

APPLICATION FOR ADMISSION

Sandy Springs School, 2023-2024

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:	<u> A</u>									_ (f	or	off	fice	us	se o	nly)
Session: Part-Time (withou	ıt afte				AM 	Fu	ll-T	`ime									
<u> </u>																	
☐ Kindergarten ☐ 1 ^s						_											
	Λp	DI ICA	NT	Inte	ODM	1 TT) NI							_			
	APPLICANT INFORMATION																
Applicant's (Legal) Name:					Nickname												
Home Address:																	
City: Zip Cod	de:				Mot	her	's (Cell:_									
Father's Cell:			Oth	er F	hone	Nu	mb	er:_									
E-mail address											I						
Birth date: Birthplace: Birthp																	
Previous school (if any):												_					
	I	PAREN	NTS/	G U	ARDL	ANS	\$										
Father:				N	Iothe	er:											
Name (first, middle, last name – called)			N	Name (first, middle, last name – called)													
Home address (if different from child)			H	Home address (if different from child)													
Title/Company Name			Title/Company Name														
Business Address			В	Business Address													
Business Telephone				Business Telephone													
Driver's License Number			D	Driver's License Number													
E-mail Address				E	-mail	Ad	dre	ess									

Applicant lives with: (check one) Both parents Mother Legal Guardian Other (Specify)									
Siblings									
Name	Age Current School	Name	Age	Current School					
pick up the Applica					l to				
2	e Address Phone Number Relationshi								
Tuition policies and rates are established each January by Tabula Rasa for the upcoming academic year Snack and Lunch are included with the tuition for Preschool and Elementary School students. Field trip and material fees (if any) are not included with the tuition. If the child has any food allergies or special diets, the parents should supply all food from home. Application Fee: \$100 per year/per student Matriculation Fee: \$500 per year/per student									
Grades	Attendance	Tuition, August-May	Paid Monthly	Paid Upfront					
Infant-Pre-K	Part-Time (M-F until 1pm)	\$11,500	\$1,200	\$11,500					
Infant-Pre-K	Full-Time	\$14,500	\$1,500	\$14,500]				
K-5 th	School Tuition	\$13,000	\$1,350	\$13,000					
K-5 th	Afterschool	\$4,000	\$400	\$3,800					
Tabula Rasa offers three (3) tuition payment options: (a) One Payment Plan, by which yearly tuition is paid by July 1st, (b) Two Payment Plan by which 50% of yearly tuition is paid July 1st and 50% is paid by September 1st, and (c) 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	D RELATED FEES ARE	E NONREFUNDAB	LE.						
I/We agree to pay	all the fees and tuition the financial obligations hat, in case of withdraw	s toward the school	on time without in						
Signature of Par	ent	Date							
Signature of Par	ent	Date							

Parental Agreement with Tabula Rasa The Language Academy

- 1. I assume responsibility for the tuition and fees for the full school year.
- 2. I accept the responsibility to keep my financial obligations current without invoice.
- 3. I hereby acknowledge that tuition and related fees are nonrefundable.
- 4. 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 routine transportation, field trips and other special activities away from the facility.
- 5. I hereby release, hold harmless and indemnify Tabula Rasa, its officers, 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 when I'm not available.
- 6. I hereby give my permission for pictures taken of my child during any summer camp activity to be used by Tabula Rasa for school-related publications.
- 7. 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.
- 8. The school agrees to keep me informed of any incidents, illnesses and injuries which include my child.
- 9. 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.
- 10. Warning: Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19.
- 11. I'm aware that the school does not administer 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 etc)
- 12. 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 (vegetarian, vegan etc.). Parents need to send water/juice from home.
- 13. 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 Inform	<u>nation</u>	
Name of Child	Name of Parent	Phone number
Emergency contacted the Emergency when particular the Emergency when the		r(s) of two adult relatives we may call in case of
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Child's Physician:	<u>.</u>	
Name	Phone Number	Hospital
special needs? If yes Does the school have	er from any chronic conditions, please explain in full on the	ns or allergies, does s/he have any limitations or e space provided below: ylenol or other fever-reducing medication to your
child if the need aris Does the child take a		sis? If yes, please specify:
this card and do auth may be deemed nece named on this card of action is deemed nece	norize the named physician cassary in an emergency, for the cannot be reached, Tabula Racessary in its sole judgment for	anguage Academy to contact the persons named or or his or her associates to render such treatment as ne health of said child. In the event that the persons as Staff are hereby authorized to take whatever or the health of the aforesaid child. Any expenses lity of the Parent(s)/Guardian(s).
I HAVE READ, UND	DERSTOOD AND AGREE TO	THIS EMERGENCY RELEASE.
DateXPare	ent Signature	
Date XPare	ent Signature	

Sandy Springs Campus: 5855 Riverside Drive Atlanta, Georgia 30327, 404-847-0829 Lawrenceville Campus: 1430 Riverside Pkwy, Lawrenceville Georgia 30043, 678-985-8080 Johns Creek Campus: 11035 Jones Bridge Rd, Alpharetta GA, 770-663-0120

Supplemental information for Toddlers and 2 year old Preschool children

Name of Child	Nam	e of Par	ent	Phone	e number			
Eating Behavior Drinks:	☐ Breastfeed		Bottle		Cup with lid			
Eats:	☐ Uses spoon		Uses hands					
Mealtime:	□Lap		High Chair		Infant Seat		Other	
Food: Brand		Qua	nntity]	Frequency			
Allergies								
Sleeping Beha	<u>avior</u>							
Where (at home	e): Crib 🗌	Bed □						
Rest times (at he	ome):							
What does he/she takes to bed (blanket, bottle, pacifier, etc)								
Mood upon awa	kening:							
Other (Specify):								
Toilet Habits								
Your child is:	☐ Toilet Train	ed	☐ Currently	Toilet	t Training			
If Toilet training, does he/she indicate bathroom needs? Yes No								
What wears:	□Disposable D	iapers	☐ Pull-Ups		Other			
Do you use:								
Is diaper rash a problem?								
Is diarrhea or constipation a problem?								
<u>Miscellaneou</u>	<u>s</u>							
What (if anythin	ng) do you do foi	teethin	g?					
How does child	relates to strang	ers?						

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