

CLARENDON HALL

Summerton, South Carolina

Enrollment and Tuition Contract

Academic Year 2019 - 2020

***A non-refundable APPLICATION FEE OF \$175 per student is due by March 29, 2019, with this completed and signed contract. The application is not complete until such application fee is paid and accepted by an official of the school. Late Registration: March 30 –May 30, 2019: \$225.00; May 31, 2019 and after: \$275.00**

SUMMARY OF TOTAL CONTRACT FEES FOR THE 2019-2020

<u>Grades 1 – 12</u>	<u>Total Contract Fee</u>	<u>12-Month Plan</u> <u>(includes processing fee)</u>	<u>Price with 5.0 %</u> <u>Discount due 4/18/2019</u>
1 Child	\$ 4,115	\$ 355	\$ 3,909
2 Children	\$ 7,525	\$ 635	\$ 7,149
3 Children	\$10,860	\$ 935	\$10,317
4+ Children	Contact the school office for tuition costs		

<u>Kindergarten</u>	<u>Total Contract Fee</u>	<u>12-Month Plan</u> <u>(includes processing fee)</u>	<u>Price with 5.0%</u> <u>Discount due 4/18/2019*</u>
1 Child	\$2,419	\$ 214	\$2,298
2 Children	\$4,688	\$ 399	\$4,454

CLARENDON HALL OFFERS THREE PAYMENT OPTIONS:

- 1) **One yearly payment** due by April 18, 2019, with a 5.0% discount (rounded to the nearest dollar).
- 2) **One yearly payment** due by May 30, 2019.
- 3) **Monthly:** 12 monthly payments beginning June 1, 2019 and each month thereafter until May 1, 2020, or the entire outstanding balance is paid for the academic year. The monthly payment plans including a processing fee. **Monthly patrons may pay by coupon or automatic bank draft.**

I AGREE TO PAY THE PAYMENT PLAN BELOW (CHOOSE ONE):

___ **Yearly Option with discount:** I agree to pay Clarendon Hall the following: \$ _____ by April 18, 2019.

___ **Yearly Option:** I agree to pay Clarendon Hall the following: \$ _____ by May 30, 2019, or upon enrollment of new student.

___ **Monthly Option:** I agree to pay *Clarendon Hall School* the following: 12 payments of \$ _____ beginning June 1 and the first of each month thereafter until contract fees, late fees, or other school fees, etc. are paid in full for the school year. Those on the monthly plan **MUST COMPLETE** the "Monthly Payment Agreement" form.

Any other payment plans must be approved by the administration. Any amendments or changes to the payment schedule must be approved by the administration and must be in writing as an addendum to this tuition contract. **See contractual terms and conditions for other fees.**

First Student: Name _____ Grade _____
 Second Student: Name _____ Grade _____
 Third Student: Name _____ Grade _____

Contact Information:

Mother: _____ Phone: Home: _____ Cell: _____
 Work: _____ Email: _____

Father: _____ Phone: Home: _____ Cell: _____
 Work: _____ Email: _____

Guardian: _____ Phone: Home: _____ Cell: _____
 Work: _____ Email: _____

Clarendon Hall

2019 – 2020

Application and Tuition Contract Agreement

1. I understand that in order to guarantee placement for the coming year, the application fee is due by March 30, 2018 I FURTHER UNDERSTAND THAT THE APPLICATION FEE ONCE PAID IS NON-REFUNDABLE.

2. I understand that unless written notice withdrawing the application is sent to the Headmaster by certified mail no later than June 13, 2019, my obligation is to pay all fees for the full academic year. Patrons wishing to be released from their contract after June 13, 2019, must make a written request and will be required to pay at a minimum all fees due until the end of the month of withdrawal ****plus a \$500.00 fee for release from the contract****. No portion of such fees so paid or outstanding will be refunded or cancelled, not withstanding the subsequent absence, withdrawal, or dismissal from the school.

3. I understand that in signing the Enrollment and Tuition Contract for the academic year 2019-2020, I am agreeing to accept the policies, rules and regulations of the School. The School shall have the right, in its sole discretion, to determine the class to which the student will be assigned, to establish rules of conduct for proper discipline, and to meet punishments for the infractions thereof, and to suspend or expel the student, and to exercise all powers and privileges exercised by educational institutions. **FURTHERMORE, I UNDERSTAND AND AGREE TO THE POLICY OF THE SCHOOL THAT NO STUDENT WILL BE PERMITTED TO RECEIVE REPORT CARDS, NOR WILL ANY ACADEMIC RECORDS (TRANSCRIPTS AND/OR REPORT CARDS) BE RELEASED TO ANOTHER SCHOOL OR EDUCATIONAL INSTITUTION, UNLESS ALL FINANCIAL OBLIGATIONS ARE PAID IN FULL.**

4. All accounts must be current at the beginning of the school year AND upon return to school for the second semester. In the event an account becomes past due 60 days or more, students may be prohibited from attending classes or any school functions. You may be required to present a credit card, debit card, or cashier's check for payment in full of past due amount. Delinquent accounts are subject to be turned over to an outside collection agency and subject to legal remedies, including but not limited to judgments, with the delinquent account responsible for any and all legal fees. Any account sent to collections will be assessed additional collection fees. Forbearance in enforcement of any payment terms by the school shall not be deemed a waiver of the right of the school to strictly enforce the terms of this contract.

5. Clarendon Hall has the authority to refuse a student application based on admissions criteria as set by the School.

6. Clarendon Hall reserves the right to raise tuition during the school year if the Administration and the Board deem it necessary in order to meet financial obligations of Clarendon Hall.

7. Eleventh grade students are required to take the PSAT in October, and the approximate cost is \$15.00, payable prior to the test.

8. **Required school fundraisers (2): All families must participate in selling drawing tickets for the Silent Auction: Four (4) at \$20.00 each (\$80.00 total). If tickets are not sold, families will be billed for the unsold amount. In addition, each family is required to sell one box of chocolate: \$60.00.**

9. Occasionally, student pictures are used to add interest to stories and recognition of achievements. My signature on this Enrollment/Tuition Contract grants permission for Clarendon Hall to post my child's picture and name on Social Media, the School Website, and/or in press releases.

K3 PROGRAM: Every child MUST BE FULLY TOILET TRAINED and demonstrate the ability to participate in an orderly classroom setting. Parents have the option to pick up their child from school at 11:30 am or at the end of the school day (2:30 pm). Please designate which option you choose.

I understand in signing this Application and Tuition Contract Agreement for the upcoming school year, my student(s) and I agree to the rules, policies, and regulations of Clarendon Hall and agree to follow the rules as published in the current "Family Handbook". It is understood that if for any reason any student is unable to meet the standards and requirements of Clarendon Hall, such student shall be subject to suspension, academic probation, or dismissal, and that Clarendon Hall School shall be the sole judge of the sufficiency of the reason and does not have to make formal or specific charges.

I understand this is a valid and binding contract entered into willingly between myself and Clarendon Hall School.

*Signature of person responsible for payment of charges

Date

*Signature of person responsible for payment of charges

Date

*Signature of person responsible for payment of charges

Date

RECEIVED BY CLARENDON HALL:

School Office Staff Signature

Date _____

Fees Paid \$ _____

Billing Method _____

It is understood that attendance at Clarendon Hall is a privilege and not a right. Any student who does not conform to the standards and regulations of the institution may forfeit this privilege. Clarendon Hall may request the withdrawal of any student at any time, who, in the opinion of the administration, does not fit into the spirit of the institution, regardless of whether he/she conforms to the specific rules and regulations.

Clarendon Hall admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational or admission policies, athletic or other school administered programs.

Clarendon Hall

Monthly Payment Agreement

1. FAMILY INFORMATION

Referred by: _____

FIRST NAME _____ LAST NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME / MAIN TEL. # _____ SECONDARY TEL. # _____

E-MAIL _____

2. PLEASE SELECT ONE PAYMENT OPTION

- (A) I WILL MAIL MY PAYMENTS EACH MONTH. THEY WILL BE RECEIVED BY THE 1ST OF EACH MONTH.
Please send a coupon book _____ or I do not need a coupon book _____
- (B) I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY BANK ACCOUNT

Name on Bank Account: _____

Nine Digit Routing Number _____

Bank Account Number _____

Checking

Savings

This authority is to remain in effect until the depository customer has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If the organization initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the depository in writing for the incorrect entry within fifteen calendar days following the date the customer received the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

Name _____

Date _____ Signed _____ Signed _____

ATTACH A VOIDED CHECK

- (C) I WANT YOU TO CHARGE PAYMENTS MONTHLY TO MY CREDIT CARD

Debit/Credit Card Account Number: _____

Expiration Date: _____ **Security Code** _____ **Signed** _____

3. STUDENT INFORMATION

GRADE	NAME	STUDENT TUITION
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TUITION FEE AND LATE POLICY

I agree to pay the amount established by my school for the above students and realize that if I fail to make payments by the specified due dates, the inaction will result in late charges established by my school. I understand that I may be contacted via e-mail and/or telephone when payments are not on time and charged a late fee of \$40.00

TOTAL TUITION \$ _____

FEES \$ _____

DISCOUNTS \$ _____

COUPON FEE \$ _____

TOTAL DUE TO SCHOOL \$ _____



CLARENDON HALL STUDENT INFORMATION

* NEW FORM REQUIRED EACH SCHOOL YEAR. *DATE COMPLETED: _____

Student's Full Name _____

Date & Place of Birth _____ / _____ (COPY OF BIRTH CERTIFICATE REQUIRED ON NEW STUDENTS)

Student's Social Security # _____ Parent Email Address _____

Student's Physical Address _____

Home Mailing Address _____

City, State, Zip _____

Father's Name _____ Home Phone _____ Cell Phone _____ Other Phone _____

Business Name & Occupation _____ Work Phone _____ Exten# _____

Mother's Name _____ Home Phone _____ Cell Phone _____ Other Phone _____

Business Name & Occupation _____ Work Phone _____ Exten# _____

(If both parents do not live in the home, please list second parent name & address here.)

Other Parent Name & Address _____

**Name & Telephone Number of Nearest Neighbor or Relative who may be contacted in emergencies if parents listed above cannot be reached. Please list at least one local name & phone number. (Please specify if neighbor, relative, grandparent, etc.) _____

Do both parents live in the home? _____ Parent's Church Affiliation _____

Name and Ages of Siblings _____

Name & Address of Last School Attended _____

*New applicants must submit copy of last report card and copy of last Standardized Tests or bring to interview. New applicants or students entering Kindergarten must submit a copy of Birth Certificate, copy of Social Security card, and a current SC DHEC certificate of immunization. Students transferring from an out of state school will need to transfer their shot record to a South Carolina form at a local county health department.

Date of Last Eye Exam _____ Does Child Wear Glasses? _____

*Does the child have a history of convulsions, asthma, or other conditions, which may affect his work at school? _____

Child's Physician _____ Phone _____

It is the policy of this school to notify the parent when a student becomes ill or is hurt. However, in cases of emergency or when a parent cannot be contacted, it may be necessary that a student be carried immediately to a doctor & this information must be in the school records. Are there any medications or treatments to which the child is allergic? _____

List any medications child is on or may be given for allergic reaction. _____

List any medication child takes on a daily basis. _____

Is child allowed to take Tylenol? _____ If NO, PLEASE SIGN HERE _____

(Effective August of 2019, we will no longer administer Ibuprofen)

***ALL DRUGS, WHICH A CHILD MAY NEED DURING SCHOOL HOURS, MUST BE KEPT IN THE SCHOOL OFFICE. PLEASE CONTACT THE OFFICE STAFF FOR PROCEDURES FOR PRESCRIPTION DRUGS.**

****IF YOUR CHILD HAS A MEDICAL CONDITION OR CHRONIC PROBLEM, NON-PRESCRIPTION DRUGS MAY BE SENT TO THE OFFICE WITH THEIR NAME TO BE DISPENSED DURING THE SCHOOL DAY. (THIS INCLUDES IBUPROFEN, COLD MEDICATIONS, SINUS OR ALLERGY MEDICATIONS, PEPTO BISMOL, ETC.)**



CLARENDON HALL
STUDENT MEDICAL/ EMERGENCY INFORMATION
THIS MEDICAL INFO SHEET MUST BE COMPLETED AND
RETURNED WITH TUITION CONTRACT

Student's Name: _____ Grade: _____ Homeroom Teacher _____

Date of Birth: _____ SS# _____ - _____ - _____

Mother's Name: _____

Home Phone _____ Work Phone: _____ Pager/Cell Phone _____

Father's Name: _____

Home Phone _____ Work Phone: _____ Pager/Cell Phone _____

Grandparent's Name: _____

Home Phone _____ Work Phone: _____ Pager/Cell Phone _____

Emergency Contact names and phone numbers: _____

INSURANCE VERIFICATION

Insurance Provider: _____ Policy # _____

Family Physician: _____ Office Phone: _____

**EMERGENCY INFORMATION AND
 MEDICAL TREATMENT CONSENT**

I, _____, as the parent or guardian of, _____, recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

Please make the following notations on my son or daughter's records: Medical Allergies:

Medications for long-term illness (list illness and medication): _____

Relevant medical information (e.g., contact lens wearer, history of family diabetes, epilepsy, heart murmur, etc.): _____

It is the parent's responsibility to keep all insurance and medical/emergency information current throughout the entire school year.

_____ Date

_____ Signature of Parent or Legal Guardian



CLARENDON HALL BUS CONTRACT 2019-2020

Post Office Box 609, Summerton, SC 29148
Telephone (803) 485-3550 Web site: www.clarendonhall.org

BUS FEES

Monthly Bus Fees - Due on the 1st or 15th day each month (with tuition) September through May. These fees are to be paid to the school. Only students with current year bus contracts may utilize bus service. Bus service to local day care centers requires a bus contract and an annual fee will be set by the administration each school year.

1 child - \$125 monthly 2 children - \$150 monthly 3 children - \$175 monthly 4 children - \$200 monthly

*5 children or more contact the office for rates.

*Parents requiring bus service to local day care centers in Summerton must contact the office for rates.

***Only students with current year bus contracts may utilize bus service.**

I hereby request bus service for my child/children: (list all student names below)

Bus Route: _____ Bus Stop: _____ for the _____
School year. **In signing this contract, I agree to pay the monthly sum of \$_____ (See rates listed above)**
which is due and payable on the first day of each calendar month beginning September 1st of the current school year,
with the last payment due on or before May 1st of the current school year.

I also agree to the following bus rules and regulations:

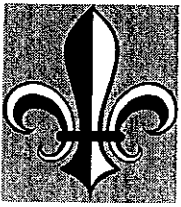
1. To arrive at the designated school bus stop on time.
2. To take your seat quickly. Do not leave your seat. Do not turn around in your seat.
3. Keep the aisle clear (includes book bags).
4. Do not open windows without permission from bus driver.
5. Do not throw anything out of the bus windows.
6. No food, drinks, or chewing gum is allowed on the bus.
7. Passengers may talk quietly. No horseplay is allowed.
8. Do not open the emergency door.
9. Obey your school bus driver.
10. All passengers should go to the bus immediately after school.
11. Books, papers, and personal belongings should not be left on the bus at any time.
12. Disciplinary action can be issued for misbehavior on the bus. Students are subject to removal from the bus by the Headmaster if behavior problems continue.
13. Parents and/or students are required to notify the bus driver if you will not be riding the bus.
14. All bus passengers are subject to the Clarendon Hall code of conduct and discipline code detailed in the Clarendon Hall Student Handbook.

Our aim is safe transportation for your children. Riding the school bus is a privilege, not a right. Children who are unable to follow bus guidelines will not be allowed to ride the bus. Bus route is determined by the full-time bus riders and the bus route is subject to change at the discretion of the administration. **Students without bus contracts are not permitted to ride without prior office written notification and approval by the administration.**

Parent or Guardian Signature

Date

Please list emergency phone numbers and names of individuals who may be contacted if the bus is delayed, or if school is dismissed early. Please include phone numbers for morning and afternoon contacts and at least one emergency contact person.



CLARENDON HALL

1140 South Duke Street * Post Office Box 609 * Summerton, SC 29148
Telephone (803) 485-3550

AFTER SCHOOL DAYCARE PROGRAM 2019-2020

Student Name _____ Grade _____
(Last) (First) (Middle)

Parent/Guardian Name: _____

Physical Address: _____

AFTER CARE WEEKLY RATES: 1 child - \$50; 2 children - \$65; 3 children - \$70;
After care hours are 2:30 pm until 6:00 pm school days only!

Please list Names and Phone numbers of ADULTS that will also have authority to transport your child(ren) from After-care if needed. These are the ONLY AUTHORIZED people allowed to transport your child(ren) UNLESS a note or telephone call is received prior to the office closing at 3:00 pm.

Parent Name: _____	Phone# _____
Parent Name: _____	Phone# _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Allergies: _____

Medical History: _____

Our After School Daycare Program Staff must be informed of ALL medical concerns for participating students.

After School Daycare Program Staff will NOT be responsible for administering any type of medications.

*Parent / Guardian Signature

*Your signature indicates that you understand your responsibilities regarding this program.