

NEW STUDENT CONTRACT

For School Year 20__ -20__

Complete one Contract for every new student.

The undersigned hereby apply for the admission of the following child as a student in the Solomon Schechter Day School of Greater Monmouth County, for the 20__-20__ school year:

NAME OF STUDENT	BIRTH DATE	ENTERING GRADE
_____	_____	_____

We agree to comply with the following terms:

1. Enrollment is for the entire school year, and no reduction of tuition shall be made in the event of withdrawal, extended absence or dismissal.
2. A non-refundable TOTAL DEPOSIT, per student, in the appropriate amount as listed on the enclosed Deposit Schedule, is required with this Application Contract. In cases of tuition assistance requests, if parents wish to withdraw the application due to insufficient available aid, the entire deposit, less a \$50 processing fee, is refundable. If the school does not accept the student for admission, the entire deposit, less a \$50 processing fee, is refundable.
3. It is understood that no records, report cards or diplomas will be released by the school unless the student's account has been paid in full.
4. We/I understand that the balance of all payments, must be received on time, in accordance with the method of payment agreed upon by the school and us.
5. In entering into this Application Contract, I understand that I am acting on behalf of myself as parent and/or legal guardian of the student named above and in the Application for Admission, and on behalf of each additional parent and/or legal guardian of this/these student(s). I represent that I have full authority to do so.

Intending to be legally bound, I have hereunto set my hand and seal.

DIRECTIONS: Complete both "Parent and Guardian" sections unless the applicant has only one parent. In case of divorce, where both parents have custodial responsibilities, both sections must be completed AND BOTH PARENTS OR GUARDIANS MUST SIGN THE CONTRACT. Please note that in cases of divorce, **unless we receive instructions to the contrary**, the information about both parents listed in the contract will be included on school and class rosters.

PARENT OR GUARDIAN _____
(PRINT) TITLE LAST NAME FIRST NAME

SIGNATURE _____

Address _____

Home Phone No. _____ Work Phone No _____

PARENT OR GUARDIAN _____
(PRINT) TITLE LAST NAME FIRST NAME

SIGNATURE _____

Address _____

Home Phone No. _____ Work Phone No _____

Yes No I/we wish to receive information about the *SSDS Tuition Assistance Program*, based on family need.

Note: Tuition Assistance applies to students **entering grades 1 – 8 only**.

The school reserves the right to remove a student, at any time, at the sole discretion of the Director, if that student's actions, conduct, or influence, on or off campus, are not in keeping with the school's standards. There will be no tuition refund when such enforced withdrawal occurs, and any unpaid balance is payable in full according to the payment schedule.

Date Received _____	OFFICE USE Date Accepted _____	Initial _____
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