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|-------------------|
| Date of |
| Registration: |
| |
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Allergies/Medical Conditions:

Registration Form 2024-2025 School Year

| Student's Legal Name: | | | | |
|---|---------------------------|------|--|--|
| Date of Birth: | Grade Last Enrolled: | | | |
| Home Address: | | | | |
| City: | State: | Zip: | | |
| Parent/Guardian Name: | | | | |
| Preferred Phone Number: | Secondary Phone number: _ | | | |
| Email: | | | | |
| Home Address (If different than enrolling student): | : | | | |
| | · | | | |
| Does your child receive a scholarship? | | | | |
| Name of Scholarship: | | | | |
| Student Award ID Number: | | | | |
| Registered Parent Name: | | | | |
| | | | | |
| Student History | | | | |
| Is Birth Certificate Attached to Registration Form? | Yes No | | | |
| Last School Attended: | | | | |
| Phone Number: | | | | |
| Is Records Request Form signed and attached? | Yes No | | | |

| Please, check below if student received the following at | last school: |
|--|------------------------------|
| 504 | |
| Exceptional Education Program | |
| Functional Behavior Assessment | |
| Please, list below any diagnosis (if any) that may help us | to understand student needs: |
| Diagnosis: | Date: |
| Diagnosis: | Date: |
| Please list any medication the student is currently taking | 3 . |
| Primary Physician: | Phone: |
| <u>Allergies</u> | |
| Food: | |
| Medication: | |
| Environmental: | |
| Does student wear glasses? Yes No | |
| Does student wear contacts? Yes No | |
| Is student hard of hearing? Yes No | |
| Emergency Contact Person(s) | |
| Name: | Relationship to Student: |
| Preferred Phone: | Second Phone: |
| Name: | Relationship to Student: |
| Preferred Phone: | Second Phone: |

Financial Obligation Contract

Parent/Guardian is personally responsible to pay Enrichment Program Fee of \$75 on the 15th of every month student is enrolled in classes with Ocean Learning Center, LLC.

1 student (\$75/month) additional siblings (\$50/sibling/month)

10 Month Tuition Fee (2023-2024 School Year):

\$9,000.00

Parents/Guardians must meet scholarship deadline approval requirement by in scholarship student information system. If approval does not meet enrollment deadline, then parent/guardian is responsible for payment of the missed quarter. If a Parent/Guardian withdraws their student, the parent is obligated to pay tuition for the semester(s) the student was enrolled at Ocean Learning Center, LLC. If tuition is greater than the amount awarded by your student's scholarship, then the parent/guardian is obligated to participate in a payment plan for the difference- to be paid in full by July 25, 2025. If your student does not receive a scholarship, then the parent/guardian may also participate in a payment plan that will cover full program fee and tuition fee from beginning date of registration to the end of the 2024-2025 school year calendar- to be paid in full by July 25, 2025. Those that meet financial need may be provided with some tuition assistance.

Optional Additional Costs:

Individualized Subject Tutors: \$25.00/hour

Laptop: \$300.00

• Fees do not include vocational certifications and field trip admission fees

Witness Signature:

Financial item list and agreement to pay:

| Enrollment Date | Scholarship | Tuition Fee | Total Months | Notes: |
|-------------------------------|-----------------|--------------------------------|----------------|---|
| | | | | |
| Registration Date | Enrichment F | Enrichment Fee Payment on 15th | | Program & Tuition Fee Total |
| | | | | |
| Parent/Guardia | n agrees to pay | optional additio | nal costs upon | invoice of service. |
| , | | | | t/guardian of ster my child with Ocean Learning |
| | | | | ncial obligation as listed above to Ocean I Year Calendar (July 25). |
| Signature of Parent/Guardian: | | | Date: | |
| | | | | _ |

Date: