GENERAL STUDENT INFORMATION

**Student Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST MIDDLE LAST (NICKNAME)

**Gender** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following groups describes student's race?** (optional, used only for educational demographic reporting)

Black/African American Asian Caucasian Latino or Hispanic Native American Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The student’s parents are:** married divorced separated civil union single

**The student lives with:** (circle all that applies)

both parents father mother guardian (relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Parent/Guardian Information** (List ALL legal guardians)

**Household #1**

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell/ work phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell/work phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household #2**

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell/ work phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell/work phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY INFORMATION FORM

Health Concerns

Asthma? YES NO Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies? YES NO Allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Contact the office if your student requires EpiPens® or other emergency medication on hand.)*

Other conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior head injury? YES NO Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications and dosages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts and Authorization for Care

In the event that the school cannot reach parents and guardians, we request at least one emergency contact who is authorized to grant permission for emergency medical treatment for your student.

#1: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As a parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby authorize September High School (“School”), at my expense, to authorize medical care, take my student to a physician of the School’s choice, and to consent to any x-ray examinations, anesthetic diagnoses, medical or surgical treatments deemed necessary in the event that I or the persons listed above cannot be reached by telephone. I acknowledge that the School would not intentionally act negligently and hereby release the School from any claims that I may have as a result of any emergency treatment for the above named student. This permission is in effect for the duration of my child’s enrollment at the School.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If permission is not given, it may affect your student’s participation in off-campus activities.)

Physician and Insurance Information

*This information is required if the school is authorized to administer emergency care.*

Student’s physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital preference (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health insurance carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Group number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students are to be cared for at home if illness or injury prevents them from full participation at school. However, when a student could benefit from symptomatic relief of minor health issues, the following over-the-counter (OTC) medications may be available during the school day or on school-sponsored trips. **State law requires written parental permission before these medications may be administered.** This parental authorization applies to all on and off-campus activities. Generic and some brand names are listed, although different brand names may be substituted.

The school does not keep Epi-Pens® or inhalers. Please coordinate with the office if your student needs these devices.

If you want your student to receive OTC medication, write “YES” next to the medications that the school is authorized to administer. Write “NO” next to medications that you do not want your student to receive.

Please contact the office to set up prescription medication. OTC pain medication such as ibuprofen and acetaminophen (Tylenol) is handled as prescription medication.

Use Authorized by Parent

For wound cleansing: Hydrogen peroxide 1:1 (topical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For prevention of wound infection: Antibiotic (Neosporin topical ointment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For nasal congestion: Pseudoephedrine (Sudafed tablets) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For cough: Dextromorphan (syrup) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cough drops (oral anesthetic lozenge) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For allergic reactions: Diphenhydramine (Benadryl syrup) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chlorpheniramine maleate (tablets) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hydrocortisone (topical cream) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antihistamine (eye drops) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For indigestion: Antacid (tablets) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For diarrhea: Loperamide Hydrochloride (Imodium tablets)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For athlete’s foot, ringworm: Miconazole/tolnaftate (topical creams) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For canker sore: Benzocaine (topical cream) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For sunburn: Aloe vera (topical ointment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize faculty and staff to dispense the above authorized OTC medications, under the direction of written physician orders, as needed for my student. This permission is in effect until my student is formally withdrawn from September School.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE DATE

*Fill out latest State of Colorado Immunization Certificate:* [*https://drive.google.com/file/d/0B1APzFY8UYR6N0IyX19iVTVmdTg/view*](https://drive.google.com/file/d/0B1APzFY8UYR6N0IyX19iVTVmdTg/view)

***OR****, fill out a personal/religious/medical exemption:* [*https://drive.google.com/file/d/13ev2UlQ7e1SP1mCEOndvuA9Lj0Efcvzc/view*](https://drive.google.com/file/d/13ev2UlQ7e1SP1mCEOndvuA9Lj0Efcvzc/view)

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the September High School program, field trips, and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their actions and inactions, but the action and inaction of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue September High School, its respective administrators, directors, agents, teachers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leaseholders of premises used to conduct the event, all of which are hereinafter referred to as “releases” , from any liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the releases, even if it could be shown that the releases acted in a negligent manner.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Printed name of Student / Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student / Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent(s) // Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name(s) of Parent(s)/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

September High School

Technology Use Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print student name), understand that my use of the September High School computers and other technology provides me with an opportunity to access information through the Internet and technology for learning.

In order to protect the property and liability of the school, I agree to:

1. Not bring **ANY FOOD OR ANY DRINK** into the computer lab, or near any of the classroom computers.
2. Not to move, damage or deface the computers, tables, chairs, etc.
3. Not log on to anyone else’s account unless specifically authorized by the administration.
4. Not use September School technology, including email, for inappropriate communications.

I will not:

1. Upload any software licensed to SEPTEMBER SCHOOL without prior authorization.
2. Download or install any software that is not registered with September High School (including browser extensions)
3. Use the school’s computers to look at inappropriate web sites, which include, but are not limited to, pornographic or illicit drug sites.
4. Deliberately propagate any virus, worm, trojan, trap-door program code or any code that can interfere with the operation of the network.
5. **Knowingly disable or overload any computer system or network, or circumvent any system intended to protect the privacy, functionality, or security of another user. This includes logging in as another identity to use the computer network.**

I understand that if I violate any of these agreements, I may lose temporary or permanent privileges to use the computers in the future. September School reserves the right to audit all computer usage and communication. The school reserves the right to charge families for broken or damaged technology caused by students.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMUNITY POLICIES & STATEMENT OF AGREEMENT

Please initial where indicated on each policy and sign the final statement indicating your agreement. If there are any policies you have concerns about, or are unwilling to agree to, please contact the school discuss your concerns or needs.

BEHAVIOR POLICY

September High School is committed to creating a community that is inclusive, engaging, and safe. We encourage one another to help our community thrive through practicing and modeling behavior that is respectful of all of our community members.

Behavior in class should not interfere with anyone’s learning. This includes behavior that is intimidating, threatening, or harassing. Should a student’s behavior be disruptive, that student may be asked to leave class. Should the disruptive behavior continue, the student may be asked to withdraw from the class temporarily or permanently. Tuition will not be refunded.

Student Initials \_\_\_\_\_\_ Parent Initials \_\_\_\_\_

CLASSROOM ATTENDANCE POLICY

Student assessments and corresponding grades are determined from a combination of class participation, effort, assigned class work, homework and assessment (test) scores. Poor attendance, excused or unexcused, may result in a lower grade, reduced credit, or being asked to withdraw from class.

Student Initials \_\_\_\_\_\_ Parent Initials \_\_\_\_\_

CELL PHONE and PERSONAL MUSIC DEVICE POLICY

Cell phone use while class is in session – whether talking or using text messaging – is prohibited. We request that the student respect their fellow students, their instructor, and themselves by not allowing this distraction during classes and presentations. September High School staff may ask to keep a cell phone for the duration of a class period if a student is unable to refrain from its use. Exceptions can be made at the discretion of the instructor.

Use of Personal Music Devices (ipods, MP3 players, music-enabled cell phones) is generally not allowed in the classroom. However, some students may **request** use of these devices during individual study time if they find it is helpful for their concentration and if it does not disturb other students.

Student Initials \_\_\_\_\_\_ Parent Initials \_\_\_\_\_

SUBSTANCE POLICY

Use, possession of, or being under the influence of alcohol, illegal drugs, or possession of any drug paraphernalia may result in the following: (Please see the Parent Handbook for a more detailed review of the Substance Abuse Policy).

* Removal from the classroom program. A parent or guardian will be contacted to transport the student home.
* School consequences may include community service, loss of open lunch privileges, and regular check-in responsibilities throughout the school day.
* Student may be suspended from the September High School campus for a determined length of time.
* Contacting police or filing a police report may be necessary depending on the severity of the use, possession, or influence the student is under.
* Expulsion from September High School.

Student Initials \_\_\_\_\_\_ Parent Initials \_\_\_\_\_

SMOKING POLICY

Consistent with Colorado law, smoking is prohibited at September School. Smoking and the use of tobacco products on and around school grounds is not permitted at any time. Students and staff shall not use tobacco products within sight of the September School campus nor any school sponsored events.

Student Initials \_\_\_\_\_\_ Parent Initials \_\_\_\_\_

THE FOLLOWING ITEMS ARE NOT PERMITTED ON SEPTEMBER HIGH SCHOOL PROPERTY:

|  |  |  |
| --- | --- | --- |
| Illegal Drugs and Paraphernalia | Fireworks / Firecrackers | Explosives and Accelerants |
| Guns | Ammunition | Knives |
| Other weapons/items determined to be unsafe by SHS staff | | |

If a student is suspected of having these items on their person or within their personal property on the September High School campus, staff reserve the right to request a search of the student’s property to secure the items. For the safety of all within September High School’s community, any objectionable item found will be confiscated by administration and returned to its owner only with parental permission and consent. At the discretion of the Principal, some items may be destroyed.

Student Initials \_\_\_\_\_\_ Parent Initials \_\_\_\_\_

SEPTEMBER HIGH SCHOOL FIELD TRIP POLICIES

**PARTICIPATION**

September High School Trips are opportunities for unique experiences that offer challenge within a physically, emotionally, and psychologically safe environment. Students are expected to participate in activities and demonstrate cooperation and respect for the group, the environment, and themselves. By initialing below, we understand that unsafe, intimidating, threatening, disrespectful or harassing behavior that inhibits other students and staff from participating in activities may result in removal from the trip.

Student Initials \_\_\_\_\_\_ Parent Initials \_\_\_\_\_

**ACTIVITIES**

Activities that students may participate in during fall, winter, and spring trips include, but are not limited to: hiking, biking, overnight outdoor camping, orienteering, outdoor survival skill instruction, rafting, canoeing, kayaking, horseback riding, swimming, tobogganing, ice skating, low and high ropes initiative courses, yoga and guided meditation. There may be additional agreements to read and sign from outside contract agencies that provide these activities. By initialing below, we agree that these activities are considered September High School activities and are covered by the general liability waiver.

` Student Initials \_\_\_\_\_\_Parent Initials \_\_\_\_\_

**IF STUDENTS ARE REMOVED FROM THE TRIP FOR DISCIPLINARY REASONS**

In the event that a student must be removed from the trip for any disciplinary purpose, a parent/guardian will be contacted to arrange for transportation home. September High School will not be responsible for arranging or providing transportation. We understand that trip fees will not be refunded to a student or student’s parent/guardian who are removed from a trip for disciplinary reasons.

Student Initials \_\_\_\_\_\_Parent Initials *\_\_\_\_\_*

**We understand the policies outlined in this statement and agree to help make September High School a thriving community by adhering to these policies**.  **We understand that tuition and fees will not be refunded if a student is removed from September High School classes for violation of September High School policies and that tuition will continue to be assessed through the contracted term of enrollment.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME (PRINTED) PARENT OR GUARDIAN NAME (PRINTED)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE DATE PARENT / GUARDIAN SIGNATURE DATE

PHOTO & VIDEO RELEASE FORM

*Permission to take and use photographs & video*

I grant to September High School, 96 Arapahoe Ave, Boulder, CO 80302, the right to take photographs and videos of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name), while they are participating in school events and activities that occur for the duration of their enrollment. Further, I authorize September High School, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that September High School may use such photographs and video of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name), with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Internet content such as social media.

|  |
| --- |
| I have read and understand and   * authorize the above * do **not** authorize the above. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE DATE

TUITION AGREEMENTS, POLICIES & PROCEDURES

1. **RESPONSIBILITY OF TUITION & FEES** 
   1. **2018-2019 Academic Year Tuition: $18,350.00✶ + $350 (Spring Trip fee)**
      1. *Includes a non-refundable, $300 Registration Deposit due with Registration Packet*
   2. **Possible Additional Fees**
      1. Registration Fees for International Student $500
      2. Spring Trips: Each spring, a variety of experiences are available to students, sometimes including an international trip option. The Spring Trips are multi-day, overnight adventures that encourage students to have fun while experiencing something new and challenging. Each trip hosts 5-12 students with 2-3 supervising staff members, and is individually priced according to activity, ranging from $300 to $3000 + for international travel. All students are expected to participate in a Spring Trip unless alternative arrangements have been made with the Head of School. Should students that do not make alternative arrangements with the Head of School or choose to not show up for a trip, his/her account will be charged in full for the cost of the trip.
   3. **Payment Policy:** Enrollment at September High School is for a *full year* and tuition and fees are billed in increments delineated by a chosen payment plan option according to the signed ***Billing Information and Fees Agreement***. *NO refunds or reductions* in tuition or fees will be given to families whose students withdraw or are expelled or have an excessive amount of absences. Financial responsibility to September High School for tuition and fees extends to the length of your payment plan unless prior arrangements have been made that dictate otherwise.
2. **TUITION REDUCTION / ASSISTANCE PROGRAMS**
   1. **Tuition Discounts**
      1. FULL YEAR TUITION PAYMENT DISCOUNT (2%): Accounts that pay tuition in full at the beginning of the school year will receive a 2% discount on the finalized tuition amount
      2. EARLY BIRD DISCOUNT ($350): Accounts that register and pay the $300 deposit by May 31, 2018 will receive a $350 discount on the finalized tuition amount
   2. **Financial Aid** 
      1. Financial Aid at September School is need based, and guided by an objective calculation provided by [FACTS Grant & Aid Assessment](https://online.factsmgt.com/signin/3GFDT). In most cases, financial aid awards are given in the form of an outright grant. In order to receive an award, families must demonstrate that they have a need for this type of assistance. Recipients of financial aid are expected to meet the same standards of performance as other students; they are not subject to special standards or other requirements that would treat them unequally.
      2. FACTS will process our Financial Aid and provides an on-line application to families applying for assistance. Based on the financial information you provide, FACTS will report to us an estimated family contribution (EFC).
      3. The September High School Head of School and Board of Directors uses this report and other income information, to determine whether a family qualifies for aid, whether or not an award will be offered to a family, and the amount of such award. All decisions are subject to the availability of financial aid funds and are made at the school’s sole discretion. The admissions process and the financial aid process are two separate processes. Financial need has no bearing on admissions selection.
      4. Financial Aid Awards will be provided on a first come, first serve basis
   3. **Loan Programs**
      1. K-12 family education loans for private schooling are available through several national financial lenders— a few are listed below.
         1. The Sallie Mae Family Education Loan Program
         2. [Achiever Loan from Key Bank](https://www.key.com/html/H-1.32.b2.html)
         3. [CitiAssist K-12 Loans from Citibank](http://studentloan.citibank.com/slcsite/fr_k12.htm)
         4. [Your Tuition Solution Loan](http://www.yourtuitionsolution.com/)
      2. CollegeScholarships.org - a helpful website for information on private high school loans.
3. **ONLINE TUITION PAYMENT SYSTEM**
   1. September School uses FACTS, a third-party online tuition payment system
   2. USER ACCOUNTS
      1. Each party that will be making payments on a student’s account will need to set up and use a separate online user account. You will be sent an invitation to set up your account based on the information you provide on the Billing Agreement (page 16).
      2. You will have a choice of deducting payment(s) from your bank account or charging payments to a credit card. *(Credit card fees or other fees may apply*
      3. If you already have a user account in FACTS then September School will use information from your Billing Information and Fees Agreement to update the account balance and send you an email message, inviting you to log in to confirm and/or adjust your contact, payment and notification preferences, as needed.
   3. PAYMENT PLANS
      1. Full Academic Year - single payment for both semesters (2% discount)
      2. Semester Plan - 2 installments, one each semester in September and January
      3. Monthly Academic Plan - equal monthly installments, distributed 10 months, September-June
4. **THIRD PARTY COLLECTIONS PROCESS**
   1. Upon the time at which an account is elevated to a third party collection agency, the following will ensue:
      1. The account will be noted with a date stamp that the third party process has commenced.
      2. The customer will receive a formal notice of delinquency stating that the account will be placed with a third party collection agency on said date, unless the amount due, including any fees incurred is paid in full.
      3. If no communication or payment is made by said date, September High School will follow the procedures as outlined by the third party collector and provide any and all information requested by the collector. The customer will receive a second formal notice from the collection agency handling the account stating that the account has been placed in collections.
   2. Please note that September High School reports delinquent accounts to the credit bureaus.

✶*NOTE: Students may enroll at any point during the school year. Tuition payments will be prorated after the first 2 weeks of school, using the following formula:* *Number of remaining school days x tuition per day*

**2018-19 BILLING AGREEMENT**

|  |
| --- |
| **Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tuition: $18,350**  **Financial Aid Award:** $\_\_\_\_\_\_\_\_ **Early Bird Discount:** $\_\_\_\_\_\_\_\_ **Pay in Full Discount:** $\_\_\_\_\_\_\_\_  **Pro-Rated Tuition Reduction for mid-year start date:** $\_\_\_\_\_\_\_\_  **FINALIZED TUITION BALANCE: $\_\_\_\_\_\_\_\_\_\_**  **To Be Completed by SHS Office** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAMED FOR THIS ACCOUNT PARTY RESPONSIBLE FOR ACCOUNT PAYMENTS

Please bill this party for\*\*: \_\_ 100% \_\_ 50% \_\_ Other Percentage or Amount, as specified here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\* If more than one party will be responsible for payments, each party will be required to sign a separate agreement*

MAILING ADDRESS FOR THIS ACCOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS FOR THIS ACCOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER FOR THIS ACCOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred payment plan:

\_\_\_\_\_ **Full Academic Year** - single payment for both semesters;2% Full Year Discount on the Tuition charge

\_\_\_\_\_ **Semester Plan** - 2 installments, one each semester in September and June

\_\_\_\_\_ **Monthly Academic Plan** - equal monthly installments, September-June

**By signing this agreement, I (We) attest that I (We) have read, understand, and agree to the following:**

(1) It is my responsibility to pay tuition as outlined in the Tuition Payment Policies & Procedures for this form.

(2) Students may enroll at any point in the year. Tuition will be prorated accordingly. Enrollment at September High School is for a *full year* and tuition and fees are billed in increments delineated by a chosen payment plan. *Refunds or reductions* in tuition may be given to families whose students withdraw (with 30 days notice) or are expelled as determined by the Head of School and Board of Directors. There are no refunds or reductions in tuition for students who have an excessive amount of absences. Financial responsibility to September High School for tuition extends to the length of my payment plan unless prior arrangements have been made that dictate otherwise.

(3) I understand that if my payments are delinquent, September School reserves the right to execute the third party collections process described in the Tuition Payment Policies & Procedures for this form.

(4) No student records including grades, transcripts, diplomas, or any other student information will be released until a student’s tuition account balance is paid is full.

(5) Financial Aid at September School is need based, and in most cases, awards are given in the form of an outright grant. Recipients of financial aid are expected to meet the same standards of performance as other students; they are not subject to special standards or other requirements that would treat them unequally. Financial Aid Awards are for full year enrollment and can be revoked upon early withdrawal as determined by the Head of School and Board of Directors.

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PARTY RESPONSIBLE FOR ACCOUNT PAYMENTS SIGNATURE DATE