



APPLICATION FOR ADMISSION

Sandy Springs School, 2022-2023

Completed application should be mailed along with the appropriate fees listed below (payable to Tabula Rasa) to:
"Admissions", Tabula Rasa, 5855 Riverside Dr, Atlanta GA 30327.

There is no provision for a waiver of the application fee. This fee is non-refundable.

Date Received: _____

Admission Date: _____ (for office use only)

PROGRAM

Language: Spanish
Days: Monday Tuesday Wednesday Thursday Friday
Session: Morning Afternoon
Program: Infant Toddler 2 YO Preschool 3YO Preschool 4 YO Pre – K
 Kindergarten 1st Grade 2nd grade 3rd grade 4th grade 5th grade

APPLICANT INFORMATION

Applicant's Full Name: _____ Nickname _____

Home Address: _____

City: _____ Zip Code: _____

Mother Cell: _____ Father Cell: _____ Other Phone Number: _____

E-mail address:

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Birth date: _____ Birthplace: _____ Sex: M F

Language(s) spoken at home: _____

Previous school (if any): _____

PARENTS/GUARDIANS

Father:

Name, Last Name

Home address (if different from child)

Title/Company Name

Business Address

Business Telephone

Driver's License Number

E-mail Address

Mother:

Name, Last Name

Home address (if different from child)

Title/Company Name

Business Address

Business Telephone

Driver's License Number

E-mail Address

Applicant lives with: (check one)

Both Parents Mother Father Legal Guardian Other (Specify)

Siblings

Name	Age	Current School	Name	Age	Current School
Name	Age	Current School	Name	Age	Current School

In the event the Parent/Guardian cannot be reached, please call (these individuals are authorized to pick up the Applicant)

Name	Address	Phone Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Tuition policies and rates are established each January by Tabula Rasa for the upcoming academic year.

Field trip and material fees (if any) are not included with the tuition.

Part-Time Preschool hours: 7.30am-1.00pm

Full-Time Preschool hours: 7.30am-5.30pm

Elementary School hours: 8.15am-2.45pm

Elementary afterschool hours: 2.45pm-5.30pm

Application Fee:

\$100 per year/per student

Matriculation Fee:

\$500 per year/per student

Grades	Days	Yearly (August-May)	Monthly	Paid Upfront
Infant-Pre-K	5 mornings/week	\$11,000	\$1,150	\$11,000
Infant-Pre-K	5 full days/week	\$14,000	\$1,450	\$14,000
K-5 th	School Tuition	\$12,000	\$1,250	\$12,000
K-5 th	Afterschool (5 days)	\$4,000	\$400	\$4,000
Late Pick-up		\$1/minute		

5% Tuition Discount is offered for siblings in Elementary school only. No tuition discount for siblings offered for preschool attendance. 30 days' notice is required in case of withdrawal.

Tabula Rasa offers two (2) tuition payment options: (a) Two Payment Plan by which 50% of yearly tuition is paid June 15th and 50% is paid by September 1st, and (b) Monthly Payment Plan as described above. All fees are required to be paid by/on February 15th (for existing students) and March 31st (for new students) to secure the space for the next scholastic year. Textbook fees, if any, are not included on the tuition.

ALL TUITION AND RELATED FEES ARE NONREFUNDABLE.

I/We are aware of all the fees and tuition for the 2022-2023 scholastic year. I/We agree to pay the financial obligations toward the school on time without invoice.

Signature of Parent

Date

Signature of Parent

Date

Parental Agreement with Tabula Rasa The Language Academy

In signing this application, Parents/Guardians acknowledge the following terms of enrollment:

1. I accept the responsibility to keep my financial obligations current without invoice.
2. I hereby acknowledge that tuition and related fees are nonrefundable.
3. I hereby acknowledge that Tabula Rasa may organize field trips, school outings and other educational activities in which students may visit off-site locations and facilities. The school will obtain written authorization from me before my child participates in field trips.
4. I hereby release, hold harmless and indemnify Tabula Rasa, its office staff, teachers, assistant teachers and agents from any and all liability or damages arising as a result of injuries to my child sustained while attending school or a school function. I authorize the school to obtain emergency medical care for my child if needed.
5. I hereby give my permission for pictures taken of my child during any school activity to be used by Tabula Rasa for school-related publications.
6. I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child physician, child’s health status, infant feeding plans and immunization records.
7. The school will keep me informed of any incidents, illnesses and injuries which include my child.
8. My child will not be allowed to enter or leave the school without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
9. I'm aware that the school does not administer any medicine to my child, except the following (if applicable) _____ Baby Wipes _____ Band Aid _____ Neosporin or similar ointment _____ Sunscreen _____ Insect Repellent _____ Non-prescription ointment (Desitin, Vaseline)
10. Snack and lunch are included in the tuition, except the following: all food should be sent from home for infants and students with food allergies or food preferences (vegan etc.). Parents need to send water/juice from home.
11. I understand that the Preschool/Daycare program is licensed by "Bright From the Start, Georgia Department of Early Care and Learning", License number CCLC-28269, phone number 404-657-5562, www.decal.ga.gov. Our Elementary School program is not licensed and is not required to be licensed by "Bright From the Start, Georgia Department of Early Care and Learning", phone number 404-657-5562, www.decal.ga.gov. Our Program is accredited by Georgia Accrediting Commission, phone number 912-632-3783, <http://gac.coe.uga.edu>.

The Parent(s)/Guardian(s) signing this Registration Form is/are responsible for the payment of tuition in accordance with the terms and conditions set forth above. Parents/Guardians hereby certify that, to the best of our knowledge, the information contained in this application is true and accurate. The Staff of Tabula Rasa may verify any part of this application material. The applicant desires to be a student at Tabula Rasa.

Date _____ X _____
 Parent Signature

Date _____ X _____
 Parent Signature

Notice of Nondiscriminatory Policy

Tabula Rasa admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at Tabula Rasa. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarships, athletic and other school administered programs.

MEDICAL/EMERGENCY INFORMATION

Emergency Information

Name of Child _____ Name of Parent _____ Phone number _____

Birth date _____ Last Physical Examination _____

Emergency contact: Name and phone number(s) of two adult relatives we may call in case of emergency when parent is not available:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Child's Physician:

Name _____ Phone Number _____ Hospital _____

Health Concerns:

Does your child suffer from any chronic conditions or allergies, does s/he have any limitations or special needs? Does the child take any medication? If yes, please explain in full on the space provided below:

Does the school have permission to administer Tylenol or other medication to your child if the need arises? _____

Does the child take any medication on regular basis? _____ If yes, please specify:

Medical Release

I hereby authorize the staff of Tabula Rasa The Language Academy to contact the persons named on this card and do authorize the named physician or his or her associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that the persons named on this card cannot be reached, Tabula Rasa Staff are hereby authorized to take whatever action is deemed necessary in its sole judgment for the health of the aforesaid child. Any expenses incurred for the above will be the sole responsibility of the Parent(s)/Guardian(s).

I HAVE READ, UNDERSTOOD AND AGREE TO THIS EMERGENCY RELEASE.

Date _____ X _____
 Parent Signature

Date _____ X _____
 Parent Signature

Supplemental information (for Toddlers and 2 year old Preschool children)

Name of Child _____ Name of Parent _____ Phone number _____

Eating Behavior

Drinks: Breastfeed Bottle Cup with lid

Eats: Uses spoon Uses hands

Mealtime: Lap High Chair Infant Seat Other

Food: Brand _____ Quantity _____ Frequency _____

Other: Allergies? _____

History of colic? _____

Sleeping Behavior

Where (at home): Crib Bed

Rest times: _____

What does he/she takes to bed (blanket, bottle, pacifier, etc) _____

Mood upon awakening: _____

Other (Specify): _____

Toilet Habits

Your child is: Toilet Trained Currently Toilet Training

If Toilet training, does he/she indicate bathroom needs? Yes No

What wears: Disposable Diapers Pull-Ups Other

Do you use: Desitin Powder Special Wipes Other

Is diaper rash a problem? Yes No

Is diarrhea or constipation a problem? Yes No

Miscellaneous

What (if anything) do you do for teething? _____

How does child relates to strangers? _____