

# FREEDOM AREA SCHOOL DISTRICT

## **PARENTAL AFFIRMATION** **Enrollment of Child of FASD Professional Employee**

The Board may permit the admission of nonresident children of FASD Professional Employees in accordance with Board policy #202, Eligibility of Nonresident Students. Tuition for the 2024-25 school year will be set at \$1000 per year, billed in ten (10) monthly installments, commencing August 2024.

I/We, the undersigned parents of \_\_\_\_\_, hereby understand and agree to the following: (Student)

- Submit monthly tuition payments by the first school day of the month. In the event tuition is not timely paid, FASD, at its discretion, may terminate the enrollment privileges upon written notice to the employee and/or withhold the sums due from any paycheck or other payment otherwise due to the employee.
- To the extent the provision of enrollment privileges at the foregoing rate of tuition constitutes a taxable benefit or compensation, I/we shall be exclusively responsible for the payment of any applicable local, state or federal income taxes.
- Provide transportation for the child(ren) to/from school each day.
- Arrange for proper before and after school supervision of the child(ren) as to not interfere with the professional responsibilities of the FASD employee.
- Cooperate with school administration, teachers and all professional staff for the education of the child(ren).
- Understanding that continued enrollment is based on the student maintaining established standards of attendance, discipline and academics.
- Admission may be denied if the educational facilities or program maintained for district students is inadequate to meet the needs of the applicant. FASD shall not be responsible for the costs of any outside placement or services.
- The enrollment of FASD resident students shall receive priority over the enrollment of non-resident students. Accordingly, admission may be denied based upon class size parameters or other facility or programmatic limitations.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### **Father / Guardian:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Mother:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

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### **Approved by:**

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

Board of Directors: \_\_\_\_\_

Date: \_\_\_\_\_