



A.D. HENDERSON UNIVERSITY SCHOOL/FAU HIGH SCHOOL Returning Student Annual Admission Agreement

2020-2021

****Please see page 2 to sign the ADHUS/FAU HS policies & agreements. Page 2 must be completed and uploaded into the FOCUS re-enrollment form for the student’s re-enrollment to be valid.***

ANNUAL ADMISSION & POLICIES AGREEMENT

By re-enrolling my student into A.D. Henderson University School/FAU High School, we the parents/guardians agree to the following conditions for the 2020-2021 school year:

1. Pay Annual Activity Fees - Activity Fees are used to support student activities, and to annually provide each student with a PE uniform and a school yearbook. Fees may be paid in full or in two payments in accordance with the schedule below. Free and Reduced Fees are based on eligibility guidelines established by the Federal Free and Reduced-Price School Meals Program. Families qualifying under these guidelines shall be eligible for adjusted fees per the schedule below.

Term	Due Date	Grades K-5			Grades 6-8			Grades 9-12		
		Full Fee	Qualified Reduced Fee	Qualified Free Fee	Full Fee	Qualified Reduced Fee	Qualified Free Fee	Full Fee	Qualified Reduced Fee	Qualified Free Fee
1st Semester	March 15	\$150	\$75	\$0	\$225	\$112.50	\$0	\$275	\$137.50	\$0
2nd Semester	July 15	\$150	\$75	\$0	\$225	\$112.50	\$0	\$275	\$137.50	\$0
OR PAY THE FULL FEE BELOW										
Full Fee	March 15	\$300	\$150	\$0	\$450	\$225	\$0	\$550	\$275	\$0

2. Ensure that the first semester activity fees and other fees are paid in full by MARCH 15, 2020 in order for your student(s) to be re-enrolled for the 2020-2021 school year. The student fees are categorized below:
 - Lunch Fees
 - ID-Card/Lanyard Replacement Fee
 - Incidental Costs or Fees
 - Grades 9-12 must pay the FAU Transportation Access Fee in accordance with University policy (Please note: Free or Reduced lunch status does not apply to the Transportation Access Fee), Owl Card fees, and unreturned textbook fees.
 - Lost or damaged Media/Technology or Book Fees
 - Late Student Pick-Up Fees
 - Aftercare Fees
3. Furnish a health and medical history update, to include any updates in immunization of the student as necessary.
4. Arrange safe transportation to and from school for your student.
5. As a university developmental laboratory school, research and teacher training are ongoing activities, as such, your re-enrollment signifies permission of the filming and/or taping of your student in a school activities for teacher training and research purposes, and direct (live) and remote (video) observation of your student by university students and educators.
6. Comply with all policies and procedures implemented by the school. Parents/Guardians of all students attending A.D. Henderson University School/FAU High School must read and acknowledge all school policy documents posted on the schools’ websites ([ADHUS Policies](#) or [FAU HS Policies](#)) each school year. Paper copies of policies may be obtained from the school office.



Student Name _____

A.D. HENDERSON UNIVERSITY SCHOOL/FAU HIGH SCHOOL Returning Student Annual Admission Agreement

2020-2021

ANNUAL ADMISSION & POLICIES AGREEMENT

By signing my name below, I acknowledge that I have read and understand the A.D. Henderson University School/FAU High School Annual Admission & Policies Agreement for the 2020-2021 school year. Information regarding this agreement is on the previous page.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

CONDUCT AND BEHAVIOR AGREEMENT

A.D. Henderson University School & FAU High School are developmental research schools. Our unique mission is what makes us an exemplary model for PK-12 programs across the nation. As such, the expectations for students are to contribute to their own academic achievement, and to support a safe school and positive learning environment. In accordance, our standards of conduct and behavior are high at ADHUS & FAU High School.

By signing my name below, I understand that close cooperation between home and school in these matters is required and that inappropriate or unacceptable conduct constitutes grounds for dismissal of a student from school.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

MEDIA RELEASE

As a parent/guardian of an A. D. Henderson/FAU High School student, I understand that my student may be recorded and/or photographed with any photographic, recording or electronic medium, or interviewed by the news media or the school. I understand that pictures & interviews may be used on the school's website, in internal and/or external publications and electronic/social media as indicated below. Please indicate your permission below. IF NO SELECTION IS MADE, THE CHOICE WILL DEFAULT TO CHOICE #1.

1. _____ **I WILL** permit A. D. Henderson/FAU High School to use my student's likeness, photographic, recording, electronic medium, and biographical material for the purposes of school-related promotional or educational materials and publications and waive any rights for compensation, liability, damage relating to, or ownership thereto. Possible uses may include, but are not limited to, photograph and video images in **annual yearbooks**, graduation programs, playbills, school productions, web sites, social media outlets, school-approved news media interviews, releases, articles, photographs, and similar school sponsored publications.

2. _____ **I WILL NOT** permit A. D. Henderson/FAU High School to use my student's name, likeness, photographic, recording, electronic medium, and biographical material for the purposes of school-related promotional or educational materials and publications and waive any rights for compensation, liability, damage relating to, or ownership thereto. Possible uses may include, but are not limited to, photograph and video images in **annual yearbooks**, graduation programs, playbills, school productions, web sites, social media outlets, school-approved news media interviews, releases, articles, photographs, and similar school sponsored publications.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

PERMISSION TO TREAT OR ADMINISTER EMERGENCY CARE

In the event of an emergency or injury occurring during school hours, I, the parent/guardian of the above named student, give permission for the evaluation and treatment, in our absence as deemed necessary by a currently licensed health care provider, hospital, emergency medical services, or school staff. Every effort will be made to contact the parent/guardian. Care of the injured student will be provided as needed. Care will not be withheld until parent/guardian arrives or are notified. I understand that the parent/guardian is completely responsible for the financial costs incurred with treatment.

As the parent/guardian, I authorize the release of medical information, gathered in the course of a school emergency, to the listed medical care providers and emergency response personnel. I authorize my student's listed medical providers to share any "personal health care information" that will support the health of the student while in school with the designated health care staff.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date