



## K-8 APPLICATION FOR NEW STUDENTS 2017-2018 Academic Year

**Check List – Please complete and submit the following forms:**

- Student Information
- Parent/Guardian Contact Information
- Emergency Treatment Consent Form
- Student Drop off and Pick Up Information
- Health and Medical Insurance Information
- Media Release and Excursion Permission Form
- Enrollment Contract
- Financial Responsibility / Late Payment Form
- Liability Agreement
- Parent/Guardian Participation and Parent Handbook Form
- Student Records Release Form
- Physical Examination Report from a Physician
- Student’s Health Record Form (to be completed by a Physician)
- Tuberculosis (TB) Test or Letter (to be completed by a Physician)
- Immunization Records (to be provided by a Physician) or Request for Immunization Exemption form
- Birth Certificate
- Social Security Card

**All documents must be signed by both parents/guardians of the student when both parents/guardians have joint and/or legal physical custody, regardless of marital status.**

**All required paperwork for the 2017-2018 school year must be completed and submitted to Roots School no later than February 28, 2017.**

**Submission of an application form does not guarantee acceptance to Roots School. Once your completed application and non-refundable \$100 deposit is received, we will contact you to schedule a school tour.**

**Please mail the completed application to: Roots School, PO BOX 975, Haiku, HI 96708-0975, along with the non-refundable \$100 deposit.**

**For Roots School Office Use Only:**

STUDENT’S NAME (last, first, mi): \_\_\_\_\_

Date Forms Received: \_\_\_\_\_

Check # \_\_\_\_\_  Money Order

Amount \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Tuition Payment Plan Selected:

Annual  Semi-Annual  Monthly

Entering Grade: \_\_\_\_\_

Status: \_\_\_\_\_



### STUDENT INFORMATION

**Entering Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's Legal Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child lives primarily with (name) \_\_\_\_\_

Child's Primary Residence address \_\_\_\_\_

Mailing address, if different from above \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #3 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #4 Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_



Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

**EMERGENCY TREATMENT CONSENT FORM**

**Please refer to the parent handbook for details.**

Child's Legal Name \_\_\_\_\_

Primary Residence Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian to Contact in Emergency \_\_\_\_\_

Call Phone #1 \_\_\_\_\_ Call Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Emergency Contact (**if parent/guardian is unavailable**)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Call Phone #1 \_\_\_\_\_ Call Phone #2 \_\_\_\_\_

Address \_\_\_\_\_



**STUDENT DROP OFF and PICK UP INFORMATION**

Please list who is authorized to bring your child to school, and pick up your child from school?  
(Any changes must be made in writing)

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**HEALTH and MEDICAL INSURANCE INFORMATION**

Special Medical Issues (include anything we should be aware of): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

History of asthma? Yes / No

History of seizures or other loss of consciousness? Yes / No

History of heart problems? Yes / N

If you answered “yes” to any of the above, please explain in detail the nature of their condition, including date of last occurrence and frequency of asthma attacks and/or seizures.

\_\_\_\_\_

\_\_\_\_\_

May be given as necessary: Ibuprofen? Yes / No

Tylenol? Yes / No

Any specific activities your child is not able to participate in? \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Member ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insured’s Name \_\_\_\_\_

I hereby give my consent in advance to Roots School and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that Roots School will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I specifically release Roots School from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**MEDIA RELEASE PERMISSION**

As the parent/guardian of (print legal name of child) \_\_\_\_\_ ,  
I understand if I grant permission for certain types of media, my child’s image, voice and/or work may be displayed and/or used in Roots School publications developed by Roots School teachers and/or staff members.

Please initial inside the box to grant or deny permission for the each of following:

<b>Media Release Permission For</b>	<b>I Grant Permission</b>	<b>I Do Not Grant Permission</b>
Photographs of your child		
Videos of your child		
Audio recordings of your child		
Appear on Roots School Facebook Page		
Appear on Roots School Website		

**EXCURSION PERMISSION**

- I grant permission to Roots School to take my child on outings in the community.
- I do not grant permission to Roots School to take my child on outings in the community.

By signing below, I affirm that all of the information on this page is correct:

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**K-8 ENROLLMENT CONTRACT FOR THE 2017-2018 ACADEMIC YEAR**

In order to guarantee a space for your child in the upcoming 2017-2018 academic school year, all paperwork must be completed and submitted to Roots School no later than February 28, 2017 and all families must be signed up for FACTS no later than March 1, 2017.

Roots School requires all families to use FACTS, an online management system to process tuition and fee payments. FACTS is free for families who select the “One Tuition Payment” option.

Sign up for FACTS at: <https://online.factsmgt.com>

**ANNUAL TUITION AND FEES \$8,500**

**Please indicate the payment plan selected by initialing next to it and signing the agreement on next page.**

\_\_\_\_\_ **One Tuition Payment**

Tuition Prepayment #1 Due by April 3, 2017..... \$2,000  
Tuition Balance Due by June 1, 2017..... \$6,100

\_\_\_\_\_ **Two Tuition Payments**

Tuition Prepayment #1 Due by April 3, 2017..... \$2,000  
50% Tuition Balance Due by May 1, 2017..... \$3,150  
50% Tuition Balance Due by November 1, 2017 ..... \$3,150

\_\_\_\_\_ **Ten Monthly Tuition Payments**

Tuition Prepayment #1 Due by April 3, 2017..... \$850  
Tuition Prepayment #2 Due by May 1, 2017..... \$850  
Tuition Prepayment #3 Due by June 1, 2017..... \$850  
Seven Monthly Tuition Payments of \$850 each due by July 3, 2017, August 1, 2017, September 1, 2017, October 2, 2017, November 1, 2017 and December 1, 2017, and January 2, 2018.

**Students are enrolled for the FULL ACADEMIC YEAR, and no adjustments in tuition can be made by the Roots School for absences, vacations, withdrawal, and/or dismissal. All tuition and fees paid are non-refundable, including any prepayments. If tuition assistance is cancelled for any reason, Roots School must be notified in writing immediately.**

**Enrollment Policy:** Enrollment may be cancelled by the parents/guardians in writing, without penalty (except forfeiture of the Non-Refundable prepayments) prior to June 1<sup>st</sup>, 2017.

If enrollment is cancelled on or after June 1<sup>st</sup>, 2017, parents/guardians financially responsible for the student(s) are still obligated to pay the full annual tuition. No portion of tuition paid or outstanding will be refunded or cancelled in the event of absence, vacations, withdrawal, and/or dismissal from the school of the above student.

**Communication:** Parents/Guardians agree to inform Roots School of any major incident or situation that may impact my child’s ability to focus or perform at school, and agree to work closely with the school and his/her teachers to ensure my child’s safety and success, and the safety of other Roots School students, teachers and administrators.

**Late Payment Fees and Return Payment Fees:** A late fee of \$20 will be assessed for any payment not received within 9 (nine) days of the due date. Tuition and fees are considered past due 30 (thirty) days after the



**Roots School**  
 740 Haiku Road / PO BOX 975  
 Haiku, HI 96708

808-250-7988  
 admissions@rootsmaui.org  
 www.rootsmaui.org

billing date. In addition to the late fee, an interest rate of 1.5% per month may be applied to delinquent accounts until the overdue amount is paid. Additional fees may be charged by FACTS for returned payments. Parents/guardians who have difficulty making timely payments must contact the Roots School office to arrange a satisfactory payment arrangement. Failure to comply with an accepted alternate payment plan shall require immediate dismissal of the child from Roots School. Hardship requests for alternate payment plans shall be approved or denied by the Board of Directors. When such arrangements have not been made, an account in arrears for more than 45 days will be sent to a collections agency or attorney. Parents/guardians must pay all collection fees, attorney fees, and any other costs associated with collecting any outstanding amounts.

**Withdrawal Policy:** Withdrawal from Roots School prior to the end of the academic year has an impact on the students socially and on Roots School operationally. When a family commits to Roots School, they are making a full year commitment and tuition is due and owing at the beginning of the year.

Families that intend to withdraw from Roots School must notify Roots School at least thirty (30) days prior to withdrawal in writing by Certified U.S. Mail or in-person. If a request to withdraw is cancelled, the student will be allowed to continue at Roots School provided that the space has not already been filled by someone on the waiting list. If the student is re-enrolled, a \$50 administrative fee will be due and owing.

**Dismissal Policy:** If the unfortunate circumstance arises in which Roots School determines that the student may not remain enrolled at Roots School and should be dismissed; all tuition shall be forgiven in ratio to the remaining days of school, except in those instances in which the separation is due to a violation of these policies by the parents/guardians. All fees paid are non-refundable.

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**By signing the Roots School Enrollment Contract for the 2017/2018 academic year, I/we accept all of the terms and conditions outlined in this Enrollment Contract and the Parent Handbook.**

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





**Roots School**  
740 Haiku Road / PO BOX 975  
Haiku, HI 96708

808-250-7988  
admissions@rootsmaui.org  
www.rootsmaui.org

**FINANCIAL RESPONSIBILITY/LATE PAYMENT FORM**

**Name of Parent/Guardian responsible for full payment of tuition and fees as defined in the current Parent Handbook:**

(Print name) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

If requesting a sibling discount for this student, please write the name of oldest full-time paying student:

(print older sibling's name) \_\_\_\_\_



**LIABILITY AGREEMENT** between Roots School and the legal Parent(s) / Guardian(s) of (print name of student) \_\_\_\_\_

**DEFINITIONS:**

**“Roots School”** means teachers, employees, representatives, property, and any place or location where lessons or activities may take place.

**“Parents/Guardians”** means one or more legal guardians or persons otherwise responsible for making decisions on the student’s behalf.

**“Family & Guests”** means Parents their children, siblings, and any children or adults who are their guests or otherwise the reason they are present on the Roots School property.

**ROOTS SCHOOL PREMISES:**

Safety is always a significant concern and children are not put in dangerous situations, however Parents/Guardians acknowledge that accidents can happen when children are playing or learning around natural conditions. Parents/Guardians hereby acknowledge that Roots School is located on a rural property. It is acknowledged by all parties that this is not a public school; many modern ideas as to what may be considered expected safety restraints, practices, equipment, warning signs, etc. in a public or school setting may not be present, and are specifically not desired to be present by Parents/Guardians. Parents/Guardians expect and desire that there will be regularly occurring activities in alignment with the rural nature of Maui, such as animal handling, tree climbing, hiking, swimming, working with garden tools, and any and all activities in alignment with the rural nature of the area.

With full knowledge of the above facts and warnings, Parents/Guardians accept and assume all risks and responsibility involved in or related to any and all activities engaged in by their Family & Guests while on the Roots School property or in the care of Roots School staff.

**HOLD HARMLESS:**

Roots School does not assume any liability for loss, damage or injury to Family & Guests, persons or their personal property. Parents/Guardians acknowledge that the property is located in a rural community and Roots School has a natural experiential focus, and as such, while all reasonable safety measures for children are always taken, services provided to children are without warranty, guarantee or liability beyond those mandated for the protection of all children under the laws of the State of Hawaii and the United States of America.

**INDEMNITY:**

The undersigned, for himself/herself, his/her children, family & guests, heirs, assignors, executors, and administrators, fully releases and discharges Roots School from any and all claims, demands and causes of action by reason of any injury or whatever nature which has or have occurred, or may occur to the undersigned, or any of his/her children or family & guests as a results of, or in any connections with, Roots School including the use of the premises, property, structures, play equipment, off-property activities, and any and all other Roots School related property or activity, and agrees to hold Roots School and Roots School teachers, staff, volunteers, representatives, and Board, free and harmless of any claim or suit arising therefrom.

**JURISDICTION:**

Any action concerning the rights, duties or liabilities of the parties to this agreement will be decided within the State of Hawaii, County of Maui, and the parties stipulate and agree that all disputes between or arising out of this Agreement must first be submitted to confidential mediation in the County of Maui, State of Hawaii, in accordance with the Rules, Procedures, and Protocols for Mediation of Disputes of Dispute Prevention & Resolution, Inc. (based in Honolulu, Hawaii), then in effect. The mediators’ fees and expenses are to be shared equally between the parties.



**LIABILITY AGREEMENT ACKNOWLEDGMENT**

Parents/Guardians acknowledge they have reviewed and understand the terms of the liability agreement and agree to be bound thereby.

Name of Parent/Legal Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Legal Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN PARTICIPATION FORM**

All families are required to participate in Roots School work activities. Because of the diversity in family and students, parent hours are based on the number of parents/guardians active in the student(s)' lives. Irrespective of the number of children in a family, each parent/guardian is required to work 12 hours for the academic school year regardless of the total number of children in that family enrolled at Roots School.

Each family is also required to participate in the annual fundraiser.

My signature below indicates that I understand that as a Roots School parent, each parent in my family is responsible for a total of 12 parent hours per parent at Roots School. If I am not able to fulfill those hours with time, I may donate \$25 for each of the 12 hours. While any adult member of my family may participate, I am taking full responsibility for the fulfillment of hours:

**PARENT HANDBOOK ACKNOWLEDGEMENT**

I/we, the undersigned acknowledge that I have read all of the above, and also agree to abide by the policies outlined in the current Roots School Parent Handbook.

Name of Parent/Guardian #1 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian #2 (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CONSENT FOR RELEASE OF STUDENT RECORDS**

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current/Previous School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

School Email: \_\_\_\_\_

For the student/applicant named above, I authorize the release of all school records to Roots School.  
 Documents to include:

- Transcripts for at least the past two years
- All aptitude and achievement testing (e.g. TCAP, ERB, CogAT, or other)
- Most recent grades for the current year
- Attendance records
- Additional psycho-educational testing (WISC, DAS, or IEP, as appropriate)
- Disciplinary record

Please contact Roots School at 1-808-250-7988, or by email at office@rootsmaui.org with any questions.

Name of Parent/Guardian (print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dear School Registrar:**

Please mail the records to:  
 Roots School  
 Office of Admissions  
 PO Box 975  
 Haiku, Hawaii 96708-0975

Records may also be emailed to [office@rootsmaui.org](mailto:office@rootsmaui.org)



Department of Education  
**STUDENT'S HEALTH RECORD**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
 Birthdate: Month [ ] Day [ ] Year [ ] [ ] [ ] [ ]  
 Parent's Name (Mother/Guardian) \_\_\_\_\_ (Father/Guardian) \_\_\_\_\_  
 Female  Preschool: Entry Date / /  
 Male  Elementary: Entry Date / /  
 Intermediate/Middle: Entry Date / /  
 High: Entry Date / /

Student Address Label

Please complete the following sections (CHECK IF YES)

**MEDICAL STATUS**

Allergy (type)      Cancer/Leukemia      Hearing Problems      Hypertension      Seizures      Vision Problem  
 Asthma      Chronic Cough/Wheezing      Heart Disease      JRA Arthritis      Sickle Cell Anemia  
 Behavioral Problems      Diabetes      Hemophilia      Rheumatic Heart      Skin Problems

**PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE**

Date	Grade	Height	Weight	BMI	Blood Pressure	Vision	Hearing	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunized Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) See Results Below	Provider's Signature	Provider's Stamp or Printed Name
/ /					R: / L: /	R: / L: /																			

**TUBERCULOSIS EXAMINATION**  
MANTOUX TEST (INTRADERMAL)

Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic
/ /	/ /	/ /	
/ /	/ /	/ /	

**IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)**

DTaP, DTP, DT, Tap or Td		Polio (IPV or OPV)		Hib (Haemophilus influenzae type b)		Pneumococcal Conjugate		Hepatitis B		MMR		Hepatitis A		Other	
Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date
	/ /		/ /		/ /		/ /		/ /		/ /		/ /		/ /
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**CHEST X-RAY**

Date	Results	Location
/ /	/ /	/ /
/ /	/ /	/ /

**DENTAL EXAMINATION**

Dental Check-Up	/ /
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\*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic

