



# Hudson Valley Sudbury School

Education that Works

## Visiting Week Packet

2016 - 2017 School Year

Thank you for your interest in scheduling a Visiting Week at the Hudson Valley Sudbury School. In order for a visiting week to be scheduled, the enclosed forms must be completed and returned to the school along with the \$160 **non-refundable** Visiting Week fee.

If you have any questions, please feel free to contact us.

### Visiting Week Checklist

Please complete the attached forms before returning this packet to the school:

- \_\_\_\_\_ Visiting Week Request
- \_\_\_\_\_ Medical Consent
- \_\_\_\_\_ Emergency Contact Information
- \_\_\_\_\_ Supervision Policy Agreement

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**84 Zena Road, Kingston, NY 12401**

[www.sudburyschool.com](http://www.sudburyschool.com)

Phone: 845-679-1002

[office@sudburyschool.com](mailto:office@sudburyschool.com)

Fax: 845-679-3874



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## Request for a Visiting Week

A Visiting Week consists of five (5) full days of attendance at the school. The purpose of the Visiting Week is to give the student an opportunity to experience the Sudbury philosophy and to determine if the school is right for him/her. During the Visiting Week the student will be regarded as a School Meeting Member and is subject to all rules and policies of the school.

**The Visiting Week must be completed within 5 days of its start except in the case of illness or other extenuating circumstances.**

At any point during the Visiting Week, the student or student's family may request a meeting with the Enrollment Clerk if they have questions or concerns.

After the completion of the Visiting Week, the student and family may contact the Enrollment Clerk if they wish to enroll in the school. The school must receive the completed Enrollment Packet, including the signed Enrollment Contract and required payment, before the student begins attending.

### Student Information and Signature:

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Information and Signature(s):

This form must be signed by **ALL** parents/guardians who have legal custody of the student. I understand and acknowledge that the \$160 Visiting Week Fee is **non-refundable**.

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Medical Consent Form

We, the undersigned, understand that Hudson Valley Sudbury School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, the School will: (1) attempt to contact the parents or legal guardians of the student; and (2) if, in the School's reasonable judgment, the student's condition warrants it, arrange to transport the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical treatment for our child by a licensed physician, nurse, paramedic, or hospital staff member.

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

This section must be completed by at least one parent/guardian.

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please indicate if you have a preference of hospitals:

\_\_\_\_\_

If the student has any allergies, diseases, handicaps, disabilities or restrictions that should be known to the school, will you please describe them here:

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## Emergency Contact Information

School Year 2016 - 2017

Student Name: \_\_\_\_\_  
Date: \_\_\_\_\_

In the event of an emergency, the school may need to contact a responsible adult to pick up the student from school. Please provide us with a list of adults we can contact should such an emergency occur. We will start at the top of the list and continue down the list until we reach someone. **Please do not forget to include yourself and you must provide at least two contacts.**

### Contact 1:

Parent/Guardian Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Numbers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### Contact 2:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Numbers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### Contact 3:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Numbers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### Contact 4:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Numbers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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# Hudson Valley Sudbury School

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## Supervision Policy Agreement

After completing the interview process, we are aware of the special nature of the Hudson Valley Sudbury School. It is the school's educational philosophy that all students, regardless of age, are independent and responsible individuals and therefore responsible for their own actions and activities. We understand that the Hudson Valley Sudbury School **does not undertake a duty to directly supervise its students or those children here for Visiting Week.**

Student Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Parent/Guardian Information and Signature(s)

This form must be signed by **ALL** parents/guardians who have legal custody over the student.

Parent/Guardian: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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