



Hudson Valley Sudbury School

Education that Works

New Enrollment Contract

2016-2017 School Year

Please complete the following forms and return them to the school prior to enrollment.

- _____ Enrollment Contract (one per student)
- _____ Payment Plan Agreement
- _____ Phone List/Email List Information
- _____ Immunization Record ** OR** Immunization Record Request
- _____ FACTS Tuition Management Enrollment Process and Checklist

84 Zena Road, Kingston, NY 12401

www.sudburyschool.com

Phone: 845-679-1002

office@sudburyschool.com

Fax: 845-679-3874



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Enrollment Contract

School Year 2016-2017

Contact Information

Student Name: _____ DOB: _____
Race/ethnicity (optional): _____
Address: _____

Home Phone: _____ Student Cell Phone: _____

Parent/Guardian Name: _____
Address (if diff. from above): _____

Home Phone: _____
Occupation: _____ Work Phone: _____
Employer: _____ Cell Phone: _____

Parent/Guardian Name: _____
Address (if diff. from above): _____

Home Phone: _____
Occupation: _____ Work Phone: _____
Employer: _____ Cell Phone: _____

Student Agreement

I wish to attend the Hudson Valley Sudbury School for the 2016-2017 school year. I agree to abide by the By-Laws of the Hudson Valley Sudbury School and the rules and policies adopted by the Assembly and the School Meeting.

Student Signature: _____ Date: _____

Parent/Guardian Agreement

1. I/We wish to enroll my/our child at the Hudson Valley Sudbury School for the 2016-2017 school year.
2. I/We agree to abide by the By-Laws of the Hudson Valley Sudbury School and by the rules and policies adopted by the Assembly and the School Meeting.
3. I/We give Hudson Valley Sudbury School consent to use photographs or video footage of my child for the purpose of promoting the school.
4. I/We agree to pay the tuition and to abide by the tuition policies as stated on the Payment Plan Agreement and the Assembly Policies.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Date enrollment contract received: _____

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2016-2017 Payment Plan Agreement

for families NOT receiving financial aid

Student Name: _____ Please Circle one: 1st child 2nd child 3rd child

The tuition for the 2016-2017 school year is \$7,000 for the first child in a family, \$5,600 for the second child, and \$4,900 for subsequent children. *If you intend to apply for financial aid, do NOT use this form; send an email to finance@sudburyschool.com to set up a consultation instead.*

1. I/We agree to pay the tuition. I/We understand that if my/our child withdraws or is removed from the school within the first 60 calendar days of her/his first day of attendance ever, I/we are liable for 50% of the total contracted tuition and are not entitled to a refund of any fees or other non-refundable amounts already paid (such as the tuition deposit and first two months of tuition), even if these amounts exceed the 50%. I/we also understand that in all other cases, if our child withdraws or is removed from the school after one day of attendance in the current school year, that I/we are liable for the full agreed upon tuition and all costs associated with the collections process.

2. I/We agree to pay the tuition according to the following Payment Plan Option (select one plan):

___ **Annually** – The full amount is due on or before the first day of the school year.

Annual Payment Amount \$ _____ minus deposit of \$ _____ equals August payment: \$ _____

___ **Semi-Annually** – One half of the agreed upon tuition is due on or before August 20th. The remainder of the agreed upon tuition is due on or before January 20th. If this payment option is chosen, a Tuition Insurance fee of 3% of the total tuition will be charged and due with the first payment.

One half of total tuition \$ _____ plus Tuition Insurance \$ _____ equals August payment: \$ _____

One half of total tuition \$ _____ minus deposit of \$ _____ equals January payment: \$ _____

___ **Monthly** – The payment amount is normally calculated by dividing the tuition by 10 months. Payments are due on or before the 20th of the month, from August through May. If this payment option is chosen, a Tuition Insurance fee of 3% of the total tuition will be charged and due with the first payment. **Number of months (if not 10)** _____

Monthly payment \$ _____ plus Tuition Insurance \$ _____ equals August payment: \$ _____

Monthly payment \$ _____ minus deposit of \$ _____ equals _____ (last month) payment: \$ _____

3. I/we agree to pay a tuition deposit. The tuition deposit is non-refundable, no exceptions. The amount of the tuition deposit is the equivalent to one month's family tuition. The deposit will be applied to the last contracted payment of the school year. I/We understand that enrollment is not finalized until the deposit is received.

4. I/We understand that if the school does not receive payment of tuition on or before the date it is due, my/our child cannot attend school until the payment is received. The Finance Clerk may grant up to 5 days grace period at his/her discretion.

5. I/We understand that the school uses FACTS, a tuition management company, to collect and process monthly and semi-annual payments. If I/we have chosen a monthly or semi-annual payment plan, I/we agree to abide by their policies and understand that there will be a fee of no more than \$50 payable to the tuition management company.

Signatures:

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

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Phone/Email List Information

School Year 2016-2017

Student Name: _____

Please list the phone numbers and email addresses that you would like to be added to Phone List, Announcements Email List and the Discussion Email List. If your phone numbers or email addresses change throughout the year, please let us know so we can update them.

Phone List

Phone Number	Title (Home, Student Cell, *name* Work, etc.)

Announcements Email List – this is a moderated list for official school announcements such as event announcements, agendas, snow closing announcements, official school requests, etc. This is an important tool for us to provide information to families.

Email Address	Owner of Address

Discussion Email List – this list is not moderated and is available for discussion on any topic such as the Sudbury philosophy, parenting, opportunities, etc.

Email Address	Owner of Address

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Immunization Record Release Authorization

I hereby authorize _____
(Doctor's Office or **Prior** School-- NOT the Hudson Valley Sudbury School)

(Street Address)

(City) (State) (Zipcode)

(Phone)

(Fax)

to release the medical records of _____
(Name)

(Date of Birth)

Please include the following:

Immunization Records _____

Other _____

The records are to be sent to:

Hudson Valley Sudbury School
84 Zena Road
Kingston, NY 12401
Fax: (845)679-3874

Approved: _____
(Parent, Guardian, student age 18) (Date)

84 Zena Road, Kingston, NY 12401

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FACTS Tuition Management Enrollment

Families choosing not to pay the full tuition up front must enroll with FACTS Tuition Management. Families who receive financial aid must also enroll with FACTS Tuition Management. The process is outlined below:

1. Go to www.sudburyschool.com
2. Under Admissions, click on "Tuition Management"
3. Create an account and then click on the link to [create a payment plan](#).
4. Send an email to finance@sudburyschool.com and tell the Finance Clerk that you enrolled with FACTS Tuition Management. The Finance Clerk will then complete the agreement.

Please check one of the options below:

_____ We are paying full tuition and we are not receiving Financial Aid; therefore we are exempt from FACTS Tuition Management enrollment.

_____ We have completed our FACTS Tuition Management enrollment and have sent an email to the Finance Clerk.

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