Tuition Schedule
Elementary
2020 - 2021

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee (new students only)</td>
<td>$250</td>
</tr>
<tr>
<td>Registration Fee</td>
<td>$100</td>
</tr>
<tr>
<td>Supply Fee</td>
<td>$80</td>
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</tbody>
</table>

The application and registration fees are required to reserve your child's place at Aggieland Country School. These fees are non-refundable. A last month's tuition is due by May 1, 2020. The pro-rated tuition for August is due before classes begin.

Class Times
8:30 a.m. - 3:30 p.m.

Tuition
$770

Withdrawals
Refunds of tuition payments require 30 days written notice from parents prior to a child's withdrawal from school. Tuition is to be pro-rated. Tuition payments are not refundable for withdrawals effective after March 15th, 2021.

Extended Class Times and Fees
- Early arrival, 8:00 - 8:30 a.m. $70 per month per 5 days a week
- Afternoon third recess, 3:30 - 5:30 p.m. $240 per month for 5 days a week

I would like to register my child in the following classes. Check or circle.
Elementary Class  ___  Early arrival  M T W Th F  Afternoon third recess  M T W Th F

I understand and accept the above policies and fee schedules, and would like to register my child as indicated above.

_________________________  _________________________
Parent Signature  Date
Application Form  
2020-2021

Child’s Name _______________________________ Birthdate ___________ Date of Admission ____________

Address __________________________________

Parent Information

Father’s Name _______________________________ Phone: _______________ E-mail _______________

Mother’s Name _______________________________ Phone: _______________ E-mail _______________

Persons authorized to pick child up from school

Name _______________________________ Address: _______________________________ Phone: _______________

Name _______________________________ Address: _______________________________ Phone: _______________

Persons to call in case of emergency if parents cannot be reached

Name _______________________________ Address: _______________________________ Phone: _______________

Name _______________________________ Address: _______________________________ Phone: _______________

Medical Information

If emergency medical treatment is necessary and I cannot be reached, I hereby give permission to Aggieland Country School to secure proper medical treatment. This may include, but not be limited to, hospitalization, surgery, ordering of injection, and anesthesia for the child named above.

_______________________________________________________ _______________________________
Parent Signature Date

Physician _______________________________ Hospital _______________________________

Address _______________________________ Phone _______________________________

Medical problems that might affect treatment ____________________________________________________

Is your child allergic to any medications? Y N If yes, which ones? ______________________________________

Field Trips

I give permission for my child to attend any field trips that the Aggieland Country School Directress deems to be safe and of educational or recreational value, provided the nature of this trip is explained to me prior to the date. I am aware that I am responsible for, and must arrange for, my child’s transportation.

_______________________________________________________ _______________________________
Parent Signature Date

Water Days

I give my child permission to participate in water activities on Aggieland water days.

_______________________________________________________ _______________________________
Parent Signature Date

Photography

Aggieland Country School may take photos of the students while working, outside, on field trips, or participating in special events. We would like your permission to use these photographs for educational and promotional purposes. Children are never identified by name, and photos are always available for review upon your request. Aggieland Country School has permission to use photos which may include my child: Y N

_______________________________________________________ _______________________________
Parent Signature Date
Child’s Name:  

Birthdate:  

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT/DTaP</td>
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</tr>
<tr>
<td>Polio</td>
<td></td>
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<tr>
<td>Measles:Rubeola</td>
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<tr>
<td>Mumps</td>
<td></td>
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<tr>
<td>Rubella</td>
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<td>Hib</td>
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<tr>
<td>Hep B</td>
<td></td>
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<tr>
<td>TB test if required</td>
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You may submit a machine copy of an immunization record signed or stamped by a physician or health personnel.

Allergies or other special conditions that would affect the child’s activities

___________________________________________________________________________________________

I have examined the above named child within the past year and find that he/she is physically able to take part in the school program.

__________________________  __________________
Physician’s Signature       Date

Children 4 years or older also need:

<table>
<thead>
<tr>
<th>Hearing Screening</th>
<th>Vision Screening/Distance Acuity</th>
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<tbody>
<tr>
<td>1st Pass</td>
<td>1st</td>
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<tr>
<td>2nd Pass</td>
<td>2nd</td>
</tr>
<tr>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
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