Applicant Information

Office Use Only

School Name	School #	Tour Date	Start Date	Program / Grade	School Year

Student

Last Name	First Name	Middle Name
Date of Birth	Gender ☐ M ☐ F	Nickname
Name & address of previous school		
Dates attended	Grade or Program Completed	
Does the student live full time with both parents? ☐ Y ☐ N	If not, please describe custody arrangement & provide documentation.	

Parent/Guardian

Name	Nickname	Relationship to student
Home address		
Mobile phone	Work phone	Home phone
Email		
Employer name & address		

Other Parent/Guardian

Name	Nickname	Relationship to student
Home address		
Mobile phone	Work phone	Home phone
Email		
Employer name & address		

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Applicant Information (continued)

Other Individuals Authorized to Pick-Up This Child

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Home Address			
Cell phone			
Email			
Work Phone			
Home Phone			
Receive daily photos? (y/n)			

Medical

Name of Child's Physician	Physician's Phone

Food allergies: ☐ Y ☐ N

If yes: ☐ Milk ☐ Eggs ☐ Fish ☐ Shellfish ☐ Tree Nuts ☐ Peanuts ☐ Wheat ☐ Soybeans ☐ Other, Specify _____

Additional Notes

Please use this space for any additional information you wish to share.

Parent/Guardian Signature

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

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Brighton School
Tuition & Fee Schedule 2020-2021

(Circle applicable options)

New Student Fees*

Application Fee	$75

Tuition Payment Plans**	Registration	Annual (includes 5% discount)	Semi-Annual (includes 2.5% discount)	Monthly (10)
Preschool				
3 Day AM ☐	$285	$5,377	$2,759.25	$566
3 Day Full Day ☐	$285	$7,913.50	$4,060.88	$833
5 Day AM ☐	$550	$8,027.50	$4,119.38	$845
5 Day Full Day ☐	$550	$13,215.40	$6,781.13	$1,391
Pre-K				
5 Day AM ☐	$550	$8,027.50	$4,119.38	$845
5 Day Full Day ☐	$550	$12,720.75	$6,527.63	$1,339
Kindergarten - 5th Grade ☐	$650	$15,646.50	$8,029.13	$1,647
6th - 8th Grade ☐	$850	$16,454	$8,443.50	$1,732

Extended Care**	Monthly (10)
Before care ☐	$214
After care ☐	$308
Before & after care ☐	$428

Sponsor/Student Information

_____	_____	_____
Student Name	Student Date of Birth	Grade 20/21
_____	_____	
Sponsor Name	Signature	
_____	_____	
Street Address	City, State, Zip	
_____	_____	
Phone Number	Email Address	

*Application and registration fees are due when application is submitted. These monies will not be applied until acceptance is given.

Tuition is due on the first day of the month. Tuition is for the academic school year only. Tuition does not include before/after care, in-service and early dismissal days, and camp programs. Annual payment is due in March; semi-annual payments are due in March and January. Family discounts: 5% off the lower tuitions for full-time students only, after highest tuition paid at regular full-time rate. Discounts may not be combined; one discount per student. **You will be required to pay the full month of tuition if a 30-day written notice is not submitted for disenrollment prior to the school year ending. Drop in care is available for $15 per hour ($15 minimum charge).

Regular school hours are 7:30 am – 4 pm. Extended hours are 7 am – 6 pm. There is a late pick-up fee of $10 per minute past the regularly scheduled pick up time. Please refer to the school calendar for the days the school is closed.

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Elementary School Tuition Agreement (NW)

School Name: _____ School # _____ School Address: _____

ADMISSIONS PROCEDURES - Both you and your child (named below) ("your child") must comply with all School admissions policies and procedures. Effectiveness of this Tuition Agreement is subject to final approval of your child's admission in accordance with such policies and procedures, notwithstanding the "acceptance" of this Tuition Agreement reflected by the Principal's signature below.

TUITION - The School Year is from the First Day of School to the Last Day of School, as reflected on the School Calendar (*each attached hereto and made a part hereof*). You agree to pay tuition and fees for your child for the entire School Year (*or, if your child is starting after the First Day of School, from the starting date (as agreed in writing with us)*) through the Last Day of School, subject to the Early Withdrawal policy set forth below. You may pay tuition in any installment plan reflected as an option on the Fee Schedule. In addition to the tuition and fees set forth in the Fee Schedule, you will pay for any extra charges incurred by your child for care or activities which are applicable.

TUITION DUE / LATE CHARGES - Tuition and fee payments are due and payable at the times stated on the Fee Schedule. Tuition and fees are considered delinquent at 12:00 noon on the day following the due date. Late charges will be assessed in amounts as reflected on the Fee Schedule commencing at that time. If tuition and any other outstanding charges are not paid within seven days of the date due (*or within five banking days of notification to you, in the case of a returned check*), attendance at the School will no longer be permitted until tuition is paid in full for the past due amount and for the current period.

RETURNED CHECKS - A service charge will be assessed in amounts as reflected on the Fee Schedule for a check returned for any reason. In addition, a late charge will be assessed as reflected on the Fee Schedule, unless payment is received to cover the funds within three banking days of notification. If your check is returned three times within a three month period, then for a period of one year, you must make all payments by money order or certified check, or by cash (*subject to the policy on "Cash Payments"*).

CASH PAYMENTS - For your protection, cash payments may be made only to the Principal or Assistant Principal of the School or the administrative employee designated on the School's bulletin board as being so authorized. If the payment is for an amount of more than $5.00, it will be invalid unless you obtain a computer generated cash receipt from the school's financial operating system.

EARLY WITHDRAWAL - Withdrawal from the School during the School Year requires at least one month's advance notice. You must continue tuition payments for attendance through the date which is one month after our receipt of your withdrawal notice.

HOLIDAYS / IN-SERVICE DAYS - Tuition and fees are calculated on an annual basis, without reduction for holidays, vacations, professional in-service days for our teachers or student absences or illness. Holidays and professional in-service days for the School Year are shown on the School Calendar. No credit/refund will be owed if the School must close because of emergency or inclement weather.

HOURS / EXTENDED CARE / LATE PICK-UP CHARGE - The hours of the School are shown on the Fee Schedule and/or School Calendar, including: the time our extended care program starts in the morning, the time you may first drop off your child if he or she is not registered for extended care, the start of classes, the end of classes, the time by which you must pick up your child if he or she is not registered for "extended care", and the time our extended care program ends (*and the School building closes*). Extended care requires registration and charges as reflected on the Fee Schedule. Fees for early drop off and for late pick up are set forth on the Fee Schedule. If your child is picked up several times after the School building's scheduled closing time, we may increase the applicable fee.

FAMILY DISCOUNTS - Families with more than one child enrolled full-time at Spring Education schools may receive a discount for each additional child after tuition has been paid at the regular full-time rate for the child with the highest regular tuition rate (*i.e., the discount will be a percentage of the lower tuition amount*). See the Fee Schedule for details.

DRESS CODE - Students are required to comply daily with the School's dress code.

SUSPENSION / DISMISSAL - We reserve the right to suspend or dismiss a child in our sole discretion for unsatisfactory or inappropriate behavior, if we do not have adequate expertise or resources for the child's educational, medical or other needs (*subject to any applicable regulatory requirements*), for violations of our policies, or if for any reason we determine it to be in the best interests of the School. In our sole discretion, suspension or dismissal may be with or without notice.

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Elementary School Tuition Agreement (NW) (continued)

School Name: _____ School # _____ School Address: _____

STUDENT ILLNESS / EMERGENCY - We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to the School a child who is ill (*determined in our discretion)*. We will notify you if your child becomes ill, and you must then pick him/her up as soon as possible. You authorize us to obtain immediate medical care if a medical emergency occurs when you cannot be located immediately. Such care may be from a physician or hospital other than your child's physician, if, in our judgment, there is insufficient time first to contact your child's physician. You authorize us to make the decision of when an emergency exists.

USE OF PHOTOGRAPH, ETC. - You authorize us to use your child's photograph or appearance in any advertising or other media.

INTERNET USE - You recognize that, while the Internet has the potential to provide vast resources and tremendous learning opportunities for our students, searching the Internet can expose your child to dangerous or inappropriate material. You agree to release the School and its employees from all claims, charges and damages of any nature arising from use or misuse of the Internet. You further agree that the School may condition your child's use of the Internet upon execution by you and your child of further documentation as may be required by the School.

RENEWAL - Registration at the School is on a School Year basis. Your child will not be guaranteed a reservation for the following school year, unless you enter into a new tuition agreement with the School for that school year and pay all applicable fees.

RESPONSIBILITY - You agree that you will be responsible for any loss, damage or destruction by your child of any property of the School and for any dam-ages for which the School becomes liable or chargeable because of your child's actions.

STUDENT RECORDS - All student records remain the property of the School, except as may otherwise be provided by law. You authorize us to send academic records and confidential recommendations to schools your child attends after our School upon the request of such schools, and you will not seek access to confidential recommendations and evaluation materials. Further, you release our School and our staff from any and all liability resulting from or pertaining to the furnishing of recommendations and records.

COSTS OF COLLECTION - If we refer your account for collection, you will pay all our costs of collection, including (*but not limited to*) attorneys' fees.

I agree to the above terms and conditions, including the obligation to pay to the School all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

Name of Student _____ Date _____

Sponsor Signature _____ Print Name _____

Sponsor Signature _____ Print Name _____

ACCEPTED

Principal Signature **Print Name**

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Nobel Learning Communities, Inc.®

Automatic Payment Authorization Agreement

Student(s) Name(s): _____

Name of Parent or Guardian: _____

Billing Address: _____ City: _____ Zip: _____

Phone #: _____ Work #: _____

Fax #: _____ Email (for billing purposes): _____

Name on bank account: _____ Type of Account:

Account Number: _____ ☐ Checking ☐ Savings

ABA Bank Routing Number: _____

I hereby authorize **Nobel Learning Communities, Inc.** to debit the above-referenced bank account, for the amounts of all invoices.

The auto draft will occur automatically on the 1st business day of each billing period after a successful prenote test is done on the specified bank account provided. Please note that it may take a day or two for the draft to hit your bank account. This payment option will continue until we have received notification from you to terminate the Automatic Payment Option as payment for your invoices.

PLEASE STAPLE VOID CHECK BELOW

I acknowledge that it is my responsibility to notify Nobel Learning Communities, Inc. if I change bank accounts, and to provide Nobel Learning Communities, Inc. with updated information. If failure to do so results in the invoice not being paid within seven days of the due date, attendance at the school will no longer be permitted until the invoice is paid in full. Any returned auto draft payments will be subject to our normal returned payment fee as specified in your fee schedule. If an auto draft payment is returned, you are responsible for making payment by check for the amount of the invoice along with the returned payment fee. If an auto draft payment is returned three or more times, we reserve the right to discontinue the auto draft payment option and all future billings must be paid by certified funds.

By signing this authorization form, I agree to all of the above terms and conditions.

Date: _____ Name (please print): _____

Authorization Signature: _____

Office Use Only: School # _____ 5/27/2009

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:	
Reviewed by:	Date:
Signed Cert. of Exemption on file? ❑ Yes ❑ No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:	**First Name:**	**Middle Initial:**	**Birthdate** (MM/DD/YY)**:**	**Sex:**

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.	I certify that the information provided on this form is correct and verifiable.
Parent/Guardian Signature Required **Date**	**Parent/Guardian Signature Required** **Date**

♦ Required for School and Child Care/Preschool
● Required Only for Child Care/Preschool

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
♦ **DTaP / DT** (Diphtheria, Tetanus, Pertussis)						
♦ **Tdap** (Tetanus, Diphtheria, Pertussis)						
♦ **Td** (Tetanus, Diphtheria)						
♦ **Hepatitis B** ❑ 2-dose schedule used between ages 11-15						
● **Hib** (*Haemophilus influenzae* type b)						
♦ **IPV / OPV** (Polio)						
♦ **MMR** (Measles, Mumps, Rubella)						
● **PCV / PPSV** (Pneumococcal)						
♦ **Varicella** (Chickenpox) ❑ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

❑ a verified history of Varicella (Chickenpox).

❑ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

❑ Diphtheria	❑ Mumps	❑ Other:
❑ Hepatitis A	❑ Polio	_____
❑ Hepatitis B	❑ Rubella	_____
❑ Hib	❑ Tetanus	
❑ Measles	❑ Varicella	

Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) Date

Printed Name

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements**.

- ❑ If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- ❑ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS**.

Reference guide for vaccine abbreviations in alphabetical order For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	*Haemophilus influenzae* type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 December 2016

SNOHOMISH HEALTH DISTRICT

Childhood Health History

Child's Name:	Sex: ☐Male ☐Femal	Birthdate:	Today's Date:

Child's Health History

Name of Doctor/Clinic:	City/State:	Phone number:

Were there any significant problems during pregnancy or birth? ☐No ☐Yes, Please explain:

Has your child had surgery or been hospitalized? ☐No ☐Yes, Please explain:

Date last seen by a healthcare provider(for reasons other than immunizations):

Medication

Does your child take medication on a regular basis? ☐No ☐Yes, Reason:

Name of medication(s), dosage and when taken:

Has your child had any of the following?

		Age of child or date of incident ▼
Asthma	☐No	☐Yes, describe:
Other breathing problems	☐No	☐Yes, describe:
Seizures or other neurological problems	☐No	☐Yes, describe:
Heart or other cardiovascular problems	☐No	☐Yes, describe:
Bladder or urinary tract problems	☐No	☐Yes, describe:
Bowel or other GI problems	☐No	☐Yes, describe:
Bone or joint problems	☐No	☐Yes, describe:
Eczema or skin problems	☐No	☐Yes, describe:
Frequent ear infections or tubes	☐No	☐Yes, describe:
Other ear, nose or throat problems	☐No	☐Yes, describe:
Tuberculosis exposure	☐No	☐Yes, describe:
Chicken Pox or vaccination for such	☐No	☐Yes, describe:
Diabetes or other endocrine problems	☐No	☐Yes, describe:
Injury or abuse	☐No	☐Yes, describe:
Car sickness	☐No	☐Yes, describe:

Other describe:

Nutrition History

Is there any food or drink that your child should not eat for cultural, religious, personal reasons or medical reasons ***other than allergies***? (Note: use the allergy chart on the next page to list any allergies to food or drink)

☐ **Yes, list below** ☐ ***No, skip to next question***

Name or food/drink:	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:
	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:
	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:
	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:

Does your child have any problems with chewing or swallowing?	☐ No	☐ Yes, Please describe:

Check the box if you have concerns about your child's:	☐ Eating habits	☐ Height	☐ Weight
Please describe:			

Allergy History

Does your child have allergies or reactions (including intolerances) to food, medicine, insects, animals or other substances?

☐ ***Yes, please complete chart below*** ☐ ***No – Skip to Dental History***

Allergy Chart

Note: If your child has a food or milk allergy, we must have written documentation of the allergy from the doctor. For milk allergies, the doctor must also name a substitute for the milk.

Do you keep epinephrine (epi-pen) available at home for your child's allergy? ☐ Yes ☐ No

List each allergy or food separately	***Briefly describe child's reaction and/or check symptoms***	***Potential Severe Reaction****	***Doctor/Date of Diagnosis***
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	

**** If the allergy has the potential to be severe, the child's health care provider should complete a medical statement and an allergy care plan should be completed.***

Additional information about allergy:

Dental History

Name of dentist:	Date last seen by dentist:	City/State:	Phone number:

How would you rate your child's dental health?	☐ Very good	☐ Somewhat good	☐ Fair	☐ Somewhat bad	☐ Very bad

Has your child ever had an injury to the teeth or gums?	☐	☐ Yes, please explain:
Has your child complained about pain in the teeth or gums?	☐ No	☐ Yes
Is there fluoride in the water at your home, or is your child taking a prescribed fluoride supplement?	☐ No	☐ Yes

Parental Concerns

Do you have any concerns about your child's vision?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's hearing?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's speech?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's behavior?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's development?	☐ No	☐ Yes, Please describe:
Do you have any other concerns about your child?	☐ No	☐ Yes, Please describe:

Additional information regarding concerns:

Parent Input

To be completed by parent or guardian

Student Name: _____ Date of birth: _____

School or program student is currently attending: (if applicable) _____

What are the first three words that come to mind when describing your child? _____ _____ _____

What do you see as your child's strengths?

What are your child's favorite subjects in school?

What do you see as your child's social and academic challenges if there are any?

What educational and social goals do you have for your child?

Please list outside hobbies, sports, and other interests your child is presently or has formerly participated or been interested in:

Fill in the space below the words that best describe your child

□ Curious	□ Creative	□ Irritable	□ Organized	□ Enthusiastic
□ Anxious	□ Easily discouraged	□ Manipulative	□ Over-protected	□ Self-disciplined
□ Articulate	□ Follower	□ Motivated	□ Perfectionist	□ Shy
□ Cheerful	□ Helpful	□ Mature	□ Positive Leader	□ Social
□ Confident	□ Honest	□ Negative leader	□ Responsible	□ Vivacious
□ Conscientious	□ Immature	□ Oppositional	□ Attentive	□ Aggressive

_____

Signature of Parent or Guardian

Date _____

Pre-Enrollment Modification Inquiry Form

Would your child need assistance and/or modifications in order to fully participate in this school's programs and services?

Check one: ☐ **Yes** ☐ **No**

Requests for assistance and/or modifications must be made to this school's Head of School/Principal, Assistant Head of School/Assistant Principal and/or Spring Education's ADA Compliance Officer. An enrollment decision will not be made until the request has been decided upon by the ADA Compliance Officer.

Student Info

Student Name	Program/Grade
Sponsor Signature	Print Name
Sponsor Signature	Print Name

School Info

School Name	School #
Principal Signature	Date
Print Name	

This school does not discriminate based on disability in its provision of educational programs and services.

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