

2530 W. La Palma Avenue
Anaheim, CA 92801
Website: www.awschool.org



Date Received:
OFFICE USE

Phone: (714) 995-1800
Fax: (714) 995-4023
E-mail: office@awschool.org

**INTERNATIONAL STUDENTS / F1 VISA STUDENTS
ENROLLMENT CONTRACT 2010-2011
AUGUST 31, 2010 – JUNE 15, 2011**

Guardian Information

Complete this section with the information for the family the student will reside with during the school year.

Parents/Guardians _____ / _____ / _____
Last Name Father, First Name Mother, First Name

Address _____ Phone () _____
Home
_____ () _____
City State Zip Primary Phone Number - Home or Cell

E-mail _____ Language(s) spoken at home _____

Father's Work Phone () _____
Cell Phone () _____

Mother's Work Phone () _____
Cell Phone () _____

Family Information

Complete this section with the parent's international information

Non-Resident Parent _____ / _____ / _____
Last Name Father, First Name Mother, First Name

Address _____

Home Phone _____ Cell Phone _____

Father's Occupation _____ Mother's Occupations _____

Student Information

Student #1 Grade Level 2010-11 _____ Student #2 Grade Level 2010-11 _____

Name: Last First Middle Name: Last First Middle

Birth Date Social Security Number Birth Date Social Security Number

School Attended 2009-2010 Ethnicity School Attended 2009-2010 Ethnicity

FINANCIAL CONTRACT

AUGUST 31, 2010 – JUNE 15, 2011

INTERNATIONAL AND F1 VISA STUDENT FINANCIAL CONTRACT

This is a contract for payment of tuition and fees entered into between AcaciaWood School and the parent or guardian whose name and signature appears below. The parties hereto agree to and accept the following terms and conditions for enrollment of the child(ren) listed on Section 1 of 3.

The parent/guardian agrees that their student(s) is (are) enrolled:

- For the entire school year and the parent/guardian is liable for the entire tuition listed below upon signing of the financial contract.
- No refunds for early withdrawal unless a written notice of cancellation is delivered to the school before the last day of the current school year less a \$50 processing fee. See *Parent Student Handbook*, Section II, Registration.
- A \$100 late registration fee is due if the March 26 registration deadline is not met.
- If tuition is not paid in accordance with this agreement, the school shall have the right to withhold school records and transcripts until tuition is paid in full.

INTERNATIONAL AND F1 VISA STUDENT PAYMENT SCHEDULE

TYPE OF FEE	DUE DATE	AMOUNT	AMOUNT ADDITIONALSTUDENT
FORM I-20 (one time fee)	Upon request of I-20	\$ 500.00	\$ 500.00
ANNUAL SCHOOL FEES: (Not refundable)			
Registration	March 26, 2010	\$ 500.00	\$ 500.00
Book Lease, Activity, Yearbook			
1 st Tuition Payment	June 5, 2010	\$ 5,500.00	\$ 5,250.00
Final Tuition Payment	September 5, 2010	\$ 5,500.00	\$ 5,250.00
Total Amount of Tuition and Fees per Student		\$ 11,500.00	\$11,000.00

ADDITIONAL FEES

<u>Athletic Fee</u> (Optional grades 9-12) Invoiced upon student participation	September 5, 2010	\$ 225.00	\$ 225.00
<u>ESL Fee</u> (If student is in ESL program)	September 5, 2010	\$3,600.00	\$3,600.00

AWS Bank Wire Information

Bank of the West
619 South Brookhurst Ave.
Anaheim, CA 92804

Account # 015399436
Routing #121100782
International Swift Code# BWSTUS66

Bank Wire Fee – Include additional **\$25** with each payment you send (not including bank wire fee charged from your bank)

Print Parent or Guardian Name Signature Date



EMERGENCY INFORMATION, MEDICAL RELEASE & FIELD TRIP PERMISSION
AUGUST 31, 2010 – JUNE 15, 2011

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN TO ENSURE ENROLLMENT. IF YOU HAVE MORE THAN ONE STUDENT A FORM MUST BE FILLED OUT FOR EACH STUDENT.

All new students: Immunization Records, including TB skin test, must be received prior to the first day of school to insure compliance with the State of California requirements.

STUDENT'S NAME: _____ DATE OF BIRTH: _____

MEDICAL NOTES: _____

Allergies, Conditions, Medications, Special Needs, etc.

PARENT/Guardian Info: _____

Father's Name

Father's Cell

Mother's Name

Mother's Cell

Insurance/Care Provider _____

Group/Medical # _____

Physician _____

Hospital _____

Address _____

Address _____

Phone _____

Phone _____

Person/s to contact for an emergency or illness and may pick up my student from Acacia Wood School:

Name

Cell Phone

Natural Disaster Contact

The person below should be contacted in the event of a major crisis or natural disaster: This person should live outside of our immediate area and can be contacted to assume responsibility for your child when parents cannot be reached.

Name

Relationship

Phone

Address: City, State

Cell Phone

Authorization for Emergency Medical Services

I hereby authorize Acacia Wood School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical or surgical care if I am not immediately available. It is understood that a conscientious effort will be made to notify me, or the persons designated, before such action will be taken.

Date

Signature of Parent or Legal Guardian

Authorization for Excursion

I hereby consent to have my child participate in walks, field trips and special outings (by car, bus, or van) supervised by the teaching staff, away from school grounds to nearby points of interest, including all library field trips throughout the year.

Date

Signature of Parent or Legal Guardian