



INTERNATIONAL STUDENT ENROLLMENT PACKET

20__ - 20__ School Year

Student First & Last Name: _____

Grade: _____

LETTER TO PARENTS

Dear Parents,

We would first like to take this opportunity to congratulate you for choosing Amity School as your child's educational institution. We thank you for your trust and support.

In order to help ensure your student's success in school, a student-parent-school relationship and communication is necessary. For this reason, the first section of the Registration Folder contains the rules and guidelines for students and parents. This should be read and understood carefully and signed by both parties. In addition, some of these documents have deadlines, so each of the documents must be read, completed, and signed by the indicated date.

After we receive the completed documents, the administration team will keep this folder for future references. Just as a student visa, if there is ever a situation involving the student-parent-school, this folder will be referenced.

We wish for our students continued academic success this upcoming school year.

Administration Team

Brooklyn Amity School

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ADDITIONAL REGISTRATION DOCUMENTS

In order to complete the enrollement process, together with this enrollment packet, all applicants should submit the following documents.

- Bank Letter
- Immunization Chart
- Academic Transcript
- Elementary/Middle School Diploma
- Certificates of Achievement & Awards
- Copy of Student's Passport
 - First Page
 - Visa Page

STUDENT – PARENT/GUARDIAN INFORMATION

Student Information:

Name: _____ Last Name: _____

Gender: Male Female Date of Birth: Day: ____ Month: ____ Year: _____

Cell Phone: (____) _____ E-mail: _____

Identification No. (If applicable): _____

Student Applying for Grade: _____

Home Address:

Street: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Current School:

Name: _____

Address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Classroom Teacher:

First & Last Name: _____

Mobile Phone Number: (____) _____ E-mail: _____

PARENT / GUARDIAN INFORMATION (1)

Where does the student live?

with both parents with Mother only with Father only with Legal Guardian

Father:

First and Last Name: _____ Home Phone: (____) _____

Mobile Phone: (____) _____ Mobile Phone 2: (____) _____

Personal E-mail: _____

Address (If not the same as the student):

Street: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Work Information:

Company Name: _____ Position: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone No.: (____) _____ Fax No: (____) _____

Work E-mail: _____

PARENT / GUARDIAN INFORMATION (2)

Mother:

First and Last Name: _____ Home Phone: (____) _____

Mobile Phone: (____) _____ Mobile Phone 2: (____) _____

Personal E-mail: _____

Address (If not the same as the student):

Street: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Work Information:

Company Name: _____ Position: _____

Address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Telephone No.: (____) _____ Fax No: (____) _____

Work E-mail: _____

Emergency Contact:

First and Last Name: _____

Mobile Phone: (____) _____ E-mail: _____

STUDENT - PARENT/GUARDIAN - SCHOOL AGREEMENT

A. STUDENT RIGHTS

Each student studying under the supervision of the school has the right to the following:

- A safe and secure school environment
- Unless personally authorized, personal and family proprietary information will not be shared with third parties, except for school administration and concerned teachers ,
- The ability to freely express one's thoughts on condition that it is not against moral values and does not infringe on another person or entity's rights,
- To be notified in advance of all rules and regulations and prior to the enforcement of any decisions made as pertains to the proper functioning of the school and classes,
- To increase student success, career planning and counseling will be provided for self-knowledge and other topics, as necessary,
- The right to be informed of performance and grade results in a timely manner and the ability to share his/her thoughts with the appropriate teacher and the right to review the written documents if contesting the results,
- The right to participate in all non-class related activities organized by the school,
- The school will not share with the public, without the student's permission, any homework, project or research prepared either in class or outside of class and the student will have the same rights to use the physical facilities of the school for all activities both inside and outside the classroom.

B. STUDENT RESPONSIBILITIES

Each student studying under the supervision of the school has the following responsibilities:

- To respect the rights of all other students, teachers, & staff,
- To wear appropriate attire during the school session and physical education classes as designated by the school administration,
- To not participate in those acts which fall outside the framework of freedom of expression including teasing, even if meant in a joking manner, name calling, demeaning acts, gossiping, making false accusations, threatening, use of profanity, participating in fights and blackmailing,
- To arrive at school on time and to attend classes; those who cut classes or who come to class late must abide by the rules concerning class attendance,
- When called upon, to participate in all activities, ceremonies, and competitions organized either by the school or the state within and outside of school hours,
- To use the school premises and its furnishings in the manner in which they were intended without causing damage and to replace any damaged property in a timely fashion,
- To not take any item belonging to another student, teacher or school personnel without permission and if permission is given, to not damage that item. If damaged, to have it replaced as soon as possible,
- To not carry, consume or supply any tobacco, alcoholic, narcotic or any habit-inducing controlled substances within the school, its environs and all school activities outside the school,
- To not carry, use or supply any type of gun, knife, weapon or any device which makes another individual feel at risk within the school, its environs and all school activities outside the school,
- To not bring to school any illegal audio, visual or print publications that do not conform to moral standards and to not share these with other students, teachers or school personnel via communication tools such as the internet or telephones,
- To comply with queuing rules within the cafeteria and dining hall and to keep these facilities clean,
- To refrain from any speech, behavior or attitude that can negatively affect the class environment, to have materials required for class ready and to provide them when requested by the teacher, to come prepared for class as required, to do any homework and provide it when requested .

C. PARENT/GUARDIAN RIGHTS

Each parent/guardian with a currently enrolled student has the following rights:

- To follow up that all rights and services promised to the student are met,
- To be able to visit the school during school hours and to meet with the student or the appropriate teacher during the time frame specified by the administration,
- To be treated in a just and respectful manner by the school administration, its teachers and personnel on an equal basis regardless of religion, language, race, national origin, creed, or disability,
- To ensure that any personal information provided by the student or family member to a school administrator, teacher or personnel will not be shared with third parties,
- To be notified of the student's school performance during parent/teacher meetings throughout the school year, as well as the status of the school,
- To be notified of all educational seminars and activities organized by the school for the parents/guardian,
- The ability to notify the school administration of all suggestions in an effort to improve the school's educational offerings.

D. PARENT/GUARDIAN RESPONSIBILITIES

Each parent/guardian who has a currently enrolled student has the following responsibilities:

- To make sure the student arrives at school on time, in school uniform and ready to learn,
- To provide complete contact information and to notify the school of any changes in order to guarantee open communication,
- To carefully read and sign the school discipline guidelines, student/parent handbooks and school agreement and abide by all of the specifications,
- To read, evaluate and reply to, when necessary, all mail and electronic mail sent by the school administration, its teachers and personnel,
- To regularly check the school's web site and the online notification system containing the student's academic, discipline and attendance record and to contact the school, when necessary, in order to properly direct the student according to the decisions made in conjunction with the school,
- To complete and return in a timely manner any surveys and forms sent for informational purposes,
- To observe any physical, mental and behavioral changes in the student and to notify the school in a timely manner and take necessary precautions as a result of these changes,
- To provide the student with the resources required for homework, projects and apprenticeship obligations assigned by the school,
- To provide the necessary funds for any voluntary activities and services intended for students or parents/guardian by the school,
- To attend parent/guardian meetings organized by the school administration during the course of the year, or to arrange personal meetings due to special considerations and to inform the administration of any last minute changes,
- To make payments to the school during the registration process for the corresponding school year in a timely and complete manner according to the payment schedule provided to the parent by the school, and to accept any arising responsibilities if not done so,
- To make sure the student has regular check-ups, to provide any necessary treatment in a timely manner, to obtain any medications and do what's necessary for treatment and follow-up, and to keep the school administration informed of the student's health progress in a timely manner,
- To obtain the airline ticket(s) to/from the U.S. for the student, confirming with the school administration and in accordance with the framework of the academic calendar; otherwise to provide student's transportation between the airport and the school,
- To provide a non-violent, peaceful family environment when the student is outside school during holiday sessions, to ensure all homework, projects and apprenticeship obligations assigned by the school for academic purposes are completed, and to protect the student from harmful sites on the Internet or television.

E. SCHOOL'S RIGHTS

The school has the following rights. All currently enrolled students and parents/guardians are obligated:

- To meet the obligations as specified in this agreement,
- To act in a cooperative, supportive, and participatory manner with the school administration, its teachers and personnel,
- To accept the school's rules and regulations and all decisions made by the school administration,
- To be a school representative both within and outside the school environment,
- To act in accordance with any changes to the location, time or content of activities, as deemed necessary by the school administration,
- To respect the rewards and penalties as decided by the school administration within the framework of the specified regulations.

F. SCHOOL'S RESPONSIBILITIES

The school administration, its teachers and staff attest to the students, parents/guardians, its teachers and staff:

- To provide services without regard to religion, language, race, or sect, in a just and respectful manner,
- To provide an educational environment that is clean, healthy and secure,
- To provide suitable conditions and requirements for academic and social foundation,
- To make announcements about the required rules, regulations and programs in the school,
- To provide transportation between the school and the airport to international students on the days and times specified on the academic calendar,
- To follow and implement new developments in education and to inform the respective parties of these implementations,
- Within the school, to create a culture of individuals who share universal values,
- To provide an environment that prohibits violent behavior both in the school and its environs.

I have read the above agreement, comprised of three sections and of which I am a party as relates to my rights and responsibilities. I accept the responsibilities which I am expected to adhere to as stated in the agreement. In this framework, in regard to the school regulations as specified in the student-parent handbooks and this agreement, I commit to abide by the responsibilities as well as any obligations resulting from non-conformance.

Date (MM/DD/YYYY) : ____ / ____ / _____

Student First & Last Name:

Signature

Parent/Guardian First & Last Name:

Signature

On behalf of the school, Principal

Signature

AUTHORIZATION FOR EMERGENCY MEDICAL OR SURGICAL TREATMENT

| | | | |
|--|--|------------------------------|-------------|
| Student's FULL Name: | | Date: | 20__ - 20__ |
| Student's Grade: | | Date of birth (MM/DD/YY): | |
| Mother's Name: | | Father's Name: | |
| Parents' Address: | | | |
| Father's Address: (if different) | | | |
| Parents' Home Phone(s): | | Father/Mother (if different) | |
| Mother's Cell Phone: | | Father's Cell Phone: | |
| Mother's Business Phone: | | Father's Business Phone: | |
| Doctor's Name: | | Doctor's Phone: | |
| Address: | | Doctor's Fax: | |
| Dentist's Name: | | Dentist's Phone: | |
| Date of Last Tetanus: | | | |
| Allergies: (including those to medications) | | | |
| Medical Conditions: | | | |
| Current Medications: | | | |
| Emergency Contact Other than Parents, Name and Relation: | | | |
| Phone (1): | | Phone (2): | |

Authorization is hereby given to Brooklyn Amity School to act in the place of the parents/guardians of:

_____ (Please print name of student)

Should any emergency medical or surgical treatment or hospitalization be required during the school year or within the years the student is enrolled at the school,

It is understood that the school and hospital authorities will make a bona fide effort to contact parents and the family physician (pediatrician) before acting of this authorization.

Signed (Parent/Guardian): _____ Date (MM/DD/YYYY): ____ / ____ / ____

Authorization to Treating Physicians/Hospitals/Hospital Personal for Emergency Medical or Surgical Treatment

Authorization is hereby given to the physician(s), dentist(s), hospital or hospital personnel selected by Brooklyn Amity School to hospitalize or determine proper treatment for, and to order medication, anesthesia, or surgery for:

_____ (Please print name of student)

Insurance Company: _____ Policy Number: _____

IMMUNIZATION CHART

(Required For All Boarding Students)

| IMMUNIZATION CHART | | | | | | |
|--|------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Student Information: | | | | | | |
| Name: | | Date of Birth (MM/DD/YYYY) | | | | |
| Surname: | | ____ / ____ / _____ | | | | |
| Father's Name: | | | | | | |
| Mother's Name: | | | | | | |
| VACCINATIONS | VACCINATION DATE | | | | | |
| | | 1 st VACCINATION | 2 nd VACCINATION | 3 rd VACCINATION | 4 th VACCINATION | 5 th VACCINATION |
| 1 | DTP | | | | | |
| 2 | DTP/Hib | | | | | |
| 3 | DTaP | | | | | |
| 4 | DT/Td | | | | | |
| 5 | OPV | | | | | |
| 6 | IPV | | | | | |
| 7 | MMR | | | | | |
| 8 | Measles | | | | | |
| 9 | Mumps | | | | | |
| 10 | Rubella | | | | | |
| 11 | HIB | | | | | |
| 12 | Hepatitis A | | | | | |
| 13 | Hepatitis B | | | | | |
| 14 | Varicella | | | | | |
| 15 | Tdap | | | | | |
| 16 | PCV | | | | | |
| Institutional Use Only | | | | | | |
| Name: | | | | Signature & Seal: | | |
| Date: (MM/DD/YY) _____ / _____ / _____ | | | | | | |
| | | | | | | |

MENINGITIS FORM

(Required For All Boarding Students)

All parents or guardians of residential school students (or residential students 18 years of age and older) in grades 7-12, must complete and return the following form to Brooklyn Amity School.

Check one box and sign below.

Student's Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / _____

My child has:

- Had the meningococcal meningitis immunization (Menomune D) within the past 10 years. Date (MM/DD/YYYY) : ____ / ____ / _____
(Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3 to 5 years.)

Parent/Guardian's Name: _____

Signature: _____ Date (MM/DD/YYYY): ____ / ____ / _____

PERMISSION FOR PROVISION OF NON-PRESCRIPTION DRUGS IN THE EVENT OF A MINOR AILMENT

(Required For All Boarding Students)

Student's Name: _____

Date of Birth (MM/DD/YY) : ____ / ____ / _____

Please cross off from this list anything your child may NOT have:

- | | |
|--|--|
| <input type="checkbox"/> Tylenol | for fever/pain/muscular aches |
| <input type="checkbox"/> Advil | for pain/muscular aches/cramps |
| <input type="checkbox"/> Pepto-Bismol | for upset stomach/diarrhea |
| <input type="checkbox"/> Benadryl | for allergy symptoms/allergic reaction |
| <input type="checkbox"/> Cough syrup | for cough |
| <input type="checkbox"/> Throat lozenges | for sore throat |

- All medications must be checked by health services.
- Are any prescription or non-prescription medications, or herbal supplements being used?
If yes, please explain.

ALLERGIES:

- Drugs (list) _____
- Foods (list) _____
- Other (list) _____

Parent/Guardian's Name: _____

Signature: _____ Date (MM/DD/YYYY): ____ / ____ / _____

**PHYSICAL EDUCATION AND HEALTH CLASSES
MEDICAL CLEARANCE FORM**

Student's Name: _____

Grade: _____

Date of Birth (MM/DD/YYYY) : ____ / ____ / _____

Injury/Illness/Allergies: _____

- Asthma
- Diabetes
- Kidney Injuries
- Seizure Disorder
- Heart Conditions
- Other Medical Condition

REQUIRED MEDICATIONS/TREATMENTS:

Physician's Recommendation:

- Unlimited participation in a supervised exercise program
- Limited participation in a supervised exercise program
- Not allowed to participate in an exercise program

*One of the above **MUST** be checked.

Please specify limitations recommended and activities NOT allowed:

Physician's Name: _____ Signature & Stamp: _____

Date of Office Visit: ____ / ____ / _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone No.: (____) _____ Fax No.: (____) _____

PARENT/GUARDIAN AUTHORIZATION & CONSENT FORM

We affirm that the minor indicated below is our child, _____, and that we have legal custody of him. We give our full authorization and consent for our child to live at the school facility and school administrators to arrange a place of residence for my child. He is a minor student; hence he will be under the supervision of Brooklyn Amity School.

We give the school administrators permission to act on behalf of us in making decisions pertaining to my child's education, including permission to participate in co-curricular activities, and consent for medical treatment by the School nurse or neighboring medical institutions.

We understand that participation in the co-curricular and other School activities involves risks, injuries, hazards, accidents and dangers, including, but not limited to, risks of travel by ground transportation and all other types of transportation. We understand and acknowledge that these risks, injuries, hazards, accidents and dangers may impact our child's health and personal safety, including loss of property, personal injury or death and that the School cannot and does not assume responsibility for any such personal injuries or property damages.

We hereby authorize the School to seek medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my child or our property resulting from such participation. We further release the School from any liability for any such actions.

We remain financially responsible for all personal expenses of our child such as travelling expenses, living expenses, immunizations, medical treatments provided to the minor, and we will promptly pay any invoice for the cost of such care.

We hereby agree to indemnify, defend and hold harmless the School and its Board of Trustees, employees, officers, directors, agents, successors and assigns from any and all liability, loss, damage or expense, including attorneys fees which arise out of, occur during, or are in any way connected with our child's participation in all co-curricular and other school activities, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by the School.

We agree that this form is to be construed and governed under the laws of the State of New York, U.S.A. without reference to its choice of law rules.

OUR SIGNATURE INDICATES THAT WE HAVE READ AND UNDERSTOOD THIS FORM AND THAT WE AGREE TO EVERYTHING STATED IN IT. FURTHER, NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE.

Date (MM/DD/YYYY): ____ / ____ / _____

Student's Full Name:

Signature

Father's Full Name:

Signature

Mother's Full Name:

Signature

AFFIDAVIT OF FINANCIAL SUPPORT

All F-1 students are required to provide documentation of financial support before an I-20 form can be issued.

If the student will be supported by a private sponsor (family member, friend, or private institution), the sponsor must sign the Statement of Financial Obligation below. In addition, sponsors **MUST PROVIDE AN OFFICIAL BANK STATEMENT** showing the availability of funds in liquid assets for at least the Tuition Fee, Boarding Fee and the Health Insurance Fee for a Boarding Student OR Tuition Fee and the Health Insurance Fee for a Day/Non-Boarding Student. Bank statements and financial affidavits **cannot** be older than 6 months at the time of the application.

School Fees:

| | International Boarding Fees: | International (Visa) Day/Non-Boarding Fees: |
|-------------------|------------------------------|---|
| Tuition Fee | \$ 14,900 | \$ 20,900 |
| Boarding Fee | \$15,000 | |
| Health Insurance* | \$1,200 | \$1,200 |
| Activity Fee* | \$2,000 | |
| TOTAL: | \$33,100 | \$22,100 |

STATEMENT OF FINANCIAL OBLIGATION

Students requiring an I-20 must complete this Statement of Financial Obligation and provide all appropriate documentation of financial support.

If the student will be supported by funds other than his/her personal funds, the sponsor must sign below. If more than one sponsor will provide financial support, each sponsor must provide a separate letter declaring intent to sponsor. In addition, each sponsor must provide an official bank statement showing the availability of the necessary funds (please see Estimated Student Expenses above).

Sponsor's name:

Relationship to student:

Sponsor's signature:

Date:

Student's name:

Student's signature:

Date:

I-20 TRANSFER FORM

| | |
|--|-------------|
| All applicants holding or requiring F-1 immigration status are required to complete the following before a form of I-20 can be issued. In addition, appropriate documentation of financial support (see Page 1 of this form) will be required prior to issuance of an I-20. | |
| U.S. Social Security Number (if available): | |
| Full Name as it appears on Passport: | |
| Date of Birth (MM/DD/YY): | |
| Country of Birth: | |
| Country of Citizenship: | |
| If you are currently in the United States, what type of visa do you hold? (F1, F2, B1, B2, H2, H3, etc.) | |
| Permanent Address in your HOME COUNTRY: Please print clearly with <u>CAPITAL LETTERS</u> | |
| Street Address: | |
| City: | |
| Province or State: | |
| Postal Code: | |
| Country: | |
| Will you be transferring to BAS from another school in the US? | Yes No |
| If you answered YES to above the question, please provide the following information: | |
| Name of School: | |
| City and State of School: | |
| Month and Year you ended, or plan to end your enrollment at that school: | |
| Please have your current International Student Advisor or appropriate Designated School Official enter your "transfer out" date and information in SEVIS. If you are not currently enrolled, contact the International Student Advisor or appropriate Designated School Official from the school under whose I-20 you are currently holding or last held | |

Your I-20 cannot be issued until we have received this completed form, all required documentation of financial support, and if you are transferring from a school in the US that school must first enter your transfer data in SEVIS.

SCHOOL FEE SPECIFICATIONS FOR INTERNATIONAL STUDENTS NEW REGISTRATIONS AND RENEWALS

- Annual registration is required for both first-time and continuing students.
- International students are provided dormitory housing in conjunction with registration.
- Upon successful registration, in order to process or ensure the validity of the student's mandatory I-20 form, tuition must either be paid in advance or all of the prior/upcoming installments must be paid by the prescribed date.
- Registration renewal is not accepted for those students who have an outstanding balance from the previous year.
- Conditions for tuition discounts:
 - **Sibling discount: 10%**
 - Valid only for siblings, not applicable for other types of relations.
 - This rate is valid for siblings who are students at either Pioneer Academy or Brooklyn Amity School.
 - **Advance payment discount: 5%**
 - This rate is valid during the early registration period as notified by the school when paid in one lump sum.
 - If payment is not made as per the payment plan, those who have qualified for a discount will be subject to losing that right. Discounts are not applicable to health insurance costs.
- **Specified fees include the following services:**
 - School tuition
 - Three meals per day
 - Housing
 - Books
- **Specified fees do not include the following:**
 - Health insurance
 - Passport and visa fees
 - Overseas stamp fees and airfare
 - School uniform and gym attire
 - International and domestic trips offered throughout the year
 - Club activities.
 - Test fees (TOEFL, IELTS, SAT, ACT, AP) and test preparation books.
- **Refund Terms and Conditions:**
 - If student is unable to secure a U.S. Visa, all money paid, less \$1,000, will be refunded.
 - In the case of notification of cancellation for student registration:
 - For cancellations made prior to school opening, two thirds of all fees paid will be refunded.
 - For cancellations made between the first semester and the first day of winter break, one half of all fees paid will be refunded.
 - For cancellations made between the first day of winter break and the end of the second semester, no refunds will be allowed, and all fees must be paid in their entirety.
 - Student file and I-20 form transfer requests will not be honored until student's account balances are cleared.
- **Health Insurance:**
 - Obligatory on an annual basis for all students studying in the U.S. with a visa.
 - All health expenses are covered at 90%, 10% being paid by the student except for pre-existing conditions and dental work.
- **Activity Fee:**
 - In order to better appreciate American culture and to develop themselves socially, trips and sporting activities are organized for students on weekends and holidays at the beginning of the year by the school administration. These activities are prepaid by the school and the cost must be paid at the time of registration. This non-refundable fee includes weekend activities and two educational programs.

BANK INFORMATION:

Account Name: Brooklyn Amity School,
 Address: 3867 Shore Pkwy, Brooklyn, NY, 11235
 Bank Name: TD Bank,
 Account No: 4248026737
 Routing No: 026013673
 Swift Code: NRTHUS33

SCHOOL FEE DETAILS:

International Students:

| | International Boarding Fees: | International (Visa) Day/Non-Boarding Fees: | Scholarship Amount: |
|--------------------|-------------------------------------|--|----------------------------|
| Tuition Fee | \$ 14,900 | \$ 20,900 | |
| Boarding Fee* | \$15,000 | | |
| Health Insurance** | \$1,200 | \$1,200 | |
| Activity Fee** | \$2,000 | | |
| TOTAL: | \$33,100 | \$22,100 | |

* Boarding fee may vary depending on the housing market and living expenses.

** Health Insurance and the Activity Fees should be paid during the initial enrollment.

PAYMENT SCHEDULE:

| | Installment Date: | Installment Amount: |
|---|--------------------------|----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |

IMPORTANT:

ALL INSTALLMENTS MUST BE COMPLETED ON OR BEFORE APRIL 15 OF THE SCHOOL YEAR.

COMMITMENT LETTER

I (Parent/Guardian Name) _____, have read and accept all the requirements as stated on the registration form. I also affirm that all of the information provided by me is accurate and complete. On behalf of the student registering for your school I accept the payment obligations, details as specified above, as my own, and commit to make the payments on a timely basis as well as any obligations arising from non-conformance.

If the parties are unable to reach a mutually satisfactory outcome, I hereby authorize that this agreement shall be governed by the laws of the State of New York, USA.

Date (MM/DD/YYYY): ____ / ____ / _____

Student First & Last Name: _____

Parent/Guardian First & Last Name: Signature
