

Family Information:		
Name (Husband/Wife)	Home Phone	
Address	Emergency Phone	
City	Zip	Subdivision
e-mail address checked at least once each day		

Participating Children:							
Name (First, Middle Initial, Last)	Student e-mail address	Grade on 9/1/15	Age on 9/1/15	Birth Date	WRITE CLASS NAMES	CLASS FEE (see below)	TOTAL CLASS FEES
					TGC:	\$	\$
					Latin:	\$	
					Science:	\$	
					Math:	\$	
					Elective:	\$	
					TGC:	\$	\$
					Latin:	\$	
					Science:	\$	
					Math:	\$	
					Elective:	\$	
					TGC:	\$	\$
					Latin:	\$	
					Science:	\$	
					Math:	\$	
					Elective:	\$	

Class Fee (Each fee includes BOTH building-use fee AND teacher supply fee.)

TGC	Latin	Science	Math	Electives	Enrichment
TGC Prep \$ 60	Latin 1A \$ 50*	Life Sci \$100*	Math Prep \$ 60	Spanish 1B \$ 40	TGC Enrichment \$100
TGC Primer \$120*	Latin 1B \$ 50*	Earth Sci \$100*	Pre-Algebra \$ 60	Spanish 1-3 \$ 60	Minimus \$ 30
TGC 1 \$120*	Latin 1 \$ 70*	Physical Sci \$120*	Algebra 1 \$ 60	Speech \$ 40	Science \$100
TGC 2 \$120*	Latin 2 \$ 70*	Biology \$120*	Geometry \$ 60	Poetry \$ 40	Engineering \$100*
TGC 3 \$120*	Latin 3 \$ 70*	Chemistry \$120*	Algebra 2 \$ 60	Texas History \$ 40	Math Games \$ 30
		Physics \$120*	Pre-Calculus \$ 60		Writing Wkshp \$ 30
		Anatomy & Phys \$120*	Business Math \$ 60		Grammar Wkshp \$ 30
					Narnia \$ 30

*includes Syllabus Supplement & World Teen Magazine *includes Class Syllabus, CLC Online Access, & National Latin Exam fee *includes lab supplies & equipment *includes lab supplies

Fees:			
	Number	Amount	Total
Administration Fee (Per Family) Registrations COMPLETED Before May 31: \$25 June & July: \$50 After July 31: \$100; Jan: \$25	1	\$	\$
Registration Fee (Per Student)	\$25 per student	\$ 25.00	\$
Class Fees	Total all class fees listed above		\$
TOTAL FEES due at registration and non-refundable (to be deposited after June 1).			\$

To Register:	Office Use Only:
<p align="center">Registration Steps:</p> <ol style="list-style-type: none"> Complete all Registration Forms Make checks payable to Schola. Return forms and non-refundable fees to: Schola Registrar 3110 Winchester Way Sugar Land, TX 77479 	<p align="center">Registration Check List:</p> <p><input type="checkbox"/> I have completed the entire Registration Form.</p> <p><input type="checkbox"/> I have read & initialed all Schola policies on reverse.</p> <p><input type="checkbox"/> I have enclosed the total amount of fees made out to Schola.</p> <p><input type="checkbox"/> I understand that fees are non-refundable.</p> <p><input type="checkbox"/> I have enclosed completed Release Form.</p> <p><input type="checkbox"/> I have enclosed Study Hall Application if needed.</p> <p><input type="checkbox"/> I have enclosed a New Student Information form if needed.</p>
	Date Received:
	Check #:
	Check Date:
	Check Amount:

Family Name

Tuition Policy

Initial: _____ **I have read and agree to the attached Schola Tuition Policy.**

Initial: _____ **I have chosen a tuition payment method below.**

Initial: _____ **I agree to include a late fee of \$10 if checks are not received by instructors by the first class of each month.**

By Semester: Pay six months total tuition by Orientation (includes last month's tuition) and remaining four months tuition by the first week in January.

By Month: Set up automatic bill pay for the first day of each month September through April (August and May payments due at Orientation).

By Month: Provide instructor with eight checks dated the first of each month September through April (August and May payments due at Orientation). **Instructor will cash each check after the check date.**

By Month: Pay tuition monthly by the first class of each month.

Student Drop-Off and Pick-Up Policy

Initial: _____ **I understand that students may not be dropped-off at Schola earlier than 8:45 am for 9:00 am classes.**

Initial: _____ **I understand that students must be picked up by 4:30 pm. After 4:30, I will "bless" the monitor who stays late to wait with my student with \$5.00 per five minutes or any portion thereof that I am late.**

Discipline Policy

Initial: _____ **I have read and agree to the attached Schola Discipline Policy.**

Initial: _____ **I have discussed the attached Schola Discipline Policy with my student(s).**

Academic Integrity Policy

Initial: _____ **I have read and agree to the attached Schola Academic Integrity Policy.**

Initial: _____ **I have discussed the attached Schola Academic Integrity Policy with my student(s).**

Dress Code

Initial: _____ **I have read and agree to the attached Schola Dress Code.**

Initial: _____ **I have discussed the attached Schola Dress Code with my student(s).**

Study Hall Policy

Initial: _____ **I have read and agree to the attached Schola Study Hall Policy.**

Initial: _____ **I have discussed the attached Schola Study Hall Policy with my student(s).**

Photo Release

I DO give permission

I DO NOT give permission

for Schola to use pictures and/or video taken during Schola classes or other approved activities on the Schola website and/or advertising. Any such photographs or video would highlight the student(s) either demonstrating learning techniques or participating in approved school activities and would not include student names.

Initial: _____

Signature: _____ **Date:** _____

Please keep this form for your records.
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Discipline Policy

- Because our class time is limited, it is vital that students be attentive, cooperative, and respectful.
- Disruptive behavior is discourteous to both teachers and students.
- Students who are disruptive in class will be warned by the Instructor.
- If the behavior continues the student will be sent to the monitor for the remainder of the class, and his or her parents will be notified.
- Continued behavioral issues may result in dismissal from the Schola program with no refund of tuition or fees.

Academic Integrity Policy

All Schola students are expected to conduct themselves with integrity. When you cheat or aid someone else in cheating, you violate a trust.

Cheating is presenting another person's work or ideas as your own and includes:

- Copying assignments in part or in whole from another person.
- Submitting work completed by another person.
- Copying answers/solutions out of an answer key.
- Giving your assignments to another person.
- Doing someone else's assignment for him or her.
- Telling someone, in detail, what answers to enter on an assignment.

- Glancing at nearby test or quiz papers.
- Copying answers from nearby test or quiz papers.
- Talking with others during a test or quiz.
- Letting someone copy your answers on test or quiz papers.
- Using technology to get answers during a test or quiz.
- Looking at a take-home test before taking it.
- Using textbooks, answer keys, technology, or other sources while taking a take-home test.
- Changing answers on a take-home test after taking it.
- Possessing an unauthorized copy of a test.

- Plagiarism of any kind.

You will receive a grade of zero on the work on which the cheating occurred. This grade cannot be dropped.

Students are encouraged to help each other learn but NOT to give answers. One way to help is to DISCUSS the assignment (if permitted in the assignment) but not to GIVE your answers or solutions. Helping others to cheat is the same as cheating yourself. You will receive a zero as well as the person you "helped."

**Please don't cheat! It cheats YOU of the education your parents are paying for.
If you feel the need to cheat, please talk to your teacher about why, and we will find an honorable solution.**

Schola Dress Code

Students and teachers are engaged in serious endeavors at Schola and should dress accordingly. Please keep in mind the following guidelines which apply to ALL Schola activities including classes, field trips, Spring Picnic, Open House, etc.

General Guidelines:

- Students should dress in a manner that is modest and shows respect for their teachers and fellow students.
- Students should dress in a manner that is not distracting in a classroom educational environment.

Specific Examples:

- All skirts (girls) and shorts (boys and girls) must be at least knee-length. Leggings must be under knee-length dresses or skirts.
- No tank tops, spaghetti straps, halter-tops, off-the-shoulder tops, or tops with inappropriate or offensive decorations.
- No hats, sunglasses, or other distracting accessories.
- No visible undergarments.

Schola teachers and monitors may, at their discretion, ask students to don t-shirts or sweat pants if they find a student's apparel to be inappropriate.

Study Hall Policy

For the convenience of parents and students, Schola provides a Study Hall ONLY for registered Schola students at least 12 years of age by September 1st during free periods between classes or while waiting for siblings in class.

- Students MUST be registered for Study Hall in order to be in Study Hall
- Students may be in Study Hall ONLY during periods for which they are registered.
- No fee is charged for the use of the study hall; however, our facilities are limited, and we ask that study hall be used only when necessary.
- To apply for a study hall seat, complete a Study Hall Application. Be sure to include the reason why you are requesting a seat in study hall. Applications that do not state a reason will not be considered. Study Hall seats will be assigned on a first-come-first-served basis.
- Mail Study Hall Application form with your Registration Form.

Study Hall Rules:

- Students should come to Study Hall prepared to work quietly and bring sufficient work to fill the time they are in Study Hall.
- Students must remain in the Study Hall room. They may not wander through the church or be outside.
- Students may eat in Study Hall.
- iPod use is permitted with ear buds.
- Cell phone conversations are not permitted.
- No Internet access is available for students.
- 2nd period study hall students will be given a 30-minute lunch break at the beginning of the period.
- Students are responsible for keeping the study hall clean, neat, and free of trash.
- **Parents will be called to pick up students who are disruptive in Study Hall. Those students will not be permitted to return to Study Hall for the remainder of the quarter.**

Tuition

Tuition is paid **to instructors** in ten monthly installments, with the first and last installments due by Orientation in August.

- The last month's tuition payment will serve as a drop fee if the class is dropped after Orientation.
- If your family drops a class and is no longer eligible for a TGC Package price, your tuition payments will return to the full amount for the remaining months of the school year.
- Your registration is a ten-month agreement with the instructor and precludes another student from taking that spot in the class. Please choose classes carefully and remember that there is a one-month's tuition drop fee for any class dropped after Orientation.

Indicate a tuition payment method on the Registration Form.

- **By Semester:** Pay six months total tuition by Orientation (includes last month's tuition) and remaining four months tuition by the first class meeting in January.
- **By Month:** Set up automatic bill pay for the first day of each month September through April (August and May payments due at Orientation).
- **By Month:** Provide instructor with eight checks dated the first of each month September through April (August and May payments due at Orientation). **Instructor will cash each check after the check date.**
- **By Month:** Pay tuition monthly by the first class meeting each month.

You agree to include a late fee of \$10 if checks are not received by instructors by the first class meeting of each month.

SCHOLA 2015/2016

Release Form

Student Name		Circle the medications that may be administered to your student by Schola personnel.	DOB	Allergies	Current Medication	Previous Injuries Serious Illnesses	Health Conditions Learning Disabilities
		1					
		2					
		3					
Address			City			Zip	
Parents' Guardians Names		Home Phone					
Father's Address if different from above		Father's Work Phone					
Mother's Address if different from above		Mother's Work Phone					
Emergency Contact to be used if parents are not available		Emergency Contact Phone					
Family Physician		Physician Phone					
Health Insurance Company		Pre-Certification Phone		Policy #		Group #	
Name of Insured		Employer		Employer Phone		ID#	
<p>Medical Treatment Authorization and Release of Liability for academic year 20__ / 20__</p> <p>I hereby authorize any representative of Schola to render first aid to my child and/or transport him/her to a hospital and/or call an ambulance. I further authorize any representative of Schola, to consent to medical treatment of my child in the event of an emergency (as determined by the representative) when I cannot be reached. This consent is valid and irrevocable for as long as my child is enrolled in Schola. I understand that medical expenses resulting from the above actions are my responsibility. I hereby release Schola representatives as a group and individually, and Providence Presbyterian Church from any and all liability for injuries to my child arising out of my child's participation in Schola activities.</p>							
Signature				Date		Print Name	

Please complete one form for each student applying to Schola for the FIRST time.

Student Information:		
Name	Age	Grade
<p>Schola does not have instructors trained to handle students with learning disabilities or behavioral issues, and the nature of homeschool classes (few class meetings and significant independent work) is often not a good fit for these students.</p> <p>In the best interest of your child, please answer the following questions candidly so we can discuss these issues with you to determine if Schola will be able to help your student to be successful.</p> <p>This information is for Schola teachers and administrators only and will be kept strictly confidential. All fees will be returned if it is determined that Schola is not a good fit for your student.</p> <p>Indicate and explain if your child has: ___ been referred for testing or placed in a special program: _____ ___ required special help or tutoring: _____ ___ repeated a grade: _____ ___ been suspended or expelled from school: _____ ___ been diagnosed or treated for Asperger's, dyslexia, autism, ADD, ADHD, or any learning disability: _____ ___ struggled with emotional or behavioral problems: _____</p>		
Academic Background:		
<p>Briefly summarize your student's previous studies and list any outside classes taken in each subject.</p> <p>English:</p> <p>History:</p> <p>Science:</p> <p>Math:</p> 		
Parent Goals:		
<p>As parents, what are your goals for your student's participation in Schola classes?</p> 		

Office Use Only:

- Gibson
 Harger
 Hart
 Kilburn
 Kirby
 Kisiel
 Nagorski
 Samuelsen
 Vickrey
 Zimmerman

Please complete one form for each student.

For the convenience of parents and students, Schola provides a limited number of seats in study hall ONLY for registered Schola students at least 12 years of age by September 1st during free periods between classes or while waiting for siblings in class.

To apply for a study hall seat, complete this form and return to Schola Registrar.

Student Information:		
Name	Age	Grade
Study Hall Schedule:		
Monday	Tuesday	Thursday
Time (be specific)	Time (be specific)	Time (be specific)
Reason	Reason	Reason
Study Hall Policies:		
<ul style="list-style-type: none"> ▪ Students should come to Study Hall prepared to work quietly and bring sufficient work to fill the time they are in Study Hall. ▪ Students must remain in the Study Hall room. They may not be outside without permission or wander through the church building. ▪ Students may eat in Study Hall. ▪ iPod use is permitted with ear buds. ▪ Cell phone conversations are not permitted. ▪ 2nd period study hall students will be given a 30-minute lunch break at the beginning of the period. ▪ Students are responsible for keeping the study hall clean, neat, and free of trash. ▪ Parents will be called to pick up students who are disruptive in Study Hall. Those students will not be permitted to return to Study Hall for the remainder of the quarter. 		
I understand these Study Hall Guidelines and agree to abide by them.		
Student Signature		Date
Parent Signature		Date

Please complete one form for each student.

For the convenience of parents and students, Schola provides limited supervision for Enrichment Class students. To apply for enrichment supervision, complete this form and return to Schola Registrar.

Student Information	
Name _____	Age _____ Grade _____
Enrichment Supervision Schedule	
Monday	Thursday
Time (be specific) _____	Time (be specific) _____
Reason _____	Reason _____
Enrichment Supervision Fee	
<p>Total Fees:</p> <p>Number of hours per week* (rounded up) _____</p> <p style="padding-left: 40px;">@ \$5.00 per hour = \$ _____</p> <p style="padding-left: 40px;">x 34 weeks = \$ _____</p> <p style="text-align: center;">This is the total amount for the year.</p> <p><small>*Do not include the 15-minute breaks between classes.</small></p>	<p>One-time Payment: Receive a 10% discount if you pay for the entire year in August. Total amount from previous column = \$ _____ - 10% discount = \$ _____ Due by first class day of August. Make checks payable to Schola.</p> <p>Monthly Payment: Total amount from previous column = \$ _____ divided by 10 months = \$ _____</p> <p style="text-align: center;">Due first class day of each month August through May. Make checks payable to Schola.</p>
Enrichment Supervision Policies	
<ul style="list-style-type: none"> • <u>Enrichment Supervision is ONLY for Schola students ages 9 through 11 who have a gap between classes, or who are waiting for siblings or car-pool partners in class.</u> • <u>Enrichment Supervision Fees (non-refundable): \$5.00 per hour per student or any part thereof (not including the 15-minute break between classes).</u> • <u>Full Payment is due in August, or Monthly Payments are due at the first class meeting of each month. No refunds for absences.</u> • <u>Students may be in Enrichment Supervision ONLY during periods for which they are registered.</u> • <u>Students should bring books to read or quiet games to play during the unstructured supervision time.</u> • <u>Students must remain in the designated area. They may not be outside without permission or wander through the church building. They may not use the kitchen.</u> • Parents will be called to pick up students who are disruptive in Enrichment Supervision. Those students will not be permitted to return to Enrichment Supervision for the remainder of the quarter. 	
<p>I understand these Enrichment Supervision Guidelines and agree to abide by them.</p>	
Student Signature _____	Date _____
Parent Signature _____	Date _____