



**White House Academy**

447 E. Main St.

Vernal, UT 84078

(435) 828-8721

Whitehouseacademy.us

## 2023-2024 Student Enrollment Form

|                             |                  |   |
|-----------------------------|------------------|---|
| <b>Student's Full Name:</b> |                  | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Birthday:                   | Grade Enrolling: | Age on 9/1/2023:  |
| Address:                    | City:            | State & Zip:  |

### Parent/Guardian Contact Information

Please circle the preferred contact phone/e-mail.

|                         |                   |
|-------------------------|-------------------|
| Mother's Name:          | E-mail:           |
| Address (if different): | City, State, Zip: |
| Home Phone:             | Cell Phone:       |
| Employer:               | Employer Phone:   |
| Father's Name:          | E-mail:           |
| Address (if different): | City, State, Zip: |
| Home Phone:             | Cell Phone:       |
| Employer:               | Employer's Phone: |

### Student Medical Information

|  |  |
|--|--|
| List any allergies: _____<br>_____   | Does the student have asthma? Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>If asthmatic is there an action plan? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please list medications taken regularly:   |  |
| Does the student have any limiting conditions, if so, are there any special accommodations that need to be made? |  |
| Medical Insurance Co.:   | Policy #:  |
| Subscriber's Name:   | Subscriber's DOB:  |
| Physician's Name:  | Physician's Phone #:   |

### Emergency Contact Information

| Name | Phone | Relation |
|------|-------|----------|
|      |       |          |
|      |       |          |

Please list those persons who are allowed to check the student out of school.

| Name | Relation | Phone | Brief Description |
|------|----------|-------|-------------------|
|      |          |       |                   |
|      |          |       |                   |
|      |          |       |                   |

Please list anyone who should NOT check the student out of school, if any.

| Name | Brief Description |
|------|-------------------|
|      |                   |
|      |                   |

### ENROLLMENT POLICY: Please read and initial the following items.

|  |   |
|--|---|
|  | I have attached either my child's immunization records, or the certificate of immunization exemption, as required by state law.   |
|  | I understand and agree to follow the WHA uniform policy which I have received.  |
|  | I acknowledge and commit to maintain the standard in the WHA 7 Rules of Conduct which I have received.  |
|  | I give WHA permission to provide minor first-aid treatment to my student, administer acetaminophen/ibuprofen (with your consent), and transport my student to ARMC/UBMC to receive care for any serious medical conditions (with your consent). Medication will be administered by WHA staff if we have received a current and written/signed request from the parent/guardian, and/or physician.   |
|  | I understand that the WHA playgrounds are not supervised before or after school. I hold WHA harmless for any injuries my student may incur during these unsupervised times.   |
|  | I give consent to allow my child to have supervised use of the internet.  |
|  | I give my permission to WHA to use my child's image and work in school promotions or displays in print and digitally.   |
|  | I give WHA permission to share my contact information with other parents for the purpose of activities and carpools.  |
|  | My child will only bring water for drinking. Food will only be eaten during specified lunchtime, snack-time, or designated celebrations.  |
|  | I understand that students must keep all electronic devices, or other non-school personal property, in their backpack during school hours or it will be confiscated until after school.   |
|  | <b>I release and hold harmless White House Academy, its employees, students, and agents from any and all liability for any loss, damage, or injury or expense that I or my next of kin may suffer as a result of participating in this school, including, but not limited to injury, acts of God, sickness, transportation, scheduling, government restrictions, and any and all expenses I may incur while participating with this school. I understand that this agreement cannot be modified except in writing.</b>  |
|  | I know that all students' first 30 days are a probationary period. If there are exceptional concerns in performance or behavior, administration will hold a meeting with parents to determine whether the student will be allowed to continue, and if so, under what conditions. Also, if parents decide that WHA is not meeting their student's needs during this period they can withdraw their student and be released from the remainder of the contract. The registration fees will not be refunded; however, the balance of the tuition will be refunded. |
|  | I understand that if my student is removed from attendance at WHA either voluntarily or being dismissed after the 30-day probationary period, the balance of the tuition due will be forfeited.   |

### FINANCIAL AGREEMENT

Tuition payments can be made in full, or over the 9-month school year if you sign up for electronic funds transfer (EFT). Students starting mid-term will pay a pro-rated amount. The nonrefundable registration fee is due at registration. The first month's payment must be received before the first class is attended. Tuition rates and book fees are as follows:

|                                       | Pre-K   | AM Kinder. | Full Day Kinder.<br>Includes Violin | 1 <sup>st</sup> – 2 <sup>nd</sup> | 3 <sup>rd</sup> – 4 <sup>th</sup> | 5 <sup>th</sup> – 8 <sup>th</sup> | 9 <sup>th</sup> | Part-time Opt.  | Violin Private Lesson |
|---------------------------------------|---------|------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|---|-----------------------|
| <b>Nonrefundable Registration Fee</b> | \$50    | \$75       | \$75                                | \$75                              | \$95                              | \$130                             | \$130           | Same reg. fee for part year, part time, and daily classes | N/A                   |
| <b>Annual Tuition</b>                 | \$1,000 | \$2,000    | \$3,000                             | \$3,000                           | \$3500                            | \$4,000                           | \$4500          | (paid monthly)  | \$450                 |
| <b>Monthly Tuition (9-months)</b>     | \$112   | \$223      | \$334                               | \$334                             | \$389                             | \$445                             | \$500           | \$100/daily class<br>\$250-350/1/2 day block              | \$50                  |

- Tuition payments are due the first day of each month. All previous tuition and outstanding fees must be paid in full before returning students will be admitted for the next academic year.
- Tuition will be paid in full up front, or with monthly automatic electronic funds transfer. If other payment arrangements are made, statements are sent only if the account is delinquent. Payments made after the 10<sup>th</sup> of the month will incur a \$20 late fee.
- Any funds returned to the school for non-sufficient funds (NFS) must be replaced with a cashier's check, money order, or cash. A \$25 charge, in addition to any bank-imposed charges, will be incurred for each returned transaction.
- If an account becomes delinquent by two months, the student(s) may be dismissed unless immediate arrangements are made with administration. Report cards and school records will not be released if account is past due or if school property has not been returned.

**I agree to enroll the above-named student with White House Academy for the 2023/2024 school year. I agree to pay \$\_\_\_\_\_ for tuition along with the \$\_\_\_\_\_ required registration fee for the term of this contract. I understand that there will be no refunds or adjustments if the student is voluntarily withdrawn by the parent/guardian OR administratively dismissed after the 30-day probationary period.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**As a representative of White House Academy, I acknowledge and commit to maintain the standard set forth in the White House Academy 7 Rules of Conduct.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature (if 8 years of age, or older)