

REGISTRATION FORM

Type or print legibly in black ink. Provide all information fully and accurately. _____ New Student _____ Returning Student

Student's Last Name _____ **First** _____ **Middle** _____

Country of Birth _____ Social Security Number (optional) _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth (MM/DD/YY) _____ Sex (M/F) _____ Enrollment Grade Level _____

Student's Home Phone _____ Student's Cell Phone _____ Student's Email Address _____

Father's Name _____

Father's Address (if different from above) _____

Father's Daytime Phone _____ Father's Cell Phone _____

Father's Evening Phone _____ Father's Email Address _____

Mother's Name _____

Mother's Address (if different from above) _____

Mother's Daytime Phone _____ Mother's Cell Phone _____

Mother's Evening Phone _____ Mother's Email Address _____

Name of Emergency Contact: Other Than Parent/Guardian _____

Emergency Contact Day Phone Number _____ Emergency Contact Cell Phone Number _____

Name of Previous School: _____

Reason for Leaving: _____

Signature _____ Date _____

TUITION / FEE SCHEDULE

Type or print legibly in black ink. Provide all information fully and accurately.

Student's Name: _____ **Grade:** _____

Parent/Guardian's Name: _____

Arroyo Pacific Academy is a private, independent, coeducational, college preparatory middle and high school.

2021 - 2022 Tuition and Fee Schedule

Non-Refundable Application Fee:	\$150	For new students only.
Non-Refundable Registration Fee:	\$350	For new and returning students.
High School Tuition:	\$17,000	Payment option below.
Elementary/Middle School Tuition:	\$14,000	Payment option below.
Student Services Fee:	\$1,000	Includes athletics, field trips, technology, testing, yearbook, and locker (not including AP Testing) Due by Aug 6, 2021
Textbook Rental:	\$500	
Graduation Fee:	\$150	Seniors only, due by Feb 25, 2022
Advanced Placement Exam Fee:	\$89	Due on or before November 12, 2021 per exam, fee is non-refundable

These amounts **do not** include supplies.

New Students: Fees are due upon admission to the school

Returning Students: Registration Forms and Fees are due by March 5, 2021

Payment Options: Please check one. These payments only cover the tuition and student services fee. Please contact our business office for payments.

- _____ FACTS - Automatic Tuition Plan - Set up prior to July 9, 2021
Go to the FACTS Management Website - <https://online.factsmgt.com/signup/>
to set up your payment plan. Tuition is collected over 10 months August - May. Monthly payments will be \$1,550 for grades 1-8 and \$1,850 for grades 9-12.
- _____ One time payment of \$14,800 for grades 1-8 and \$17,650 for grades 9-12 due on or before August 13, 2021 which includes the Student Services Fee and textbook and a 5% discount on the annual tuition. This can be paid by check or bank to bank transfer. Credit card payments are not accepted.

Parent/Guardian Signature

Date

STUDENT & FAMILY ENROLLMENT COMMITMENT

Please read the following statement carefully and sign below to indicate your agreement to the following:

- I/We agree to complete and return all forms and records necessary to comply with school and state regulations.
- All outstanding balances must be kept current. Delinquent tuition will result in student expulsion or withdrawal from school.
- I/We give permission for our child(ren) to participate in all school activities, including sports and school sponsored trips away from the school campus.
- I/We agree to pay the cost of lost or damaged textbooks, library books and other school resource or damages to school property.
- With or without notice, should I/we withdraw my child(ren) from Arroyo Pacific Academy, I/we forfeit any tuition and all materials that have been paid.
- If a student's enrollment is terminated by the school for reasons of infraction(s) of school policies, rules, procedures, practices or standards, the parent or family of the student remains liable for full payment of all tuition, fees, and family contribution/donation. No fees, pledge payments or contributions already paid and received by Arroyo Pacific Academy are refundable in the case of student withdrawal, transfer or expulsion. Refunds will only be considered if a student is denied a visa by the U.S. government and if proper official documentation is provided to the school.
- I/We understand that the school reserves the right to use disciplinary measures that are deemed necessary, even expulsion, if our child(ren) fails to comply with the school regulations and policies or official requests from the administration and/or whose financial obligation remains unpaid after the deadline for payment.

I/We understand and agree to fulfill all points of the above agreement. I/We also understand that we may be asked to withdraw our child(ren) from school if we fail to fulfill our responsibilities under this agreement.

Student Name Grade Level Date

Father / Guardian Signature Date

Mother / Guardian Signature Date

Arroyo Pacific Academy

Elementary School, Middle School and High School Handbook 2021 - 2022

Statement of Receipt

Please PRINT

Student's Last Name: _____ First Name: _____ Grade: _____

Please read for understanding the School Handbook, sign and return this form to the 3rd period teacher on or before September 10, 2021

For transfer students after September 10th this form is due 2 days after registration to Ms. Millspaugh, Registrar

We have read the entire contents of the *School Handbook* for the Elementary School, Middle School and the High School. We agree to cooperate with our son/daughter/international student and the members of the faculty and administration in complying with the Mission Statement, the Statement of Philosophy and the policies, rules, and regulations of the 2021 - 2022 *School Handbook*. We recognize the right and responsibility of Arroyo Pacific Academy to make rules and enforce them.

This *School Handbook* constitutes a contract between the parents/guardians/host parents, the students, and Arroyo Pacific Academy. Lack of knowledge of school regulations and expectations are not acceptable reasons for inappropriate behavior or disregard for proper procedure. We understand that the President reserves the right to interpret and amend the contents of the *School Handbook* when, and if, deemed necessary. Observance of any change is expected of all when the change is made known to the students, parents, and host parents.

An international student's enrollment status is considered "at will," meaning the school reserves the right to withdraw the student from Arroyo Pacific Academy on the basis of academics, on campus school discipline problems, and/or off campus homestay behavior problems.

In summary, the registration of students at Arroyo Pacific Academy is deemed to be an agreement on their part (and parents/guardians if students are minors) to comply fully with all policies, rules, and regulations of the school as outlined in this Elementary School, Middle School and High School *School Handbook*.

Parent or Host Parent Mother Signature: _____

Parent or Host Parent Father Signature: _____

Student's Signature: _____

Date: _____

EMERGENCY TREATMENT CONSENT FORM

Please print:

Student's Name: _____ Age: _____ Grade Level: _____

MEDICAL / EMERGENCIES:

Please indicate any **allergies, health issues, learning disabilities, psychological issues or chronic/serious medical conditions** we need to be aware of.

EMERGENCY TREATMENT CONSENT

The undersigned parent(s)/guardian of the above-named student, a minor, do hereby authorize Arroyo Pacific Academy, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is rendered to said minor, under the general or specific supervision of any physician or surgeon licensed under the supervision of the Medical Practice Act of the State of California, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given as specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given pursuant to provisions of Section 25.3 of the Civil Code of California, and shall remain effective from AUGUST 2021 through AUGUST 2022 unless sooner revoked in writing delivered to said agent(s).

I understand it is my responsibility to inform Arroyo Pacific Academy, in writing, of any changes pertaining to this form. If I do NOT inform Arroyo Pacific Academy of any changes, in writing, I will hold the school free and harmless from any and all liability as a result of my failure to comply.

SIGNATURE (DO NOT PRINT) of Father / Guardian: _____

Date: _____ Email: _____

Home Phone Number: _____ Work: _____

SIGNATURE (DO NOT PRINT) of Mother / Guardian: _____

Date: _____ Email: _____

Home Phone Number: _____ Work: _____

1st Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Work: _____

2nd Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Work: _____

MEDICAL INFORMATION AND REQUEST FOR MEDICATION FORM

All information on this form is confidential and will only be used in the case of a medical emergency or natural disaster.

Allergies to medication, food, or environment: _____

Current Medications (home and school): _____

Chronic/Serious Medical Conditions: _____

Insurance Company Name: _____

Policy or Group Number: _____

In case of a natural disaster, student may be picked up by:

_____ Relationship: _____

_____ Relationship: _____

_____ Check here if child may walk home unescorted. Signature: _____ Date: _____

To Be Taken During School Hours For Both Prescription and Over-the-Counter

I request that my child be allowed to take the following medication at school according to the stated instructions and in compliance with school policy as stated in the **School Handbook**. I further understand that it is solely the responsibility of my child, and not of Arroyo Pacific Academy personnel, to verify that the medication being taken is the correct medication and is being taken properly.

Name(s) of medication: _____

Purpose of medication/diagnosis: _____

Prescribed dosage: _____

Time schedule at school: _____

Length of time medication will be necessary: _____

Explain how the medication may have adverse effects: _____

Special instructions/comments: _____

I give permission for the school to give my child Tylenol when she/he requests Tylenol: _____ YES _____ NO

I give permission for the school to give my child Advil when she/he requests ibuprofen/Advil: _____ YES _____ NO

I give permission for the school to give my child Benadryl when she/he requests Benadryl: _____ YES _____ NO

Parent/Guardian Signature Date

Day Phone Number Emergency Phone Number

ARROYO PACIFIC ACADEMY

325 North Santa Anita Avenue • Arcadia, California 91006
Tel 626.294.0661 • www.arroyopacific.org

2021-2022

PARENT PLEDGE INFORMATION

Parent Pledge to the Arroyo Pacific Foundation, a 501 (c)(3) organization.

As you know, the cost of tuition alone does not cover the expenses of enrichment and technology equipment at Arroyo Pacific Academy. To help us continue to offer a personal, college preparatory education in a small, caring, safe and nurturing teaching and learning community, we encourage every family to give to the Parent Pledge Program each year. The Parent Pledge Program funds benefit every student at Arroyo Pacific Academy.



Pledged funds provide direct funding to the school while keeping tuition reasonable. Contributions are tax-deductible and tuition is not. The decision to increase tuition is influenced by your commitment to the pledge campaign. Participation in this Parent Pledge Program by our families also moves us towards the important goal of grant awards from other foundations. Our students benefit tremendously from this campaign and we ask that every family participate.

The economic status has affected all of us and it is not within our hearts to make matters worse by raising tuition radically. With this in mind, please consider that we **still** must make up the difference to continually update resources and programs for your student. Your participation in the Annual Pledge Program is very important. If the suggested pledge amounts indicated are not within your budget, please help by writing in the amount that is affordable for you... **every contribution helps** and everyone can offer some amount to endorse the entire educational curriculum. We believe that your students deserve the best.

Suggested Giving Levels:

_____ **President's Circle:** \$2,500 and above

_____ **Principal's Circle:** \$2,000

_____ **Silver Circle:** \$1,500

_____ **Blue Circle:** \$1,000

_____ **Eagle Circle:** \$500

_____ **Other:** _____

Payment Options: Please check your payment option (Payments may be made by check or credit card.)

_____ **One Time Payment** due on or before November 1st or one month after Registration for transfer Students

_____ **Monthly Payments** due on or before the 15th of every month from September through June

Parent / Guardian Signature

Date

Student Name

Grade

Please complete and return ALL requested information

Arroyo Pacific Foundation

Credit Card Authorization Form revised 2020

I hereby authorize Arroyo Pacific Foundation to charge my credit card for the amount of:

\$ _____.

Name on Credit Card: _____

Billing Address: _____

Credit Card Number: _____

Card Type: Visa _____ MasterCard _____ Other _____
American Express cannot be accepted

Expiration Date: _____

Code on back of card: _____

Postal Code: _____

Please sign below as you have signed on the card to be charged

Signature

Print / Type Name

Date

For Office Use Only

Date Received: _____

Purpose: _____

By: _____

Charge Date : _____

Arroyo Pacific Academy

Elementary School, Middle School and High School 2021 - 2022

WAIVER OF LAWSUIT/LIABILITY



I/We hereby forever release and waive my right to bring suit against the Arroyo Pacific Academy and its administrators, directors, managers, officials, trustees, agents, employees, coaches, staff, affiliates or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Arroyo Pacific Academy's facilities. I/We understand that this waiver means I/We give up my/our right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I/We may have to seek damages, whether known or unknown, foreseen or unforeseen.

AGREEMENT TO ABIDE BY SAFETY PROTOCOLS and the COVID-19 CONTAINMENT, RESPONSE AND CONTROL PLAN

I/We have been provided with an online copy of Arroyo Pacific Academy's written safety protocols and the COVID-19 CONTAINMENT, RESPONSE AND CONTROL PLAN. I/We have read and I/We understand these safety protocols and COVID-19 Plan. I/We agree to fully comply with the safety protocols and COVID-19 Plan. I/We acknowledge that if, in the sole discretion of Arroyo Pacific Academy's representatives, it is determined that I/We are not fully complying with the safety protocols, I/We will be precluded from further use of Arroyo Pacific Academy's facilities.

NOTIFICATION REQUIREMENTS

As a condition to the use of Arroyo Pacific Academy's facilities, I/We agree that if I/We receive a positive COVID-19 diagnosis, I/We will promptly notify Ms. K. C. Deagon. I/We consent to allowing Arroyo Pacific Academy's representatives to notify employees and other users of the facilities that another user of the facility tested positive for COVID-19, without identifying me/us by name.

CHOICE OF LAW

I/We understand and agree that the law of the State of California will apply to this waiver.

I/WE HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND AGREEMENT TO ABIDE BY SAFETY PROTOCOLS, THE COVID-19 CONTAINMENT, RESPONSE AND CONTROL PLAN, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY/OUR RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

COVID-19 LIABILITY RELEASE WAIVER FOR STUDENT/PARENT/HOST PARENTS

Due to the outbreak of the novel Coronavirus (COVID-19), Arroyo Pacific Academy is taking extra precautions with the care of every student, parent/host parent and employees to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include

Fever
Fatigue
Dry Cough
Difficulty Breathing

I/We agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

- I affirm that I, as well as all household members, have not traveled outside of the country or to any city or county considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that Arroyo Pacific Academy cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each student, parent/host parent, employee.

Arroyo Pacific Academy is following the enhanced procedures as contained in this document to prevent the spread of COVID-19.

I/We have read for understanding, the online Arroyo Pacific Academy’s COVID-19 SAFETY PROTOCOLS, CONTAINMENT, RESPONSE & CONTROL PLAN.

By signing below, I/We agree to each statement above and release Arroyo Pacific Academy from any and all liability for unintentional exposure or harm due to COVID-19.

Parent/Host Parent Name: _____

Signature: _____

Email: _____

Date: _____

Parent/Host Parent Name: _____

Signature: _____

Email: _____

Date: _____