

Applicant lives with: (check one)

Both Parents Mother Father Legal Guardian Other (Specify)

Siblings

Name	Age	Current School	Name	Age	Current School

These individuals are authorized to pick up the Applicant:

Name	Address	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Tuition policies and rates are established each January by Tabula Rasa for the upcoming academic year (fees and tuition for the current academic year are set forth below and on the school website at www.trlanguages.com).

Sandy Springs Location

Application Fee:

Matriculation Fee, Preschool:

Matriculation Fee, Elementary School:

***Snack/Lunch Fee, Elementary School:**

\$100 per year/per student
 \$400 per year/per student
 \$500 per year/per student
 \$60 per month/per student

Tuition, Preschool, Sandy Springs

Days of attendance	Yearly (August-May)	Monthly	Paid Upfront (5% discount)
2 full days/week	\$7,000	\$700	\$6,650
3 full days/week	\$9,000	\$900	\$8,550
4 full days/week	\$11,000	\$1,100	\$10,450
5 mornings/week	\$8,000	\$800	\$7,600
5 full days/week	\$12,000	\$1,200	\$11,400

*Snack/Lunch is included in tuition for all Preschool students.

*For Preschool and Elementary School: If the student has allergies or food preferences parents need to bring snack/lunch from home.

Tuition, Elementary school, Sandy Springs

Grades	Yearly (August-May)	Monthly
K-5 th	\$10,000	\$1,000
2 afternoons	\$2,000	\$200
5 afternoons	\$4,000	\$400

Tabula Rasa offers three (3) tuition payment options: (a) One Payment Plan, by which yearly tuition is paid by July 1st, (b) Two Payment Plan by which 50% of yearly tuition is paid July 1st and 50% is paid by September 1st, and (c) Monthly Payment Plan as described above. All fees are required to be paid by/on February 28th (for existing students) and April 15th (for new students) to secure the space for the next scholastic year. Textbook fees, if any, are not included on the tuition.

ALL TUITION AND RELATED FEES ARE NONREFUNDABLE.

MEDICAL/EMERGENCY INFORMATION

Emergency Information

Name of Child _____ Name of Parent _____ Phone number _____

Birth date _____ Last Physical Examination _____

Emergency contact: Name and phone number(s) of two adult relatives we may call in case of emergency when parent is not available:

_____ Relationship _____

_____ Relationship _____

Child's Physician:

Name _____ Phone Number _____ Hospital _____

Health Concerns:

Does your child suffer from any chronic conditions or allergies, does s/he have any limitations or special needs? Does the child take any medication? If yes, please explain in full on the space provided below:

Does the school have permission to administer Tylenol or other medication to your child if the need arises? _____

Does the child take any medication on regular basis? _____ If yes, please specify:

Medical Release

I hereby authorize the staff of Tabula Rasa The Language Academy to contact the persons named on this card and do authorize the named physician or his or her associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that the persons named on this card cannot be reached, Tabula Rasa Staff are hereby authorized to take whatever action is deemed necessary in its sole judgment for the health of the aforesaid child. Any expenses incurred for the above will be the sole responsibility of the Parent(s)/Guardian(s).

I HAVE READ, UNDERSTOOD AND AGREE TO THIS EMERGENCY RELEASE.

Date _____ X _____
Parent Signature

Date _____ X _____
Parent Signature

Date _____ X _____
Authorized Representative of Tabula Rasa

Supplemental information (for MMO and 2 year old Preschool children)

Name of Child _____ Name of Parent _____ Phone number _____

Eating Behavior

Drinks: Breast feed Bottle Cup with lid
 Eats: Uses spoon Uses hands
 How is feed: Lap High Chair Infant seat Other
 Food: Brand _____ Quantity _____ Frequency _____
 Other: Allergies? _____
 History of colic? _____

Sleeping Behavior

Where (at home): Crib Bed
 Rest times: _____
 What does he/she takes to bed (blanket, bottle, pacifier, etc) _____
 Mood upon awakening: _____
 Other (Specify): _____

Toilet Habits

Your child is: Toilet Trained Currently Toilet Trained
 If Toilet training, does he/she indicate bathroom needs? Yes No
 What wears: Disposable Diapers Pull-Ups Other
 Do you use: Desitin Powder Special Wipes Other
 Is diaper rash a problem? Yes No
 Is diarrhea or constipation a problem? Yes No

Miscellaneous

What (if anything) do you do for teething? _____
 How does child relates to strangers? _____