

# The Study

220 Marcus Street  
Soldotna, Alaska 99669  
907-262-6227

## Enrollment Process

1. Request to be placed on the roster for the following year's program. Obtain the enrollment packet from either the office or online.
2. Complete and return the necessary forms indicated below. Submit a non-refundable \$100 good-faith deposit (new students only) that will be applied towards the first month's tuition.
3. Attend the open-house orientation.
4. Purchase uniforms and a pizza card.

### Required Forms/Documentation:

- Enrollment Commitment Form
- Registration Form
- Health Review Form
- Discipline Policy Form
- Proof of Age (Birth certificate or government-issued identification- new students only)
- Immunization Record
- \$100 Deposit

The Study's enrollment process is on a first-come, first-served basis. First preference is given to current students. Second preference is given to siblings of current students that meet the admission criteria. Remaining seats will be filled according to the order in which they submitted their enrollment paperwork and paid the deposit. The Study carefully considers all student applicants based on the services that our school can provide for each child, as well as what each student can contribute to The Study family. We set high goals for our students, and we expect them to work hard and strive to reach their potential with the support of their teachers and parent/guardians.

### Time Line

**JANUARY & FEBRUARY:** Re-enrollment for current students is open. No re-enrollment paperwork will be accepted prior to January 1<sup>st</sup>. New applicants may submit application forms which will be coded with the date of application. Preference will be given according to the enrollment forms with the earliest submission date.

**MARCH 1:** Enrollment is open to all. It will remain open until required paperwork and deposits are submitted for each student, and the caps for each program are met.

## Commitment Statements

PLEASE READ THE STATEMENTS LISTED BELOW AND SIGN WHERE INDICATED. PLEASE MAKE SURE YOU KEEP A COPY OF THE STUDENT HANDBOOK AS IT CONTAINS A COMPLETE LIST OF STUDENT/PARENT RIGHTS AND RESPONSIBILITIES.

### Application Commitment

To the best of my knowledge, all information provided by me on these enrollment forms is true and correct.

### Statement of Cooperation

I hereby make application for my child to attend The Study. In making this application, I understand and agree to comply with and abide by the provisions of the school Student Handbook and the rules and standards set out therein including, but not limited to, the following:

1. The Study has the right to dismiss any student who does not respect the school's academic and behavioral standards or does not cooperate in the educational process.
2. The Study has full discretion in the discipline of students while at school. I will be notified of discipline that involves giving swats. There is an option on the corporal punishment consent form for me to pick-up my student if I do not wish for swats to be given at school.
3. I agree to publicly support the school. I agree to bring whatever comments or concerns I have to the administration as per school policy.
4. I agree to cooperate with the school's policy and procedures and understand that I will be held accountable for my child's adherence to that policy.
5. I agree that my student and I will represent the school well. This includes behavior on-campus, off-campus, online, and during school-sponsored activities such as field trips and sporting events.
6. I agree that The Study has the best intentions for each individual student as well as the school as a whole. I understand that if my student has an ILP, the teaching faculty will make every reasonable attempt to accommodate to my student's needs. I also understand that should my student's ILP exceed The Study's immediate resources, or interfere with other student's educational experience in a manner that requires another teacher/teacher's aide to be present, the headmaster may suggest another school facility that is better equipped with staff who specialize in ILPs.

### Statements of Financial Commitment

I understand that by enrolling my student at The Study, I am responsible for the annual tuition, which has been broken into monthly payments for my convenience. I have read and understand my financial responsibilities as listed below.

#### Program Tuitions:

Full Time Kindergarten Prep – 6 <sup>th</sup> grade	Mon-Fri; 8:30 – 2:30	\$5445 Yearly or \$605 Monthly
Half-Time Kindergarten Prep*	Mon-Fri; 8:30 – 11:30	\$4050 Yearly or \$450 Monthly

*\*Space for half-time Kindergarten Prep is extremely limited. If your student is 4 before January 1<sup>st</sup>, it is The Study's recommendation to enroll in full-time Kindergarten Prep.*

#### Additional Expenses:

- Consumable Text/Workbooks                      Depends on current market price (Grades 1-6 totals around \$100-120)
- Pizza Cards    \$30 for 10 slices
- Uniforms     \$22 per shirt
- Friday Fun Shirts                                     \$18 - \$36
- Field Trips    Cost varies

#### Multi-child Family Discounts

Families with more than one student in attendance will receive a 10% discount on each additional child's tuition.

### Withdrawals:

I understand that the school has made commitments to teachers for resources, etc. based upon my commitment to pay the tuition requirements. I understand that if I withdraw my child from school during the middle of the month, I am responsible for paying the entirety of that month's tuition. We understand that if we should seek to withdraw our child(ren) without clearing our financial indebtedness, then:

- We have violated a moral commitment before the Lord (Matt. 5:37)
- We have forfeited our right to ask The Study to transfer the records on our child(ren) to another school, until we have cleared our indebtedness
- We have subjected ourselves to the legally-binding arbitration process as prescribed in the "conciliation clause," which is included in this enrollment packet

### **Rationale for Financial Commitment**

The Study asks for a financial commitment statement for those who enroll or re-enroll for next year. Enrollment or re-enrollment is a commitment from the parents to pay for one semester tuition even if the child withdraws prior to the first day of school.

1. The Study takes commitments very seriously. Commitments are like covenants which bind two parties together.
2. The Study commits to the parents to provide a full year of education, which requires a full year of tuition payments. The Study is committed to be here for the child and plans each year's expenditures based on the enrollment numbers.
3. Private schools depend on tuition payments to pay expenses. Expenses for the school include salaries for teachers, administrators, and aides. Expenses also include various contracts for copiers, computer maintenance and software, supplies, testing, textbooks, and many more items in order to have a well-functioning school. The school budget is based on the commitments of the parents to send the child(ren) to the school. Once contractual relationships are made, The Study will not undo these contracts,
4. The Study respects the word of its families and does not require a full year of tuition to be paid should a student un-enroll, although this is a typical requirement at most private schools.
5. Parents should take very seriously the signature to enroll the child. If there is any question about whether the child will attend The Study for the entire calendar year, then the parents should wait to enroll until they are very sure that the child will attend.
6. The enrollment commitment does guarantee that a slot will be held for the child and The Study makes that commitment to the parents. If the child does not come the next school year, it is not a simple matter of saying that the school has plenty of time to "fill that slot". Even if another child comes in that grade, the school still loses the anticipated full year tuition income from your child who does not come. The Study would never call a parent and say that the enrolled child cannot come because the School has decided to decrease the number in a particular grade and that the parent has plenty of time to find another school.

### **Conciliation Clause Commitment**

The undersigned parties and The Study agree to make every effort to live at peace and to resolve disputes with each other civilly and in private. The parties agree that any claim or dispute arising from or related to this agreement/enrollment in school shall be settled by Biblically-based mediation and, if necessary, legally-binding arbitration. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Normal communication regarding complaints and/or grievances will be handled according to the process outlined in the School Policy and Procedures Manual under "Complaints and Grievances."

We agree with this approach to resolve any disputes which may arise with our association with The Study.



## Registration Information

### Student Information

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F  
                    Last                      First                      Middle

Grade Enrolling In: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Please tell us about any academic, developmental, or behavioral concerns: \_\_\_\_\_

Please tell us about any academic, developmental, or behavioral strengths: \_\_\_\_\_

Is your child currently receiving additional services? \_\_\_\_\_

Academic Intervention: \_\_\_\_\_ If yes, what subjects? \_\_\_\_\_

Special Education: \_\_\_\_\_ If yes, what types of services? \_\_\_\_\_

***Please provide us with a copy of your child's recent Report Card, SBA Scores and/ or Individualized Education Plan (IEP). This information will help us better meet your child's educational needs.***

## Family Information

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Parent/Guardian Marital Status: Married Separated Divorced Remarried Spouse Deceased Single

Student Resides With: Both Parents Mother Father Stepfather Stepmother Grandmother Grandfather Other

*In case of divorce or separation, please complete the following:*

Legal Custody:                      Joint                      Mother                      Father                      Other \_\_\_\_\_

Financial Responsibility:        Joint                      Mother                      Father                      Other \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street Address

City

State

Zip

Mailing Address: \_\_\_\_\_

(If different than physical)

Street/ P.O. Box

City

State

Zip

Email Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street Address

City

State

Zip

Mailing Address: \_\_\_\_\_

(If different than physical)

Street/ P.O. Box

City

State

Zip

Email Address: \_\_\_\_\_

## Emergency Contact Information

Please provide the contact information for individuals who we should contact in case of emergency, if we are unable to reach parent/guardians.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the contact information for individuals who will be dropping-off or picking-up your student, besides parent/guardians or siblings.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Emergency Medical Release

I hereby authorize The Study to give and/or obtain EMERGENCY MEDICAL assistance for my student in the event that I cannot be reached. I assume full financial responsibility for any such medical service rendered. I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at The Study. I also give permission for my child to be transported by car, or ambulance to an emergency center for treatment, and agree to hold The Study and its employees harmless. *The Study will attempt to make contact with the parent/guardian and then the emergency contacts listed above and follow their wishes if the circumstance allows.* In the event that no one can be contacted, The Study will contact a physician, ambulance personnel, or emergency room personnel and will follow the recommendations of these persons. **I agree to pay any expenses that The Study may incur in the emergency treatment of my child.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

As parents of \_\_\_\_\_, who is applying for admission in The Study's \_\_\_\_\_ program in the 2020-2021 school year, we have read the Headmaster's opening letter, commitment statements, and completed the enrollment form. In doing so, we agree and bind ourselves to the school's policy and procedures and commitments necessary for enrollment/reenrollment.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Received

## Corporal Punishment Policy and Consent Form

*We, at The Study, will lead the student towards behavior and actions that honor their parents, teachers, peers, and themselves. We will take every step to avoid corporal punishment becoming a necessary means of discipline.*

*\*Students under the age of five will not be subject to corporal punishment in congruence with 7 AAC 57.535 (f)(1)(2). Parents of students under the age of five must agree to pick students up from school in the event that an incident occurs.*

### **Attitudes That Need Correction**

Disobedience – Disrespect – Irresponsibility

In these areas, teachers are looking for deliberateness. Many times, a verbal correction will solve the problem, but when the teacher believes deliberateness is evident, swats may be administered with parental consent.

### **Procedure**

- After all verbal means of discipline have been exhausted, the teacher will call the parent explaining the behavior and discuss further options.
- The teacher will administer the swat or swats outside of the classroom.
- An adult witness will always be present.
- The child will be told the reason for the swat.
- The child will not be allowed to throw a tantrum.
- After the swats, we will pray with the child and let them know we love them.

### **Biblical Justification**

Proverbs 13:24	"He that spareth his rod hateth his son: but he that loveth him chasteneth him betimes."
Proverbs 19:18	"Chasten thy son while there is hope, and let not thy soul spare for his crying."
Proverbs 20:30	"The blueness of a wound cleanseth away evil; so do stripes the inward parts."
Proverbs 22:15	"Foolishness is bound in the heart of a child, but the rod of correction shall drive it far from him."
Proverbs 23:13-14	"Withhold not correction from the child; for if thou beatest him with the rod, he shall not die. Thou shalt beat him with the rod, and shalt deliver his soul from hell."

***In the event that The Study is unable to reach the parent regarding an incident, this form will act as a consent form for reasonable corporal punishment.***

**I have read and understand The Study's Corporal Punishment Policy form. I agree that corporal punishment is Scriptural, and I consent to the use of reasonable corporal punishment by the school in connection with our child/children. I also understand that I may need to pick-up my child early if they are under the age of five and not subject to corporal punishment.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

***I, \_\_\_\_\_, do NOT give consent for corporal punishment administered by the school in connection with our child/children, \_\_\_\_\_. I, \_\_\_\_\_, agree to come pick up my child/children instead of corporal punishment.***



## Health Review

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**Last Physical Exam** Date \_\_\_\_\_ Doctor \_\_\_\_\_ Location \_\_\_\_\_

**Last Dental Exam** Date \_\_\_\_\_ Doctor \_\_\_\_\_ Location \_\_\_\_\_

**Last Vision Exam** Date \_\_\_\_\_ Doctor \_\_\_\_\_ Location \_\_\_\_\_

**Current Medications:** To be taken at school \_\_\_\_\_ (additional form required)

Taken at home (include non-script medications taken on a regular basis) \_\_\_\_\_

**Allergies:**  **NO**  **YES** – if yes, please list specific allergies below.

MEDICATION(S) \_\_\_\_\_

What happens if taken? \_\_\_\_\_

How do you treat? \_\_\_\_\_

BEES, INSECTS, SPIDERS, etc. \_\_\_\_\_

What happens if exposed to? \_\_\_\_\_

How do you treat? \_\_\_\_\_

FOOD/DRINK(S) \_\_\_\_\_

What happens if taken? \_\_\_\_\_

How do you treat? \_\_\_\_\_

ANIMALS \_\_\_\_\_

What happens if exposed to? \_\_\_\_\_

How do you treat? \_\_\_\_\_

OTHER (please list) \_\_\_\_\_

What happens if taken? \_\_\_\_\_

How do you treat? \_\_\_\_\_

**Current Medical Information:** Mark any ongoing conditions and concerns.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> asthma*                                 | <input type="checkbox"/> frequent headaches                   | <input type="checkbox"/> vision concerns         | <input type="checkbox"/> knee, back, bone, or joint concerns |
| <input type="checkbox"/> other respiratory concerns              | <input type="checkbox"/> frequent nosebleeds                  | <input type="checkbox"/> wears glasses/contacts  | <input type="checkbox"/> muscular concerns                   |
| <input type="checkbox"/> diabetes                                | <input type="checkbox"/> frequent stomachaches                | <input type="checkbox"/> dental pain or concerns | <input type="checkbox"/> mental/emotional concerns           |
| <input type="checkbox"/> heart disease                           | <input type="checkbox"/> frequently complains of feeling sick | <input type="checkbox"/> speech concerns         | <input type="checkbox"/> seizures                            |
| <input type="checkbox"/> previous head injury w/ unconsciousness | <input type="checkbox"/> ear/hearing concerns                 | <input type="checkbox"/> skin concerns           | <input type="checkbox"/> urinary/bowel concerns              |
|  | <input type="checkbox"/> other _____                          |  |  |

**Past Medical Information:** Please list with dates any operations, major injuries, hospitalizations, birth complications, or developmental delays: \_\_\_\_\_

**Additional Information:** Please list any additional information that may be helpful to the school staff in the event that emergency medical care is required: \_\_\_\_\_

**Person Completing Form:** \_\_\_\_\_  
Name Relation Date



The Study enjoys taking our students on field trips and believes it is imperative to the learning experience. This form shall serve as a general consent form for the field trips listed below:

<b>Activity</b>	<b>Where</b>	<b>When</b>
Jog-A-Thon Fundraiser	Soldotna Creek Park	September
Salmon Egg Collection/Sea Life Center	Bear Creek/Seward	October
Ice Fishing	Sport Lake	February
Salmon Celebration	Johnson Lake	May
Nelson Picnic	Longmere Lake	May

Other field trips that maybe incorporated into the lesson plans are:

- Walking to Riverside Assisted Living facility
- Learning about community workers by taking trips to the Fire Station, Police Station, or Post Office
- Over-night trip to the Sea Life Center for First-Sixth graders
- Ferry at the Kenai Fjords in May

*\*Parents will be notified and given the opportunity to chaperone for all of these field trips*

Occasionally, we reward the kid's hard work with a walk to down to the park or Riverside Assisted Living. These trips are generally impromptu and dependent on the weather and how well behaved the kids are, so parents will not necessary know about these walks beforehand.

If you do not want your child to participate in any of these activities, please indicate that in open space below.

I, parent/guardian of \_\_\_\_\_

give permission       do not give permission

for my child to participate on these field trips. I understand that I am welcome to join, and that if I don't, my child will be supervised by one of The Study personnel or a volunteer parent chaperone. I understand that if my child will not be participating in these trips that I am responsible for picking them up early or staying home with my child on days that field trips take place.

Signature \_\_\_\_\_ Date \_\_\_\_\_