Forms and Paperwork
to be Completed for
 2013-14 School Year

Please print out the following forms on the remaining pages, complete, and bring to the
Parent meeting. If at all possible, at least one parent should attend the parent meeting.
However, if you are unable to attend the parent meeting,
please bring the completed forms to Artios on the first day of classes.

Artios Academies Fee Policies/Contract (required)

Medical Information
Liability Release and
Drop-off/Pick-up Permission (required)

Student Code of Conduct (required)

Supervision Request Form (if necessary)

Permission to Leave for Lunch (seniors ONLY)

Artios Academies
Fee Policies/Contract

2013-14 School Year

One per Family Each Year

The Artios Academies bases its annual budget on the number of students enrolled in the program. Therefore, parents are required to commit to pay for their children for the entire eight month school year.

**Exceptions** to this policy include:

* Death of a parent
* Moving more than 30 miles from an Artios location
* Parent becoming unemployed

**No exceptions** are given for the following reasons:

* Child re-enrolled in school
* Child is tired of the program
* Child has too many other activities

Please prayerfully consider this commitment before applying. You will be held liable for payment for the full year once the program has begun.

Tuition Payment Options

Tuition may be paid in full, divided over ten equal monthly payments -- August through May, or paid in two payments – August 1 and December 15.Installment payments are due on the 1st of the month. A ***$25 late fee*** will be applied for payments received after the 10th of each month. Failure to pay tuition for more than 45 days will result in suspension of enrollment.

Additional Fees required for EACH Student

* Registration fee (vary according to month of registration*)*
* Insurance fee ($25.00 by August 1st)
* Other fees as invoiced – Extra T-shirt, Spring Trip, etc.

Please see Parent Invoicing & Payment Letter for more details.

Please list each student enrolled in Artios Academies:

A parent’s signature below indicates that he/she understands the Artios Academies fees, and the obligations involved with attending.

 Print Parent/Guardian Name Sign Parent/Guardian Name Date

Medical Information
Liability Release and
Drop-off/Pick-up Permission

2013-14 School Year

One per Student Each Year

**Location:**

□Greenville □Gwinnett □Johns Creek □Monument/Littleton, CO □Santa Barbara □Other

**Student Information:**

First Name: Last Name:

Preferred Name: Grade entering this fall:

Age: Birthdate:

**Parent/Guardian Information:**

**□**Mother **□**Father **□**Guardian **□**Step-parent **□**Mother **□**Father **□**Guardian **□**Step-parent

First Name: First Name:

Last Name: Last Name:

Cell Phone: Cell Phone:

Other Phone: Other Phone:

Email: Email:

# **Emergency & Permission Information:**

In case of emergency, call (if parents cannot be reached)

Name Relationship to Student Phone

 Family or Student Doctor

Person(s) who may pick up student (including yourself):

Name Relationship to Student Phone

Also, please indicate if there are any persons who are NOT allowed to pick up your student:

Name Relationship to Student

**Medical/Liability Information:**

Does your student have any allergies to food or medication? □yes □no If yes, please elaborate.

Please list any medications which your child takes on a regular basis, the reason, and if any medications will need to be taken during the school day.

Are there any additional medical, physical, or behavioral limitations of which we should be aware? □yes □no
If yes, please elaborate:

Medical Insurance Company Policy#

Policy Issued under name of

Insurance contact phone #:

*By signing below, I give permission for my child, , to receive medical attention in the event of an emergency, including but not limited to a school employee or representative administering first aid, obtaining the assistance of a doctor, or going to the emergency room of a hospital. In addition, I do hereby release Artios Academies and its affiliate partnerships from any liability as my student takes part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.*

Print parent/guardian name

Sign parent/guardian name

Today’s Date:

*I hereby allow photographs and video of my student’s participation in Artios Academies events to be published via print, television, videos, or websites which are affiliated with Artios Academies. I understand that publication may be accomplished electronically via the Internet/World Wide Web, and that after publication Artios Academies will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying photographs and video therefrom, and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against Artios Academies and its affiliate partnerships from the un-consented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web, television, or obtaining copies of the print or video material.*

Print parent/guardian name

Sign parent/guardian name

Today’s Date:

*By signing below, I acknowledge I have been provided with and have read in its entirety the Artios parent handbook for the current year. I agree to abide by the guidelines and policies outlined in this document. I understand that, as needed, policies and procedures may be updated or changed and I will be informed through one of the Artios methods of communication.*

Print parent/guardian name

Sign parent/guardian name

Today’s Date:

Student Code of Conduct

2013-14 School Year

One per Student Each Year

As an Artios student, I will:

* Behave in the gym/Fellowship Hall until dismissed for classes
* Treat **all** people and property with respect, courtesy, consideration, and compassion. Avoid teasing, insults, name-calling, swearing, and other language **or** non-verbal conduct likely to offend, hurt, or set a bad example. I will be kind.
* Act in a responsible manner at all times.
* Walk quietly and orderly while changing classes. I will not run.
* Pay attention in class and respect my teacher. I will not talk back to a teacher or TA.
* Not leave the assigned program area without permission of the teacher or TA. I will not wander around.
* Leave all toys at home unless it is part of an assignment by the teacher.
* Enjoy my food, candy, gum and drinks only in the lunch area.
* Not leave the campus without permission of a DIRECTOR.
* Leave my Heelys (wheeled shoes) at home!
* Keep noise to a minimum out of respect to others.
* Wear my Artios t-shirt to all classes and rehearsals. (not required on field trips)
* Not possess or use pocket/hunting knives, lighters/matches or any mock weapon at Artios.
* Not bring my CD or MP3 player to Artios.
* Turn off my cell phone while at Artios.
* Accept all responsibility for restoring/replacing anything damaged at Artios that belongs to someone else.
* Arrive on time to my first class...to the best of my ability.
* Park my car, if I drive, at the rear of the buildings, leaving the closest parking places for teachers and staff.

If I do not follow the guidelines, I may expect *any* of the following:

* to be verbally corrected by the TA or teacher.
* to be removed to the back of the room or out in the hall.
* to have a Disciplinary Incident Report added to my file.
* for my parents to be called to come in for a meeting with the teacher and director.
* to be dismissed from Artios for the day. My parent will have to come get me.
* to be suspended or expelled from Artios if the misbehavior continues.

I understand the guidelines listed above, and will do my best to abide by them.

 Print Student Name Sign Student Name Date

Supervision Request Form

2013-14 School Year

One per each Student in Supervised Time

Does not apply to students who are involved in
**BOTH** a morning class (art club or MS drama club) **AND** chorale.

My child, , will need to be in Supervised Time during the following hours:

Day: Time:

Day: Time:

Day: Time:

Day: Time:

I understand that there is a yearly fee of $120 (10 payments of $12) for this superintended time. I understand that my student will need to bring quiet games, schoolwork or reading material. Some of the time will be in the gym and some will be in a room off the gym. Outside time may be possible at times, too.

Print parent/guardian name

Sign parent/guardian name

Today’s Date:

Permission Form to
Leave Campus for Lunch

2013-14 School Year

Optional - For Seniors Only

I give permission for my student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to leave the Artios Academies campus during lunch time each week of Artios classes.

I understand that if my student is late returning to class he/she will lose the privilege of leaving campus for lunch for ONE month after which time a NEW form must be signed and turned in to the Director of Artios.

Student:

Print student name

Sign student name

Student Cell Phone

Today’s Date:

Parent:

Print parent/guardian name

Sign parent/guardian name

Parent Cell phone

Today’s Date:

Artios Staff:

Print staff name

Sign staff name

Today’s Date: