understand that, other than the two specific circumstances outlined above, my child's voluntary or involuntary absence from School for any reason, including change of residence, health, withdrawal, or expulsion, will not affect my financial obligation. I also understand that under no circumstances (withdrawal, termination, etc.) at any time, will the School refund my application fee or the non-refundable, nontransferable enrollment deposit. Written notice under section (a), or (b), of the provision must be actually tendered to the School Admission Office by the stated dates. Mailing the notice on the date indicated will not suffice.
- 5. Tuition Refund Plan: I understand that in view of the unconditional financial obligations stated in the contract, the School provides a Tuition Refund Plan that will reduce my financial obligation in the event my child does not remain at the School due to voluntary or involuntary withdrawal or absence. I have received and read the attached brochure detailing the terms and conditions of the Tuition Refund Plan, which are set forth in a separate document made available to me. I understand that in the event of my child's separation from the School, the Tuition Refund Plan will provide a percentage of the unused tuition (to be determined by the reason for and timing of the student's separation). The amount paid by the Plan will be credited to my child's account. Any overpayment on my child's account will be reimbursed to me and any underpayment will be billed to me. Any such payment is payable on demand. I understand that my child must have attended school for a minimum of fourteen (14) days of the contracted school year for the Tuition Refund Plan to be applicable. I understand that I am under obligation to purchase the Tuition Refund Plan if tuition is not paid in full by August 1 of each school year.
- 7 6. Late Payments: My account will be considered in arrears if the current bill is not paid within 30 days of the due date. If in arrears, my account will be charged a late fee equivalent to 1.5% of the past due balance. Also, past due accounts are subject to the following: re-enrollment contracts will not be issued; report cards, testing results, and transcripts will not be released; and my child may be prevented from attending class.
- 8 7. Enrollment Documents: A photocopy of the registered birth certificate, a completed "Student Physical Examination".

 (HRS-H Form 3040), and Certificate of Immunization (Florida HRS Form 680) are required at registration with a deadline of one week prior to the first day of school (for all students). SJEDS does not accept religious exemptions for vaccinations.
- 9 8. Field Trip Release: Field trips, off-campus activities, athletic activities, sporting events, etc., are an important part of the overall school program. I understand that my signature on this document gives permission for my student to participate in School sponsored activities and releases the School from any and all liability and responsibility in case of accident, bodily injury, or death to the Student or damage to the Student's property. The undersigned hereby indemnifies and holds the School harmless from and against all claims, demands, and causes of action of every kind and character by any Student and /or Parent arising in their favor, for any acts or omissions, including but not limited to negligence. As used in this Paragraph, the term 'School" includes San Jose Episcopal Day School and its officers, directors, faculty, administrators, staff, and volunteers.
- 9. Publication of Photos/Images: I give permission for the School to use my child's pictures (names will not be used), voice and work in School public relations, publications, advertisings, the School's website and social media site and video without prior consent or compensation.

Student Name : ...
APID : ...
Date : ...

Reenrollment Form 2016-2017

Continuous Enrollment Contract



control. If such an event occurs, the School's duties and obligations in this Contract will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event the School cannot reopen due to an event under this clause,

the School is under no obligation to refund any portion of the tuition paid.

Student Name	:	
APID:	:	
Date	:	

Reenrollment Form 2016-2017

Continuous Enrollment Contract

Tuition Plan Payment Options

Tuition Plan Payment Options

TUITION REFUND PLAN PARTICIPATION

NOTE: TUITION REFUND PLAN IS REQUIRED UNLESS TUITION IS PAID IN FULL BY AUGUST 1, 2018. The premium will be billed to the school account on the August statement.

1.	Please select one of the following tuition payment plans.	
2.	I wish to participate in the Tuition Refund Plan even though I	
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	Refund Plan and credit it to my account within 30 days after	
	receipt of a final, itemized bill.	

Signature

Signature

I HEREBY CERTIFY I UNDERSTAND AND AGREE TO THE TERMS HEREIN

,	Primary Parent Signture	
1	Signature Date	

Enrollment Contract, Section 2

Enrollment Contract, Section 2

Instructions

Student Name : APID : Date :

Student Name	1	
APID	:	
Date	:	

Continuous Enrollment Contract

Continuous Enrollment Contract

Continuous Enrollment Contract

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1.	Upon successful completion of the current grade, I request	
	the above named Student to be enrolled for the 2020-2021.	
	school year. By signing and submitting this contract to the	
	School Admission Office, accompanied by a non-refundable,	
	non-transferable enrollment deposit equal to the field on the	
	right, made payable to San Jose Episcopal Day School, we	
	the parents and /or guardians of the named enrollee ("Parent"	
	or "I") acknowledge and agree to the Terms of Enrollment	
	listed below, as well as Tuition and Fees Schedule attached:	

Enrollment Contract, Section 1

Instructions

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Continuous Enrollment Contract

- 5 4. Tuition Obligation: I understand and agree that my child is being enrolled for the entire 2018-2019 school year and that by signing and returning this Contract with the non-refundable, non-transferable enrollment deposit. I become liable for the entire year's tuition and fees, as found on the attached Tuition and Fees Schedule (see Addendum 1) unless I provide the School Admission Office with a written Termination Notice advising that I am withdrawing my child for the 2018-2019 school year in strict accordance with the following procedures: (a) before the first day of school, I notify the Admission Office in writing and provide documentation establishing to the School's satisfaction that I have been transferred to a location that will not reasonably allow my child to attend the School for the 2018-2019 school year; or (b) before the first day of school, I provide the Admission Office in writing and provide documentation to the School's satisfaction establishing a medically verified illness of my child that would prevent him/her from attending School for the 2018-2019 school year. If I provide the required notice under (a) or (b) above, I understand that I will be relieved of all tuition obligations, but I will not receive refund of any application fee or the non-refundable, non-transferable enrollment deposit. I further understand that, other than the two specific circumstances outlined above, my child's voluntary or involuntary absence from School for any reason, including change of residence, health, withdrawal, or expulsion, will not affect my financial obligation. I also understand that under no circumstances (withdrawal, termination, etc.) at any time, will the School refund my application fee or the non-refundable, nontransferable enrollment deposit. Written notice under section (a), or (b), of the provision must be actually tendered to the School Admission Office by the stated dates. Mailing the notice on the date indicated will not suffice.
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- 9 8. Field Trip Release: Field trips, off-campus activities, athletic activities, sporting events, etc., are an important part of the overall school program. I understand that my signature on this document gives permission for my student to participate in School sponsored activities and releases the School from any and all liability and responsibility in case of accident, bodily injury, or death to the Student or damage to the Student's property. The undersigned hereby indemnifies and holds the School harmless from and against all claims, demands, and causes of action of every kind and character by any Student and /or Parent arising in their favor, for any acts or omissions, including but not limited to negligence. As used in this Paragraph, the term 'School" includes San Jose Episcopal Day School and its officers, directors, faculty, administrators, staff, and volunteers.
- 9. Publication of Photos/Images: I give permission for the School to use my child's pictures (names will not be used), voice and work in School public relations, publications, advertisings, the School's website and social media site and video without prior consent or compensation.

Continuous Enrollment Contract

12 11. Medical Care: I agree that if, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my pre-authorization or consent, and the School is unable to reach me, I hereby authorize, appoint, and empower the School to furnish on my behalf such written or oral authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises. I hereby release and hold the School harmless from any liability which might arise from the giving of such consent. I further agree to reimburse the School or any medical expenditure made on my child's behalf. 13 12. School's Decision to Terminate: The Rector or Head of School reserves the right to revoke this contract prior to the beginning of each school year in the event that Student does not complete the current school year in good standing (whether social or academic) or based on parent's behavior making enrollment inappropriate. In such event, the parent will be relieved of tuition and fees for the school year, but will not receive refund of the non-refundable, non-transferable enrollment deposit. The Rector or Head of School also reserves the right to suspend or terminate the attendance of any student for reasons set forth in the Family Handbook (or other published document), for reasons that the School administration considers detrimental to the School community, student, or to other students of the School, or for the Parent's failure to pay all or any part of the Parent's financial obligations for Student's attendance (including any amounts charged on Student's account with the School). In such event, there will be no refund of tuition, fee, or the non-refundable, non-transferable enrollment deposit. 14 13. Parent/School Cooperation: A positive and constructive working relationship between the School and Parent is essential to the fulfillment of the School's educational purpose. The School reserves the right to expel Student at any time if, in the judgment of the Rector or Head of the School, conduct of anyone directly associated with Student, including but not limited to Student's Parent or other family member, in or out of the School, is not in keeping with the School's accepted. standards or principles or seriously interferes with the School's accomplishment of its educational purpose. There will be no refund of tuition where such enforced withdrawal occurs and any unpaid balance is payable in full according to the terms of this Contract. If, for any reason, it is in the best interest of the School, the School also reserves the right to withdraw an offer. of enrollment or re-enrollment at any time, and to nullify an executed Enrollment Contract. In such event, there will be no refund of the non-refundable, non-transferable enrollment deposit. 15 14. Acceptable Use Policy: As the guardian of Student, I have read, understood and discussed the rules stated in the SJEDS Student Acceptable Use Policy for Technology (see Addendum 2) with my child. I understand that network and internet access at the School is designed for educational purposes and that SJEDS has taken precautions to eliminate access to controversial material. I understand and accept that the School staff cannot individually monitor all of the information my child is able to access, download, or transmit at these computers. I also accept that it is impossible for the School staff to completely restrict and prevent access to inappropriate or controversial materials and hold the teachers, staff members, and SJEDS harmless and not legally liable for materials distributed to or acquired from the School's computers. 16 15. Applicable Law/Waiver of Jury Trial: This Contract shall be governed under the laws of the State of Florida. The venue of any action hereunder shall lie exclusively within the Circuit Court of Duval County, Florida, and the parties hereto consent to personal jurisdiction and expressly waive all rights to trial by jury regarding any disputes or claims between the parties, whether relating to the terms of this enrollment agreement or to student's attendance in any way. 17 | 16. Force Majeure Events: The School's duties and obligations under this Contract shall be suspended immediately without notice during all periods the School is closed because of the force majeure events including, but not limited to, any fire, act of God, hurricane, war, government action, act of terrorism, epidemic, pandemic, or any other event beyond the School's control. If such an event occurs, the School's duties and obligations in this Contract will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event the School cannot reopen due to an event under this clause, the School is under no obligation to refund any portion of the tuition paid.

Student Name	٤.
APID:	١
Date	:

Continuous Enrollment Contract

Tuition Plan Payment Options

Tuition Plan Payment Options

TUITION REFUND PLAN PARTICIPATION

NOTE: TUITION REFUND PLAN IS REQUIRED UNLESS TUITION IS PAID IN FULL BY AUGUST 1, 2018. The premium will be billed to the school account on the August statement.

1.	Please select one of the following tuition payment plans.	
2	I wish to participate in the Tuition Refund Plan even though I	
	will pay tuition in full by August 1, 2020. I understand that the	
	Premium cost will be billed to me on the August statement	
	(see Addendum 1 listing premiums). I authorize the School	
	to collect any claim payment I am entitled under the Tuition	
	Refund Plan and credit it to my account within 30 days after	
	receipt of a final, itemized bill.	

Signature

Signature

I HEREBY CERTIFY I UNDERSTAND AND AGREE TO THE TERMS HEREIN

,	Primary Parent Signture	
1	Signature Date	

Enrollment Contract, Section 2

Enrollment Contract, Section 2

Instructions

Default Form

Student Name : APID : Date :

Student Name:
APID::
Date:::

ate : Default Form

Default Page

Default Page

Basic Application Information

Basic Application Information

1.	PARENT/GUARDIAN	
2	HOME ADDRESS.	
	CITY.	
4.	STATE	
	ZIP.	
	HOME PHONE (IF NONE, LEAVE BLANK)	
	GENDER	
8.	DATE OF BIRTH	

Contacts

Contact Information

		-
1.	Salutation	
2		
3.	Middle Name	
4.		
5.		
6.	Street	
7.		
8.		
9.		
10		
1.1.		
	Home Phone	
	Home Phone Ext.	
	Mobile Phone	
	Office Phone	
	Office Phone Ext.	
1.7.	Home E-Mail Address	
18		
1.9.	Business	
20.	Occupation	
21.	Business Address	
	Business City	
23.	Business State	
24		
25	•	
26.	CSA Workshop	
27.	Race	