Welcome to Live Oak Academy of the Lowcountry where learning is reimagined through your child's voice and choice!

Student's Name_____ DOB_____

Gender_____ Race_____

Address_____

Parent/Guardian Information

(1) Parent/Guardian Name_____

Phone Number_____ Email_____

Address (if different from student)_____

(2) Parent/Guardian Name_____

Phone Number_____ Email_____

Address (if different from student)_____

Emergency Contacts

(1) Name (cannot be parent/guardian)_____

Phone Number_____ Relationship to student_____

(2) Name (cannot be parent/guardian)_____

Phone Number_____ Relationship to student_____

Media Waiver

Throughout the school year, we may showcase various student videos, pictures, projects, and school-related functions in various media forms. This may include, but is not limited to: school websites, school-sponsored social media sites (Facebook and Instagram), newspaper, and television.

No student's full name will be used in conjunction with any project or photo shared by the school.

Please note: if your student does not want his or her photo taken, we will always respect that decision.

Do you authorize Live Oak Academy of the Lowcountry to use photos of your student in its online and printed media? (Example: Social media, website, or flyers)

☐Yes or ☐No

Transportation

Do you give Live Oak Academy staff permission to transport your child(ren) in the LOA bus for field trips?

-14 passenger shuttle
-Every seat has a seatbelt
-Emergency exit at the back and front of the bus
-First Aid Kit present on bus

☐Yes or ☐No

I give my child permission to ride with the following people_____

_____

Medical Permission

Does Live Oak Academy have permission to have your child treated at the nearest medical facility in an emergency situation?

☐Yes or ☐No

Health Insurance
Company_____

Pediatrician_____ Phone
Number_____

Dentist_____ Phone
Number_____

(1) Does your child have any food, medication or environmental allergies?

☐No

☐Yes -check all that apply ☐Food ☐Medication ☐Environmental

Please list and explain allergies here:

Does your child's allergy/allergies require staff to monitor your child for symptoms, take action if a reaction occurs, or administer emergency medication to your child?

☐Yes - *If yes, an LOA med form is needed.* or ☐No

(2) Does your child have a special health or medical condition?

☐Yes or ☐No

If yes, please explain here:

Does the special health or medical condition require staff to perform a procedure, provide additional care, or administer medication during school hours?

☐Yes - *If yes, an LOA med form is needed.* or ☐No

(3) Does your child have any dietary restrictions, including those for medical, religious, or cultural reasons.

☐Yes or ☐No

If yes, please explain here:

Parent Signature

Sign_____Date_____

For Future School Years (do <u>not</u> complete)

I certify that the information above is accurate and up to date - completed annually.

Sign_____Date_____

Sign_____Date_____

Sign_____Date_____

Sign_____Date_____

Sign_____Date_____

Live Oak Academy of the Lowcountry Medical Form

A separate plan must be written for each condition that requires different actions to be taken and must be updated every school year.

This form shall be completed when a child has condition that requires one of the following:

- Monitoring the child for symptoms which require staff to take action
- Ongoing administration of medicine or medical foods
- Procedures which require staff training
- Avoiding specific food(s), environmental conditions, or activities
- School-age child to carry and administer their own emergency medication.

Student Name_____

Special Health Condition:

Does the health condition require medication or medical food?

A. What are the signs, symptoms, or situations which require staff to take action?

B. What are the activities, foods, environmental conditions, etc. to avoid? ☐Not Applicable

C. What are the training instructions for the procedures staff have to follow?

Live Oak Academy of the Lowcountry Administration of Medication Form

This form must be completed if a child requires prescription or non-prescription medication, medical food, or a topical product (e.g., sunscreen, insect repellent, hydrocortisone cream) during school hours.

Student's Name_____

DOB_____ Weight (if needed to determine dosage)_____

Name of medication, medical food, or topical product_____

_____

Dosage of medication or medical food (example: one 20mg pill)_____

_____

Time of medication or medical food_____

Medication or medical food expiration date (if no date, this will be one year from today)

_____

A. What are the symptoms which require staff to administer medication or medical food?

B. What are the specific instructions for administration of medication or medical food?

C. What are the actions to be taken if symptoms do not subside?

Medication, medical food, and topical products must be in their original container - we cannot accept baggies or unlabeled containers. With the exception of Epi-Pens, medications must be administered at home at least one time before it is administered at Live Oak Academy of the Lowcountry. A record of administration of medication will be kept by LOA for 5 years.

Administration of Medication, Medical Food, or Topical Product Training

Student's Name_____

If the school is evacuated, are there medications or supplies that need to come with the child or does the child need additional assistance? *(Check all that apply)*

☐Medication ☐Supplies ☐Assistance ☐Not Applicable

Parent provided training and grants permission to perform the procedures.

My signature indicates I have provided instructions for care and/or training for the medical procedure and I give my permission for the staff listed to perform the procedures in my child's Medical Plan.

Parent Signature_____
Date_____

Signatures of all Live Oak Academy of the Lowcountry staff members who have received instructions for care and/or have been trained in procedures for the care of this student. Additional printed names and signatures can be added to an attached page if there are no available spots.

Staff Printed Name	Signature	Date
Staff Printed Name	Signature	Date
Staff Printed Name	Signature	Date
Staff Printed Name	Signature	Date
Staff Printed Name	Signature	Date

For Future School Years (do <u>not</u> complete)
I certify that the information above is accurate and up to date - completed annually.

Sign_____Date_____

Sign_____Date_____

Sign_____Date_____

Sign_____Date_____

Record of Administration of Medication

A separate form must be completed for each medication, medical food, or topical product that will be administered during school hours at Live Oak Academy of the Lowcountry.

Student Name	Name of medication, medical food, or topical product

Date	Time	Dosage	Signature

Tuition Responsibility Agreement

This agreement outlines the financial responsibilities of parents/guardians enrolling a student at Live Oak Academy of the Lowcountry (LOA).

Tuition and Fees

- Tuition is set annually by LOA and communicated in writing prior to enrollment.
- A non-refundable deposit is required upon enrollment or re-enrollment to secure a student's place. This deposit will be applied toward the total tuition due.

Payment Schedule

- Families may choose one of the following payment plans:
    - Full Payment (2% Discount): Tuition paid in full by June 30 for the upcoming school year. For students joining us after school begins, prorated tuition is due before their first day of school.
    - Monthly Payments: Tuition paid in ten equal installments, due on the first of each month, beginning August 1.
- Payments not received within 30 days of the due date will incur a $50 late fee. If you are experiencing financial hardship that may delay payment, please reach out to us as soon as possible. We are committed to working with families to find a solution.
- Returned checks will result in a $25 fee.

Delinquent Accounts

- LOA reserves the right to withhold narrative evaluations, transcripts, or re-enrollment until all accounts are paid in full.
- Students may not be permitted to attend classes if tuition is more than 60 days past due.

Withdrawal and Refund Policy

- Parents/guardians who withdraw a student must provide a 30 day written notice to LOA.
- The deposit is non-refundable under all circumstances.
- Reasons for separation from this contract: 1) Withdrawal of the child due to relocation of family away from Hilton Head/Bluffton, SC vicinity. 2) Dismissal of the child from school for disciplinary reasons or at the discretion of the Executive Director. 3) Withdrawal of child due to serious illness or death.

Responsibility

- By signing this agreement, parents/guardians accept full financial responsibility for tuition and fees for the student named below.
- If more than one parent/guardian signs, both parties are jointly and severally responsible for all tuition and fees.

Grade Level	Tuition Total	Deposit	Full Payment (2% Discount)	Monthly Payments (Less Deposit)
Half Day Preschool	$5,992	$480	$5,872.16	$551.20
Full Day Preschool	$10,622	$850	$10,409.56	$977.20
Kindergarten	$12,134	$971	$11,891.32	$1116.30
1st-12th	$15,757	$1,261	$15,441.86	$1,449.60

Discounts: Returning Families $500, Sibling 10%, Third Sibling 15%, Fourth Sibling 20%

Payment Plan Choice

Student Grade Level

____Half Day Preschool
____Full Day Preschool
____Kindergarten
____1st-12th Grade

Payment Option

☐ Full Payment - Paid by June 30, 2% Discount

☐ Monthly Payment - Paid on the first of every month

Student Name(s): _____

By signing below you are acknowledging and accepting the tuition agreement terms for Live Oak Academy.

Parent/Guardian Name(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Application for Live Oak Academy of the Lowcountry

Student Name_____ DOB_____

Gender_____ Current School_____

Grade Level_____

Parent/Guardian Name_____Occupation_____

Parent/Guardian Name_____Occupation_____

Sibling Name_____ Sibling Age_____

Sibling Name_____ Sibling Age_____

Does the applying student have an ISP, IEP, 504 plan, learning differences or therapies? ☐Yes

or ☐No

If yes, please explain here:

Why are you interested in Live Oak Academy?

Describe your child's strengths:

Academic:

Social:

Emotional:

Describe areas you believe your child could improve:

Academic:

Social:

Emotional:

How does your child learn best? What type of school environment do you believe is best for your child? Under what conditions is your child the most productive?

What are your goals for your child's education?

Is there anything else you feel your child's teacher should be aware of before the year begins?