



Hudson Valley Sudbury School

Education that Works

Visiting Week Packet

To schedule a visiting week, 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

84 Zena Road, Kingston, NY 12401

www.sudburyschool.com

Phone: 845-679-1002

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, required payment and up to date immunization certificates or religious exemption request, 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: _____
Email: _____
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. Further, we provide the following information for providing to appropriate medical personnel in the event of emergency.

Student Name: _____

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

Parent/Guardian: _____

Signature: _____

Date: _____

Please list medication taken on a daily basis:

Please describe conditions that require special handling in an emergency:

Allergies: _____

Disabilities or handicaps: _____

Other restrictions: _____

Please indicate if you have a preference of hospitals:

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Emergency Contact Information

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. _____

Primary Physician

Name: _____

Phone Number: _____

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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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