

Stuart School Application 2009-2010

431 Humboldt St. Santa Rosa, California 95404
707-528-0721 707-540-6052 lyn@stuartschool8k.com
www.stuartschool8k.com

Date _____

Student Name _____

Date of birth _____ Grade in 9/09 _____

Mother's Name _____

Street _____ City _____ Zip _____

Home phone _____ Work phone _____

Cell _____ E-mail _____

Occupation: _____

Father's Name _____

Street _____ City _____ Zip _____

Home phone _____ Work phone _____

Cell _____ E-mail _____

Occupation: _____

Child's primary residence _____

Emergency contacts:

Name _____ phone# _____

Relationship to student _____

Name _____ phone# _____

Relationship to student _____

Name _____ phone# _____

Relationship to student _____

Doctor's name or practice _____

Phone _____

Allergies _____

Stuart School 2009-2010 Yearly Tuition

Lower School Pre K - 3rd	\$8100.00
Middle School 4th - 6th	\$8300.00
Upper School 7th - 9th	\$8600.00

*Required school shirts, field trips, including Upper School trip, extend care, and special programs will be billed separately.

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STUART SCHOOL

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PARENT CONTRACT 2009-2010

Date _____ Yearly Tuition _____

STUDENT'S NAME: _____ GRADE _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

Stuart School relies solely on tuition based on projected enrollment. The obligation to pay the full tuition and all fees for the entire school year unconditional. No refund, adjustment or cancellation of the tuition or fees will be made, even in case of the subsequent withdrawal or dismissal of the student from Stuart School.

The first payment is due by August 10th and subsequent tuition payments are due no later than the 10th of each month. A late charge of \$20.00 will be assessed for any monthly payment not received by this date. All report cards, transcripts and similar documents are the sole property of Stuart School and no such documents will be released until all tuition and fees currently due have been paid in full.

The undersigned agree to comply with all financial requirements and policies of Stuart School as set forth in this contract and policy statement.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Adminstrator's Signature _____ Date _____

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BILLING INFORMATION 2009-2010 School Year

Billing Information (*=Required)

Charged to card 10th of the month

1. Billing Address (As it appears on your credit card statement or bank statement)

_____ First Name*	_____ MI	_____ Last Name*
_____ Street Address*		
_____ City*	_____ State*	_____ ZIP*

Credit Card Information (* = Required)

2. Credit Card Type (please circle)

Circle one: Master Card, Visa, Bank Check Card Master Card, Bank Check Card Visa.

Card Number*

_____/_____
Expiration Month & Year

CRV
(located on back of card, last group of numbers*)

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PERMISSION RELEASE

DATE:

I give my permission for:

to take part in all school activities including sports and school sponsored trips away from the school premises, and providing reasonable care has been taken, absolve the school from liability, to me or my child, because of an injury at school or during any school activity in which I or my child should participate.

Parent/Guardian's printed name: _____

Parent/Guardian's Signature: _____

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Extend Care 2009-2010

**Extended care is billed separately
at either \$4.00 per hour or full use
of care for \$150.00 per month.
Sibling discounts offered.**

Child's Name _____

Child's Name _____

Child's Name _____

Please choose one:

\$4.00 hourly *or*

\$150.00 monthly

STUART SCHOOL SHIRTS

School shirts are required for all field trips and school events. You may choose any style for your child or yourself. Please fill out a separate order form for each child/adult.

Date: _____

Parent Name _____

Student Name _____

POLO SHIRTS

Child \$23.00

S M L XL

Adult \$25

S M L XL

HOODED PULLOVER

Child \$29.00

S M L XL

Adult \$33.00

S M L XL

SWEATSHIRTS

Child \$25.00

S M L XL

Adult \$28.00

S M L XL

HOODED ZIPPERED

Child \$38.00

S M L XL

Adult \$40.00

S M L XL

of Polo Shirts ordered _____ Due \$ _____

of Sweatshirts ordered _____ Due \$ _____

Total Amount Due \$ _____

Date ordered (Please initial) _____ Date SS received _____

Date parent received _____ (Please have parent initial when received)

Date Parent Paid _____

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REQUEST FOR STUDENT RECORDS

Date _____

Previous School Information:

Name of previous school

Address

(area code) Telephone

City, State, Zip

(area code) Fax Number

Release of Student Records

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of all records to Stuart School, including grades and health records, as well as psychological, social, educational, or developmental informational information regarding the following pupil(s).

Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

Date