

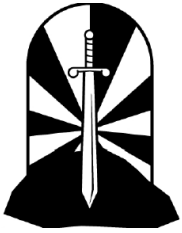


Valor Hall Academy

EXCELLENCE IN PRIVATE EDUCATION

Application Packet

631 S 1100 E St. George, UT 84790
(435) 688-9311 Phone (435) 656-3957 Fax



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Application for Enrollment

Date of Application _____ School Year 2011 - 2012

Please complete this form in for each child applying for enrollment. A non-refundable curriculum fee is required at the time of application.

Curriculum Fees (Non-Refundable)

\$300 Pre-Kindergarten – Eighth Grade

New Student Registration Fee

\$25.00 Per Student (Onetime fee)

Testing Fee (Onetime fee)

\$25.00 Per Student (Kindergarten)

\$50.00 (1st-Eighth Grade)

Tuition Amounts (10 payments Aug. thru May)

Pre-K – Kindergarten\$4495 yearly

First – Fifth Grade\$4995 yearly

Sixth – Eighth Grade.....\$5295 yearly

Extended Day 2:00-3:45pm....\$1500 yearly

Initial _____

Grade level applying for _____

STUDENT AND FAMILY INFORMATION

Student's Name _____
Last First Middle Nickname

Social Security Number _____ Age _____ Sex _____ Birthday _____
(Month, Day, Year)

Father/Stepfather/Guardian Last Name _____ First _____

Address _____ Home Phone _____
(Street, PO Box) (City, State, Zip)

Employer _____ Position _____ Work Phone _____

Social Security Number _____ Cell Phone _____

Mother/Stepmother/Guardian Last Name _____ First _____

Address _____ Home Phone _____
(Street, PO Box) (City, State, Zip)

Employer _____ Position _____ Work Phone _____

Social Security Number _____ Cell Phone _____

Main E-Mail Address: _____

Student resides with Both Parents Mother Father Guardian

Parents Marital Status Married Separated Divorced Widowed

In the case of divorce, who has legal custody of the child? _____

Please note: The school office needs to be notified about restrictions regarding who may take the student from the school premises.

Emergency Contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Last School Attended _____ Last Grade Completed _____

Educational Background _____

Talent, Achievements, and Interests _____

Any diagnosis or special services given (IEP, 504, etc.) _____

List any behavior problems in or out of school whether or not requiring judicial action (expulsions, suspensions, etc.) _____

Any Special Physical Needs (Please list) _____

Approximate grade level for:

Math _____ English _____ Reading _____ Science _____ History _____

In as few words as possible, please state why you would like your child to attend Valor Hall. _____

The undersigned, as parents/guardians and student, recognize and agree to the following as detailed in Parent Handbook:

Valor Hall Academy requires dress and behavior standards as follows:

- White, dark brown, navy, or maroon polo shirts, dress shirts, turtlenecks, sweatshirts. (no T-shirts)
- All shirts worn alone must display the Valor Hall logo unless it is a dress shirt with a collar.
- Navy, dark brown or khaki slacks, knee-length shorts, skorts, jumpers, or bib overalls. (No blue jeans)
- Girls may choose Blue/White plaid or Burgundy Plaid from **French Toast Only**.
- All students must purchase a Valor Hall sweatshirt or fleece jacket.
- No sandals or high heels.
- No profanity or vulgarity.
- Respectful and kind behavior towards adults and other students.
- Regular, punctual attendance. (Since absences and tardiness place an added burden on teachers, parents will be assessed a \$5.00 fee for more than two unexplained absences or three tardies per month.)

If standards are not met, parents will be informed and requested to correct the problem. Valor Hall Academy reserves the right to suspend or expel any student.

I/we hereby release Valor Hall Academy, Inc. from any obligation or responsibility for any harm or accident that might occur at Valor Hall Academy or related activities, including field trips. I/we take full responsibility for my/our child's actions and for any expenses that may be required for medical care resulting from an accident.

I/we also agree to be responsible for payment of services rendered by Valor Hall Academy and to pay in a timely manner as reasonably requested by said company. I/we will also be responsible for any legal fees that

may become necessary in connection with collection on Valor Hall Academy's billings. I/we understand any payments received after the fifteenth of the month will be subject to an 18% annual finance charge with a \$10 minimum.

This contract begins, and first payment is due August 1st. If your student is withdrawn from Valor Hall Academy, a 30 day written notice needs to be given to the administration. If the enrolled child is withdrawn after the first six weeks of the school year, the entire annual tuition will be forfeited and the balance of the tuition will be due in monthly installments for the remainder of the school year. **Initial** _____

I/we also agree to donate 25 hours of our time as a family to Valor Hall Academy. I/we understand that if we are unable to fulfill these hours of donation, I/we can pay a one time fee of \$250 to cover the cost of extra hired help.

I/we release Valor Hall Academy from all liability, except negligence, while our child is under school care and responsibility.

I/we give permission for our child to take part in all school activities, including school-sponsored trips away from school premises.

I/we understand that the school has full discretion in the class placement of our child and I/we pledge to work closely with the administration in this placement.

I/we have disclosed all information that may be instrumental in my child's placement and acceptance to Valor Hall Academy.

I/we have been given a Parent Handbook and Valor Hall Academy Code of Conduct and agree to abide by those guidelines.

Valor Hall Academy admits students of any race, color, national and ethnic origins, to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in its admissions policies. Valor Hall Academy reserves the right to select students on academic performance, moral values, and personal qualifications, including a willingness to cooperate with Valor Hall Academy administration and abide by its policies. *Application submission does not guarantee placement in Valor Hall Academy.*

This is a legal binding contract.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

For office use only:

- Application Received (date) _____
- Curriculum Fee Received (date) _____
 - Check Number _____
- Placed in: _____
- Waiting list for: _____ Date: _____

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Contact, Pick-Up & Emergency Information 2011-2012

TO BE COMPLETED BY PARENT OR GUARDIAN (Please Print Clearly)

Child's Name:(Last)	(First)	(M)	(Birthdate)
Father's Name:(Last)	(First)	(M)	
Mother's Name:(Last)	(First)	(M)	
Home Address:			
(city)	(State)	(Zip)	(Telephone)()
Address & Telephone of Father or Mother (if different from above): () Father () Mother			
(Street):			
(City)	(State)	(Zip)	(Telephone)()
Mailing Address:			
(City)	(State)	(Zip)	(Telephone)()
Person responsible for child if different from above:			
Father's Wk#:()	Mother's Wk#:()	Email:	
Father's Cell#:()	Mother's Cell#:()	Email:	

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY			
Name	Address	Telephone	Relationship

PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY		
Physician	Telephone	Insurance Carrier/Policy Number
Dentist	Telephone	Insurance Carrier/Policy Number

If Physician cannot be reached, what action should be taken? () Call Emergency Hospital () Other
Explain: _____

NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY			
Name	Relationship	Name	Relationship

Signature of Parent/Guardian: _____ Date: _____

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Release and Waiver 2011 – 2012

Each of the undersigned hereby agrees and acknowledges that:

A. The undersigned is aware of the possibility and risk of injury, including, but not limited to personal injury, directly or indirectly associated with the enrolled Child's involvement at Valor Hall Academy, Inc. programs, including but not limited to activities, field trips and use of playground equipment (collectively the "school activities"); and

B. The undersigned understands that injuries may occur in the course of school activities despite compliance with all laws and safety rules.

IN CONSIDERATION of the enrollment of Child at Valor Hall Academy, the undersigned, on behalf of the Child, himself/herself, his/her successors and assigns, hereby releases, agrees to hold harmless and forever waives and discharges Valor Hall Academy, its successors, assigns, directors, officers, members, managers, agents, representatives and employees from any and all actions, claims, damages, injuries, costs or losses, including but not limited to attorney's fees, however arising, which may have been or may be sustained by Child, in any way relating to or arising out of Child's involvement or participation in school activities.

THE RELEASE AND WAIVER PROVISIONS OF THIS DOCUMENT ARE INTENDED TO BE A LEGALLY BINDING CONTRACT, RELIEVING VALOR HALL ACADEMY AND ITS SUCCESSORS, ASSIGNS, DIRECTORS, OFFICERS, MEMBERS, MANAGERS, AGENTS, REPRESENTATIVES AND EMPLOYEES FROM LIABILITY FOR ANY INJURIES TO CHILD, ASSOCIATED WITH CHILD'S INVOLVEMENT OR PARTICIPATION IN SCHOOL ACTIVITIES. THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES HIS/HER RIGHT TO CONSULT AN ATTORNEY REGARDING THE CONTENTS HEREOF, BEFORE SIGNING. THIS RELEASE AND WAIVER OF LIABILITY EXTENDS TO ALL CURRENT AND FUTURE SCHOOL ACTIVITIES, INVOLVING OR PARTICIPATED IN BY CHILD.

I hereby agree to the above Release and Waiver. **I have read each and every provision of this document, understand the meaning and effect thereof, and agree to abide by the terms and conditions of this document.** The terms of this document apply to any and all Valor Hall Academy activities involving or participated in by Child, at any time after the execution hereof.

IN WITNESS WHEREOF, the undersigned executes this Release and Waiver on the ____ day of _____, 20 ____.

Child's Name (Please print) _____

Name: (Please print) _____

Relationship to Child _____

Signature: _____

Name: (Please print) _____

Relationship to Child _____

Signature: _____



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Request for Cumulative Records

To: _____

The following student(s) have enrolled in our school. Please send a full transcript of grades, health and immunization records, and any testing scores for:

Student's Name

Birth Date

Student's Name

Birth Date

Be sure to send the following:

_____ Attendance Records

_____ Psychological Reports

_____ Transcript of Grades

_____ Withdrawal Grades

_____ Current IEP

I hereby give my permission for the release of records to Valor Hall Academy for the above named student(s).

Parent Signature

Phone Number

Signature

Title

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School Directory 2011-2012

The Valor Hall office is often requested to provide addresses and phone numbers of our students to parents wishing to send out birthday invitations, set play dates for their children and make carpool arrangements. With your written (see form below) permission we will include your information in our 2011-2012 Valor Hall Academy Directory. This would be released only to our Valor Hall Academy parents. It would not be sold or used for commercial purposes. Please indicate on the form below your family's information as you would like it to appear in our 2011-2012 Valor Hall Academy Directory.

Please Print

Child's Name: _____ Birthdate: _____

Parent's Name(s): _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

Home Number: _____ Cell: _____

Email Address: _____

Please do not include my name in the Directory

Parent Signature: _____

Photo Release

My child, _____ has my permission to be photographed during school activities to be used for classroom activities, yearbook and other school related publications.

Parent Signature: _____ Date: _____



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Termination Policy 2011 – 2012

Notwithstanding anything provided in the Tuition Policy Contract, either Valor Hall Academy, Inc. or the enrolled child's parent(s) may terminate this agreement at any time during the **first six weeks** of the school year, with 30 day written notice. In the event of such termination, all of the obligation of the parties hereunder signed shall be deemed terminated, other than tuition which will be prorated to 30 days from the date that student withdraw is received in the office. **If the enrolled child is withdrawn after the first six weeks of the school year, the entire annual tuition will be forfeited and the balance of the tuition will be due in monthly installments for the remainder of the school year.** Any tuition refund will be available no later than 30 days from date of student withdrawal.

Valor Hall Academy expects parent(s) and students to follow all guidelines as laid out in the Parent Handbook and Code of Conduct concerning behavior, dress standards, etc. Valor Hall Academy, Inc. reserves the right to expel students as they deem necessary and tuition shall be prorated to the end of the month in which expulsion took place.

I hereby agree to the above Termination Policy. I have read each and every provision of this document, understand the meaning and effect thereof, and agree to abide by the terms and conditions of this document.

IN WITNESS WHEREOF, the undersigned executes this Termination Policy on the ____ day of _____, 20____.

Child's Name (Please print) _____

Name (Please print) _____
Signature: _____

Relationship to Child _____

Name (Please print) _____
Signature: _____

Relationship to Child _____



Transportation Permission Form 2011-2012

Name of Child: _____

I/We hereby give Valor Hall Academy and its staff, a licensed and insured school, permission to transport my child for any of the following:

- To and from school – In the event of an emergency
- Scheduled Activities
- Field trips

Parent Signature _____ Date _____



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**Tuition Contract
2011 – 2012**

The school year is considered to be continuous from August 30, 2011 to May 23, 2012. **Parents enroll their children for that period of time.** Valor Hall Academy, Inc. follows the Washington County School District Vacation and Holiday Schedule, (*see calendar in Parent Handbook*).

We provide a payment plan for the annual tuition (*see Tuition Payment Agreement form*). No deductions will be made for illness, vacation, or early withdrawal, etc., during the continuous school year. You may pay by mail or in person at the office. Valor Hall Academy accepts cash, checks and credit cards. Receipts will be furnished with in office payments.

In case of default of this contract, I/We agree to pay Valor Hall Academy, Inc. all attorney’s fees, court costs, filing fees, and all collection costs, up to 50% of the amount owing may be assessed by any collection agency retained to pursue the matter. I/We further agree to pay pre and post judgment interest at the rate of one and one half percent per month (eighteen percent per year) until balance is paid in full. _____ (*please initial*).

Payments are due by the 5th of each month. If the payment has not been received by this time, a \$25.00 late fee for 6th-10th day and a \$50.00 late fee for the 10th-15th day will be added to your account. Furthermore, if Valor Hall Academy, Inc. has still not received the tuition payment by the 15th of the month your family will be asked to withdraw from the school to avoid accruing further debt. A charge of \$25.00 will be assessed for all returned checks.

Withdrawal of a student from school must take place during the first six weeks of school. If you withdraw your child after the first six weeks of school, the entire annual tuition must be paid according to the Tuition Contract (*see Termination Policy form*).

By signing this document you acknowledge that you have read and agree to the Valor Hall Academy, Inc. Tuition Contract for the 2011-2012 school year.

Child’s Name (please print) _____ Child Birthdate _____

I have read, understand and agree to the Tuition Contract for Valor Hall Academy, Inc.

Parent Name (please print) _____
Parent Signature _____ Date _____