



# South Hills Academy

## ENROLLMENT CONTRACT 2018-2019

Date returned \_\_\_\_\_  
Registration Rec'd \_\_\_\_\_  
Check \_\_\_\_\_  
Family ID. No. \_\_\_\_\_  
Student I.D. No. \_\_\_\_\_  
C/A \_\_\_\_\_

Registration Fee must accompany this contract.  
Registration Fee becomes non-refundable upon written acceptance

NAME OF STUDENT: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

TUITION PAYMENT PLAN SELECTION:

\_\_\_\_\_ One Payment Plan                      \_\_\_\_\_ Two Payment Plan                      \_\_\_\_\_ Ten Payment Plan

\_\_\_\_\_ PROBATION STATUS: 6-week academic probation (If progress is unsatisfactory, transition may be necessary.)  
\_\_\_\_\_ PERMISSION IS GRANTED FOR CHILD TO USE THE SWIMMING POOL UNDER QUALIFIED SUPERVISION.  
(3rd -8th Grade Only)

### IN SIGNING THE ENROLLMENT CONTRACT, WE AGREE TO AND WILL ABIDE BY THE FOLLOWING:

- \_\_\_\_\_ 1. I authorize the school to discipline my child in such manner as is wise and expedient.
- \_\_\_\_\_ 2. I hereby give my permission for my child (enrollee named above) to participate in athletics and in all school activities which involve trips away from the school grounds provided such trips are under supervision of a teacher, coach, or principal, except in those instances where I have notified you to the contrary. I further agree to relieve the school, board, and any of its officers, agents, or employees from any liability in connection with this request. All individual students are covered by school time accident insurance, and no further request will be forthcoming during the school year for all campus activities.
- \_\_\_\_\_ 3. I agree to give the school a minimum of 60 day advance written notice prior to removal of my child. I understand I will be held financially responsible for those 60 days.
- \_\_\_\_\_ 4. A late fee of \$30.00 will be charged for payment not received within 10 days after the due dates.
- \_\_\_\_\_ 5. I agree to fulfill my financial obligations as set forth in the 2018-2019 tuition/fee schedule and the 2018-2019 Student-Parent Handbook. Understand that no student will be permitted to take exams nor will grades and transcripts be released unless my account has been paid in full.
- \_\_\_\_\_ 6. In case of accident, I authorize South Hills Academy to seek qualified emergency hospital medical treatment for my child if it is thought to be necessary by the school.
- \_\_\_\_\_ 7. Should legal action for any reason be taken against South Hills Academy or an employee or agent there of on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney's fees, court fees, damages or other costs that South Hills Academy or its agents should incur to defend itself against such action.
- \_\_\_\_\_ 8. I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to abide by the policies and procedures of South Hill Academy as set forth in the Student-Parent Handbook.
- \_\_\_\_\_ 9. I agree to participate in the Fall Fundraiser or to buy out at the cost of \$75.00 per student or \$140.00 per family. If agreement is not met, total charges will be charged to the Student's account.
- \_\_\_\_\_ 10. I understand that should my marital status change, it is my responsibility to amend and update this enrollment contract with new signature(s) and other appropriate information.
- \_\_\_\_\_ 11. I understand both father and mother must sign contract or one parent/guardian with proof of official custody right to make sole decision for choice of school the child is to attend, before enrollment contract can be considered.

**South Hills Academy Mission Statement:** *South Hills Academy provides a Christ-centered atmosphere that enables students to become socially engaged, effective communicators, and critical thinkers in a global setting.*

### I HAVE READ AND AGREE TO ALL THE ABOVE STATEMENTS

Father: SIGN \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother: SIGN \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Financially responsible legal guardian if other than parents:

SIGN \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_