

APPLICATION FOR ADMISSION

Scholastic Year 2023-2024 Lawrenceville School

Completed application should be mailed along with the appropriate fees listed below (payable to Tabula Rasa) to: Lawrenceville Location: "Admissions", Tabula Rasa , 1430 Riverside Pkwy, Lawrenceville GA 30043 There is no provision for a waiver of the application fees. These fees are non-refundable.

Admission Date:			((for off	fice us	se only)												
Session:	Mornir Infant	ng [Aft To	ternoor ddler Geor	□Wed n □2Y gia Pr	PROGR Inesday O Presc re-K	□Thu thool Eleme	□3 entai	3YO ry Sp	Presc	choo		rsio	n At	ftero	care		
						ANT INI												
Applicant's (Legal Home Address:	l) Nam	e: _							ľ	Vickn	amo	e						—
City:				:			ome P			mber	:					-		_
E-mail address:			П			_ T T		Т			T	T	1				$\overline{}$	_
Birth date: Birthplace:Sex: M																		
					PARE	NTS/GU	ARDIA	ANS										
Father:							M	oth	er:									
Name (first, mide	ile, las	t nan	ne – o	called)			N	ame	(firs	st, mic	ddle	e, las	st n	ame	-c	alle	<u>d)</u>	
Home address (if	differe	ent fr	rom c	child)			Н	Home address (if different from child)										
Title/Company N	ame						Ti	Title/Company Name										
Business Address	;						Bı	Business Address										
Business Telephone							В	Business Telephone										
Driver's License Number							D	Driver's License Number										
E-mail Address								E-mail Address										
Applicant lives wi		eck o			Fath	her		Le	egal (Guard	lian			Othe	er (S	Spec	ifv)	

Siblings

Name	Age	Current School	Name	Age	Current School
Name	Age	Current School	Name	Age	Current School
In the event the Par up the Applicant)	rent/Guardian (cannot be reached, p	olease call (th	ese individuals a	re authorized to pick
Name 1	Address		Phone	Number	Relationship
2					
3					

Tuition policies and rates are established each January by Tabula Rasa for the upcoming academic year. Snack and Lunch are included with the tuition. Field trip and material fees (if any) are not included with the tuition. If the child has any food allergies or restrictions, the parents should supply all food from home. The tuition is paid via credit card each Friday for the upcoming week. GA Pre-K fees (afterschool/food) are paid for each week August-May, no refund for the weeks the school is closed.

Application Fee:

Grades	Attendance	Weekly Tuition
Infant	Full-Time	\$300
Infant	3 full days or five mornings	\$260
Infant	2 full days	\$240
Toddler-Pre-K	Full-Time	\$280
Toddler-Pre-K	3 full days or five mornings	\$260
Toddler-Pre-K	2 full days	\$220
GA Pre-K Afterschool		\$120
GA Pre-K Food		\$30

Schools hours:7:00 am-6:00 pmOffice Hours:8:30 am-5:30 pmInfant-Pre-K Morning program hours:8:00 am-1:00 pmGA-Prekindergarten drop off and pick-up:7:45 am, 2:15 pmElementary Afterschool Spanish Immersion:3:00 pm-6:00 pm

ALL TUITION AND RELATED FEES ARE NONREFUNDABLE.

We, the parent	its of, u	inderstand the fee structure given to us on a separate file. We will pay
tuition on time	e without requesting an invoice.	
Date	X	
	Parent Signature	
Data	V	

Tabula Rasa Sandy Springs 5855 Riverside Drive Atlanta Georgia 30327 Tel: 404-847-0829

Parent Signature

Tabula Rasa Lawrenceville 1430 Riverside Pkwy Lawrenceville GA 30043 Tel: 678-985-8080 Tabula Rasa Alpharetta 11035 Jones Bridge Rd Alpharetta Ga 30022 Tel: 770-663-0120

\$200 per year/per student

Parental Agreement with Tabula Rasa The Language Academy

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

- 1. I assume responsibility for all 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 I am required to give a two (2) week notice in writing of withdrawal from the school otherwise tuition and fees will be continue to be due. During those two (2) weeks, regular tuition will be charged.
- 5. If notified that your child needs to be picked up for any reason (illness or behavior), please be prepared to pick up within one hour. If unable to pick up within an hour, then parents are required to send an emergency back up to pick up otherwise Tabula Rasa will charge \$1 per minute after the hour wait time. If children are ill and it goes beyond the hour wait time, then we have the right to notify authorities and/or call emergency services.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. I hereby acknowledge that I have reviewed, understood and consented to all of the terms and conditions set forth in the Tabula Rasa Parent Handbook, attached hereto and incorporated herein by this reference.
- 11. The school agrees to keep me informed of any incidents, illnesses and injuries which include my child.
- 12. 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.

13.	l'm	aware that the school	does not administer any n	nedicine to my child, expect th	e following (if applicable)
		Baby Wipes	Band Aid	_Neosporin or similar ointmer	nt
		Sunscreen	Insect Repellent	Non-prescription ointm	ent (Desitin, Vaseline etc
14.	ľm	aware that school doe	es not offer breakfast. Snac	ck/lunch are offered for a mon	thly cost of \$30/week for
	GΑ	A-Prekindergarten prog	ram, and are included in th	ne tuition for students in other	programs.
	_				

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.

Date	X_
Date	Parent Signature X
Date	Parent Signature X
	Authorized Representative of Tabula Rasa

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.

Tabula Rasa Sandy Springs 5855 Riverside Drive Atlanta Georgia 30327 Tel: 404-847-0829 Tabula Rasa Lawrenceville 1430 Riverside Pkwy Lawrenceville GA 30043 Tel: 678-985-8080 Tabula Rasa Alpharetta 11035 Jones Bridge Rd Alpharetta Ga 30022 Tel: 770-663-0120

MEDICAL/EMERGENCY INFORMATION

Emergency Information

Name of Child	Name of Parent	Phone number
Birth date	Last Physical Examinat	ion
Emergency contact: demergency when parent	=	two adult relatives we may call in case of
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Child's Physician:		
Name	Phone Number	Hospital
•	needs? Does the child take any	food restrictions, or allergies, does s/he have any medication? If yes, please explain in full on the
arises?	•	ol or other medication to your child if the need If yes, please specify:
card and do authorize deemed necessary in a this card cannot be rea necessary in its sole ju	the named physician or his or l n emergency, for the health of ched, Tabula Rasa Staff are he	uage Academy to contact the persons named on this ner associates to render such treatment as may be said child. In the event that the persons named on reby authorized to take whatever action is deemed oresaid child. Any expenses incurred for the above an(s).
I HAVE READ, UND	ERSTOOD AND AGREE TO	THIS EMERGENCY RELEASE.
DateX_Parent	Signature	
DateX_Parent	Signature	
Date X		
Tabula Rasa Sandy Spr 5855 Riverside Drive	rings Tabula Rasa Lawre 1430 Riverside Pkv	-

Atlanta Georgia 30327 Tel: 404-847-0829

Lawrenceville GA 30043 Tel: 678-985-8080

Alpharetta Ga 30022 Tel: 770-663-0120

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

Name of Chil	Name of Parent				Pho	Phone number			
Eating Behav Drinks:	Breast feed		Bottle			Cup	with lid 🔲		
Eats: How is feed:	Uses spoon Lap		Uses h			Infaı	nt Seat 🗌	Other [
Food:	Brand		Quar	ntity_		Freque	ency		
Other:	Allergies?_								
	History of co	olic?							
Sleeping Beh	<u>avior</u>								
Where (at hom	e): Crib	· 🗌	Bed [
Rest times:									
What does he/s	she takes to be	ed (blanket,	bottle,	pacifi	er, etc)			<u></u>	
Mood upon aw	akening:								
Other (Specify):								
<u>Toilet Habits</u>									
Your child is:	Toilet Train	ed 🗌 Cu	ırrently	Toilet	Trained	ı 🗆			
If Toilet trainir	ng, does he/she	e indicate b	athroon	n need	s? Yes		No 🗌		
What wears:	Disposable l	Diapers		Pull	-Ups		Other		
Do you use:	Desitin	Powde	r 🗌	Spe	cial Wip	es 🗌	Other		
Is diaper rash a	problem?	Yes		No					
Is diarrhea or c	constipation a	problem? Y	∕es	No					
<u>Miscellaneou</u>	<u>es</u>								
What (if anyth	ing) do you do	o for teethin	ng?						
How does child	d relate to stra	ngers?							

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