



2023-2024 Enrollment Contract

THE OAKS SCHOOL IN EVANS

2540 William Few Parkway, Evans, GA 30809
Phone: 706--513-7518
www.theoaksevans.org

Office Use Only

Rcvd by: _____

Date Rcvd: _____

Amt Rcvd: _____

Please complete one application per student.

Student's Full Name _____ Student's Preferred Name _____

Grade Entering: _____ Main Telephone (area code) _____

Parent's/Guardian's Name (*circle one*): _____

Billing Address: _____

Name/Best number to call during school hours: _____

Current Email Address (Required): _____

Has there been any change to the legal guardianship status of the student since the previous school year? No Yes If yes, please explain and attach any court documents. _____

Emergency Contacts (other than parents/guardians)

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Please list anyone else beyond Parent/Guardians and Emergency Contacts who are authorized to pick up your child from school only: _____

Has the student had any changes to their physical or emotional health of which the school should be made aware? No Yes If yes, please describe: _____

In signing this enrollment contract, I understand and agree to accept the regulations set forth by The Oaks School, and I further understand that:

- A health form indicating immunizations must be completed and returned to the school by opening day in order for my child to enter the school.
- The school has the right to refuse admittance to class, terminate enrollment, withhold report cards, refuse graduation, and/or deny transfer credits or records for any student whose financial account is delinquent or who violates any of the school regulations.
- If my tuition account becomes **45** days delinquent, the account will be submitted to the financial committee of the Board of Directors for review.
- If my account is past due, I will be denied access to my parent portal and will be unable to view my child's grades and/or report card.
- I hereby authorize and grant permission to the school to hospitalize and/or secure treatment for my child (or ward) in case of medical surgical emergency, provided that the school is unable to contact me. If unable to contact my child's physician, a substitute may be made in an emergency.
- I hereby give permission for my child (or ward) to participate in all school activities and attend all scheduled field trips and travel within 50 miles. The school will give 24-hour notice for such field trips. I absolve and release the school, its officers, trustees, staff, faculty, employees, agents, and representatives from liability to my child or to me or any other parent, guardian, or sponsor of the child because of injury sustained at school during any school activity or during travel to and from any school activity.

- I hereby give the school permission to use my child's name, photo, film footage and any of his/her work for any news release. This includes television, website, and yearbook.
- I hereby give permission for my child (or ward) to have full access to the school network/internet for research and education as specified in the current handbook.
- If I cancel my child's enrollment for whatever reason prior to the end of the school year, I agree to pay the prorated amount for days attended plus the \$500.00 withdrawal fee. I understand any unpaid balance becomes payable immediately upon termination of enrollment.

****I certify that I have disclosed all of my child's educational and social history including special needs to the school by signing this contract.***

Signature: _____ Date: _____
(Parent/Guardian)

Accepted by The Oaks School

Signed: _____ Date: _____
(Head of School)

The Oaks School does not discriminate regarding race, sex, creed, religion, color, age, or national and ethnic origin in the administration of its educational policies, applications, admissions, and all other programs.



2023-2024 Tuition

THE OAKS SCHOOL

Please complete one tuition form per family.

	Annual Tuition	10-Mo. Payments	12-Mo. Payments
Kindergarten	\$6,500.00	\$650	\$541.68
First Grade	\$7,350.00	\$735	\$612.50
Second Grade	\$7,350.00	\$735	\$612.50

Student(s) Name(s): _____

I have reviewed the Tuition & Payment Plan Options including payment amounts for the 2023-2024 Academic Year and would like to be billed for the above student(s) as indicated below. (Please Select One)

- Annually Due **June 5, 2023**
 Semi-Annually Due **June 5, 2023** (1st semester) and **December 5, 2023** (2nd semester)
 Quarterly Due **June 5, 2023; September 5, 2023; December 5, 2023; and March 5, 2024**
 10 Months Due each month for 10 months beginning **June 5, 2023**
 12 Months Due each month for 12 months beginning **June 5, 2023**

Payment Options for payments (Please Select One):

- Check made payable to The Oaks School
 Automatic Draft (Please include a voided check from your banking institution.)
 Credit Card (5% convenience fee will be charged.)
 Credit Card #: _____ Exp. Date: _____ Billing Zip Code: _____

Fees (Non-Refundable):

- \$100 Application Fee
- \$400 Registration Fee

Discounts Available:

- **Church Member Discount:** Families who are members of Redeemer receive a 10% discount on tuition for any full-time student.
- **Multi-child discount:** Families with more than one child enrolled receive 2.5% for 2 children; 5% for 3 children; and 10% for 4 children or more.

Tuition accounts 45 days past due will be turned over from the School Business Office to the Finance Committee. At that time, the Finance Committee will contact account holders to schedule a meeting. Student report cards/transcripts will be held if financial obligations are not met.

I have read and understand the above agreement and agree to the terms and conditions.

Signatures of All Parents/Guardians who are financially responsible for Student:

Signature: _____ Date: _____
Parent/Guardian (circle one)

Signature: _____ Date: _____
Parent/Guardian (circle one)



2023–2024 Student Health Form

THE OAKS SCHOOL

This form must be completed by each The Oaks School student before entering school on the first day of the 2023-2024 school year.

Student: _____ **Date of Birth:** _____ **Grade:** _____

Address: _____

Mother/Guardian: _____ **Cell#:** _____ **Home/Work#:** _____

Father/Guardian: _____ **Cell#:** _____ **Home/Work#:** _____

Emergency Contacts: (if parents/guardians cannot be reached)

1. **Name:** _____ **Relationship:** _____

Best Contact Numbers Cell: _____ **Home/Work:** _____

2. **Name:** _____ **Relationship:** _____

Best Contact Numbers Cell: _____ **Home/Work:** _____

Medical History: (Please check all that apply. Provide additional information as needed.)

- | | | | |
|-------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Muscle weakness/paralysis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Vision Problems | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/bladder | <input type="checkbox"/> Migraines/headaches | |

Additional Information: _____

Allergies: (medications, food, insects, environmental – please be specific.) _____

Has your child been prescribed an EpiPen? no yes, location of EpiPen: _____

Has your child been prescribed an inhaler? no yes, location of inhaler: _____

Does your child take any other medications? no yes, please explain: _____

Consent for Over the Counter Medications:

I give permission for The Oaks School staff to give the age-appropriate dose of the following over-the-counter medications:

Acetaminophen (Tylenol equivalent) yes no Antacids (Tums) yes no

Ibuprofen (Motrin/Advil equivalent) yes no Antibiotic Ointment yes no

Antihistamine for allergic reaction (Benadryl) yes no

Name & Contact of your Child's Pediatrician _____

Authorization and Consent for Medical Treatment

In the event that my child needs emergency medical treatment during school hours while attending The Oaks School, I authorize the school, through the school's administrative staff and faculty, to administer first aid or other medical treatment as deemed necessary under the circumstances. I consent for my child to receive such treatment. I understand the school will attempt to notify me (or other parent/guardian named on this form) in the event of an emergency requiring immediate medical care for my child. If the school is unable to notify me, in case of a serious injury/illness, the school has my permission to arrange transportation to and treatment by a duly-qualified physician at the nearest emergency hospital or clinic.

Signature of Parent/Guardian: _____